Share2Act

Handbook of good practices for professionals working with people who use drugs

Share2Act Project

Credits:

Handbook of good practices of the Share2Act Project for professionals working with people who use drugs

Red Iberoamericana de ONG que Trabajan en Drogas y Adicciones (RIOD)
Correlation – European Harm Reduction Network
Federación Andaluza ENLACE
Fédération Bruxelloise des Institutions pour Toxicomanes (FEDITO BXL asbl)

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Introduction

About the Share2Act Project

Introduction. About the Project

Share2Act is an Erasmus + project aimed at **enhancing the skills and competences of professionals working in the field of drugs and addictions through the exchange of best practices in prevention, treatment, social inclusion, harm reduction, among others**. The specific objectives of the project are:

1. To collect best practices related to work with people with problematic drug use and/or non-substance addictions, with a high degree of replicability.

2. To disseminate the best practices among professionals working with drug users and people with non-substance addictions at national, European and international levels.

With the above in mind, **our main target group are professionals from social organisations working in the field of drugs and addictions**. The project is secondarily targeted to professionals from public bodies as well as policy makers.

The Consortium

The consortium of the Share2Act Project is made up of 4 organisations. It is leaded by the Ibero-American Network of NGOs Working in the Field of Drugs and Addictions (RIOD), and networks such as FEDITO BXL (Belgium), Correlation (Netherlands) and Federación Andaluza ENLACE (Spain).

The consortium has the capacity for advocacy and to politically influence public institutions that develop drug policies and other policies oriented towards the control and reduction of addictions, and on the other hand, to reach out to a large number of organisations both in their own countries and regions, that work directly with the final beneficiary population (drug users and people with addictions) and at the European and international level (mainly Latin America, Asia and the Middle East).

Ibero-American Network of NGOs Working in the Fields of Drugs and Addictions (RIOD)

- https://riod.org/
- https://www.facebook.com/RIOD.redes
- https://twitter.com/RIOD_oficial
- https://www.linkedin.com/in/riod-red-iberoamericana-ong-de-drogas-y-adicciones-8b464a141/

The Ibero-American Network of NGOs Working in the Fields of Drugs and Addictions (RIOD) is a network of 31 non-profit organisations from Spain and Latin America among which are 3 platforms (FONGA, FLACT and UNAD), thus involving nearly 1,000 entities from all over Latin America and Spain working in the field of drugs and other addictions, in prevention, treatment, social inclusion, research and advocacy.

Our mission is to serve as a space for capacity building and strengthening social organisations in Latin America and Spain, as well as to advocate and raise awareness on the importance of carrying out an

intervention with drug users based on the full respect of human rights, using a biopsychosocial approach and evidence-based practices.

The main objectives of RIOD are:

1. To generate a space for meeting and exchanging experiences and knowledge.

2. To promote political advocacy actions, at all levels (international, regional, national and local);

3. To promote intervention projects on drugs and other addictions.

4. To promote social studies and research, consultancy, advice and training actions; and

5. To facilitate development cooperation project among our associated organisations.

Our vision is to be a consolidated network that advocates for the construction of drug policies based on the fully respect of human rights and with the capacity for dialogue with states and international organizations, to respond to the needs and realities that arise from the diversity of the peoples of Ibero-America.

Correlation – European Harm Reduction Network

- https://www.correlation-net.org/
- https://www.facebook.com/CorrelationNet
- https://twitter.com/CorrelationNet
- https://www.linkedin.com/company/correlation-network/

Correlation – European Harm Reduction Network (C-EHRN) is the international department of the Foundation the Rainbow Group (RG), an Amsterdam-based NGO committed to people with social problems, such as homelessness, drug and alcohol abuse and psychiatric disorders. C-EHRN is a civil society network and centre of expertise in the field of drug use, harm reduction and social inclusion in which practice, research and policy come together. C-EHRN activities connect 196 members 2.200 contacts, including harm reduction services, grassroots organizations, community-based services, research institutes, and health facilities from Europe.

In 2004, Correlation Network was established and since them has been actively involved in cooperation projects all over Europe. As a network, C-EHRN collaborates with partners and policy makers on local, national and European levels. Also, C-EHRN has established partnerships with institutions and other networks such as the EMCDDA, the ECDC, EuroNPUD, EHRA, FEANTSA, ICRSE, among others. In recent years, their thematic focus lies on Overdose Prevention, Hepatitis C & Drug Use, New Drugs & New Patterns of Consumption and Monitoring. Further, it develops projects that ensure an integrated approach to Harm Reduction, including the intersections of drug use with other marginalized communities, and social (re)integration.

Next to this, C-EHRN coordinates the International Network of Drug Consumption Rooms, is member of the Civil Society Forum on Drugs of the European Commission, coordinates the Hepatitis C initiative, is member of the EU Health Policy Platform Thematic Network 'Nobody Left Outside' and is involved in different advisory boards (Integrate Joint Action, Achieve

Coalition, ETW Steering Committee,…) FRG is involved in and coordinating European projects since 1997.

- https://www.f-enlace.org/
- https://www.facebook.com/federacion.enlace
- https://twitter.com/ENLACEF

ENLACE is a non-profit federation that works in Andalusia, focusing on the fields of drug addiction, social exclusion and criminal justice. Enlace was founded in 1991 and has a long experience in drug policies: prevention, treatment, social inclusion, harm reduction, designating and implementing intervention and training programs for more than 25 years. ENLACE's experience is both national and European.

is a key player in the implementation of social policies in southern Spain, working in a closed relationship with the Spanish institutions. Since 2000, ENLACE has been coordinating a legal counselling program for people with drug addictions in Andalusia including prisoners.

The program has helped more than 20,000 people by promoting their reintegration and reducing recidivism

ENLACE has a team of lawyers, mediators and psychologists with exceptional knowledge of reintegration of drug addicts, and with a strong commitment to social justice. This team holds periodically training courses for social workers, social educators, lawyers and other people involved in the social reintegration process of prisoners.

Brussels Federation of Institutions for Drug Addictions (FEDITO BXL asbl)

- https://feditobxl.be/fr/
- https://www.facebook.com/feditobxl
- https://twitter.com/feditobxl

The Brussels Federation of Institutions for Drug Addictions (FEDITO BXL) federates 29 institutions related to the topic of psychoactive substance consumption and/or addictions. These institutions provide a wide range of services, from prevention and raising awareness, to harm reduction, to providing care and support in crisis centers. Based on our Statutes, FEDITO-BXL objectives are:

- To impart and recognize the need and the existence of specific structures of prevention, assistance, care and harm reduction for drug users and those affected by addictions.

- To be a privileged interlocutor of public authorities and media in the development of health policy and research scientist in the field of drug addiction.

- To ensure the coordination and the dialogue of the member services and also with other actors concerned by the drugs "phenomenon".

- To ensure the members of the terms of recognition and subsidization guaranteeing their good performance and allowing them the immediate support for all addict applicants regardless of their economic situation.

FEDITO BXL collects and supports institutes and services who, with a willingness to share their ideas and experiences, want to promote the psychological, medical and social approach, on a preventive as well as a healing level, of parts of the issues surrounding addiction.

The work of the teams is characterized by:

1. Refusing the limit addiction solely to the symptomatic expressions.

2. Considering the person in its entirety, on a physical, mental, familial, cultural and social level, with respect for his frame of life.

3. This work looks at the person as a subject of his approach and promotes the expression of his needs, his demands, his autonomy.

4. This work recognizes and is aimed at the means of society, it relies on other services, it divides the responsibility en the competencies between partners. It is part of a network and strives to bring professionals in contact with each other. It wants to recognize the importance of the social structure and it wants to prevent splintering by having multidisciplinary work that takes into account the unity of the subject.

5. This work holds no grip over the life of the persons involved and guarantees a personal life.

6. This work necessitates the training of actors (doctors, psychologists, social assistants, nursing staff, educators, etc.) in the form of supervision, working groups, conferences, etc.

From its ethical framework, FEDITO respects:

- The plethora of theoretical and therapeutic approaches.

- The plethora of political, religious, philosophical, syndical and from university originated convictions.

Finally, we would like to thank the **Erasmus + Programme** and, in particular, the **Spanish National Agency Service for the Internationalisation of Education (SEPIE)** for the financial support to this Project and for all the technical support received.

SHARE 2 ACT Project' Website

The information hub of the project: https://share2act.eu/

Check the social media of the S2A Project:

- **Twitter:** https://twitter.com/share2act
- **LinkedIn:** https://www.linkedin.com/in/share2act/

Share2Act Handbook

Aims

Aims of the Share2Act Handbook

The Share2Act Handbook aims to be a practical and useful document with a selection of good practices on a variety of aspects related to working in the drugs sector. These experiences are developed by civil society organisations (with a health and social focus) from Europe and Latin America and the Caribbean, and are addressed to any professional working in the field of drugs. The good practices selected articulate multidisciplinary approaches, with a vocation to inspire the development of new projects and the improvement of existing ones, and with a methodology that ensures the high quality and innovation of the practices.

In addition, and in line with the compilation of good practices, the Share2Act Handbook seeks to highlight the relevance of the experiences with current discussions in relation to drug policy, its approaches and the role of civil society in dimensions such as advocacy and collaboration with institutions at all levels.

The S2A Handbook. Selection of good practices for professionals working with people who use drugs

The Share2Act Project consortium considers that **sharing good practices in the current international drug situation is very necessary**, as it helps to improve civil society interventions, and supports bringing about changes in policies and in the way we approach the global drug phenomenon.

In line with the recommendations of the World Health Organisation on good practices in intervention with people with problematic drug use, **the methodology for compiling the good practices presented below has been guided by the principles, objectives and procedures based on scientific evidence and contrasted and consensual theoretical positions**. This has yielded positive results in practice and have demonstrated their effectiveness and usefulness in a specific context.

In particular, the Consortium has compiled experiences meeting the following standards:

1. Are based on scientific principles and values and respond to a defined vision or perspective of the problem being addressed.
2. Are coherent between the definition of the factors on which it is intended to influence (on which there is evidence), the objectives to be achieved and the actions to be developed.
3. Propose a system for monitoring the processes and results of the actions undertaken while allowing for feedback and reorientation of the actions.
4. Consider differential factors, such as gender, age, deprived contexts, race and class.
5. Have a broad base of participation, above all the beneficiaries, but also of the community, with strong inter-institutional alliances.
6. Can prove a substantial improvement in the situation that gave rise to it.
7. Incorporate strategies for the sustainability of the initiative.
8. Systematise the documentation of processes and results.
9. Facilitate the replication of the action.

We hope that the good practices shared in the following section will be a guide to improve the interventions of the professionals in our sector and the actions of the organisations.

Current drugs and addictions policy context

In recent years, debates around international legal frameworks of drug control have opened up in the face of the crisis of the dominant "war on drugs" paradigm and the negative and counterproductive effects it has had on people who use drugs and their communities. Since the 2016 United Nations General Assembly Special Session on Drugs (UNGASS), there has been an opening in the international drug policy arena, allowing for a less narrow focus on drug demand reduction and the criminalisation of people who use drugs.

Instead, more parties have begun to recognise that current **drug policies are contributing to widespread social suffering and inequality**, and that instead **they should adopt a human right-based approach**. The good practices selected by the Share2Act Project, highlight the importance of practices and policies **that uphold and defend on the rights of people who use drugs, measuring the success of their actions based on their well-being**.

This does not mean putting aside the fight against illicit drug flows or developing preventive actions, or pursuing those who profit illicitly from drug trafficking; it simply means defending a human rights and social protection agenda, as should be the norm, both in terms of the focus of other social assistance policies, and because we must align ourselves - whether civil society or institutions - with the 2030 Agenda and theSustainable Development Goals SDGs, as a way to ensure inclusive development that leaves no one behind.

At the same time, currently there is an increased awareness on the impact of current drug control efforts upon the development sector's efforts to achieve the SDGs. As such, global drug control policies are a cross-cutting development issue that emphasize how we cannot achieve the SDGs unless we end the 'war on drugs'.

As illustrated by the following selection of good practices, the scope of civil society and institutional work on drugs and drug dependence responds to this multidimensional challenge: individual and collective public health, social inclusion, economics, gender identity expression and sexual orientation inequalities, climate change or international relations, to name a few. To achieve this, all actions related to the prevention of drug use, harm reduction and the treatment of people who use drugs must be part of the achievement of the SDGs.

The good practices presented in this handbook offer examples and tools for actions that can be taken to ensure respect of the human rights of people who use drugs. However, they also share a number of collective challenges linked to their political context.

In recent years in Europe there is a view that there has been significant progress in terms of the focus of EU Drug strategies, especially with the EU Drugs Strategy 2017-2020 and in the EU Drugs Strategy 2021-2025 proposal. However, as the EU Civil Society Forum on Drugs (CSFD) has recently shared (CFSD, 2021 and 2021a), there is still space for improvement. The following of their proposals to improve drug policies are of particular importance in EU, but also hold relevance for Latin America and the Caribbean:

- **A punitive vision continues to prevail in drug policies**. This, in practices, continues to hinder the upscale of actions focused on improving the social wellbeing, **while criminalizing people who use drugs**.
- **The objectives of these policies continue to be expressed in a vague, undefined way**, making it difficult to develop appropriate actions and to evaluate them.
- As a consequence of the two previous points**, science and research continue to be an auxiliary resource in the design of drug policies**, meanwhile evidence-based research is mandatory for actions developed by civil society.

- **Underinvestment in drug policy remains the norm**, whether for prevention, harm reduction, treatment services or support for civil society, which is responsible for implementing a large part of the actions contemplated in the policies.
- **Harm reduction measures continue to have a limited presence in drug policies**, although, regardless of this, actions are being developed in many countries in this regard.
- **The right to health of people who use drugs is arbitrarily limited**, with accessing barriers both to treatment and other care services, with specific gender, age and race incidence.
- Linked to the previous point, it is evident that **both policies and services continue to focus on a male, white, heterosexual user-type**, particularly affecting women, trans and non-binary people.
- **Alternatives to incarceration** for offences related to illegal drug use or for people who commit an offence under the influence of illegal drugs should continue to be explored.
- To this end, **regulatory mechanisms for certain substances considered illegal in most European countries, specifically cannabis**, should be considered.
- Despite the fact that more and more spaces are opening up for the participation of civil society organisations in the development of drug policies and their evaluation, **it is still a passive, consultative role, and not one of real negotiation and recognition of their weight in our field of work**.

In this sense, **the Consortium finds essential to guarantee all spaces for dialogue and agreement on drug policies between civil society and institutions, at all levels**; in particular, we consider it fundamental to strengthen the role of the CSFD in this regard. Civil society - and people who use drugs - are a fundamental pillar for the definition of policies and the implementation of interventions on drugs and addictions.

The response of the organisations that make up the Share2Act consortium for years has been the creation of international networks of organisations specialised in drugs and addictions, such as the Andalusian Federation ENLACE and FEDITO BXL in Spain and Belgium, and Correlation RIOD in international spaces. Among our objectives we always highlight:

- **Sharing best practices** between local, regional, national and international organisations as a way to ensure that our interventions make possible the social inclusion of the people we work with and that their rights are recognised and guaranteed; and
- **Advocacy**, to change the current regulatory framework of drug policies.

In this sense, **it still remains essential to guarantee all spaces for dialogue and agreement on drug policies between civil society and institutions, at all levels**; in particular, we consider it fundamental to strengthen the role of the civil society in this regard (from professional associations, drug user collectives and all involved stakeholders). Civil society - and people who use drugs - are a fundamental pillar for the definition of policies and the implementation of interventions on drugs and addictions.

The response of the organisations that make up the Share2Act consortium for years has been the creation of international networks of organisations specialised in drugs and drug dependence, such as regional networks -the Andalusian Federation ENLACE in Spain, Fedito BXL in Belgium, and international networks, such as Correlation – European Harm Reduction Network and RIOD. Among our objectives we always highlight:

- **Sharing good practices** between local, regional, national and international organisations as a way to ensure that our interventions make possible the social inclusion of the people we work with and that their rights are recognised and guaranteed; and

- **Advocacy**, to change the current regulatory framework of drug policies.

The European level is fundamental to advocate for a drug policy agenda with a comprehensive, integrated and integrative approach that takes into account the many social factors involved in both the development of problematic drug use and issues related to illicit drug trafficking. The networking of civil society in this regard is of particular value in this framework, as partnerships - such as the Share2Act project consortium - are the most appropriate mechanism and way to bring about the changes we need, always in collaboration and contact with international institutions and agencies.

The Consortium sincerely thanks all the organisations from Europe and Latin America and the Caribbean that have contributed to this Handbook. **It is the people who work, the communities and drug users themselves who manage to improve the concrete social reality**. It is civil society organisations that carry out the most important work in defence of the rights of all people and for social change, **sharing** experiences such as those presented below **to act**.

Good Practices

Good Practices

The 31 good practices collected by the partners of the Share2Act Consortium are presented below. These good practices cover a large number of dimensions and have a high degree of transferability.

For better understanding and comparability, all collected good practices contain the following sections:

       Organisation Data
       Technical information
       Executive Summary

1. Initial situation and context
2. Type of program/service/intervention/practice
3. Sustainable Development Goals (SDGs)
4. Target Groups
5. Objectives, indicators and outcomes
6. Activities
7. Assessment of the BP
8. Outcomes and Outputs (in the framework of the Best Practice)
9. Transferability
10. Innovativeness of the Best Practice
11. Theoretical basis used for the best practice. References. Other information (if necessary)

Below we present two tables for consulting the good practices: a thematic index, according to the classification prepared by the Consortium; and an alphabetical index - which is the way in which the good practices have been ordered in the publication - in which the country and the organisation implementing the good practice are also indicated.

Thematic Index

Social inclusion	
Stigmatization(s)	**Cultural Activities**
- Assembly Method and Self-managed Space for people with addiction problems and homeless - Brugernes Akademi – The Drug Users Union - C-Buddy Project - Harm Reduction on crack consumption in Medellín - MAINline | ChemSex Project - Metzineres - National Drug Law "Unhappy Birthday" Campaign - Operation "Inclusive Neighbourhood" - Radio Workshop – Antaris - Sex 0.0 - TRIP (Mobile and Fast Checking of psychotropic substances) - Underaged, overlooked & Bridging the Gaps - www.aide-alcool.be – Le Pélican (Belgium)	*"Antena de Riesgos"*: Comics as a tool for Social Intervention - Let's Chat - MAINline | ChemSex Project - Metzineres - Musas – Fashion FabLab - National Drug Law "Unhappy Birthday" Campaign - Operation "Inclusive Neighbourhood" - Radio Workshop – Sildavia - Training project on the use of technologies in vulnerable groups in emergency settings - Underaged, overlooked & Bridging the Gaps
Gender	**Drug use in recreational settings**
- Attention to women victims of gender violence with addictions - En Plenas Facultades - Le Bon Plan. Guide to social and health resources in Brussels - MAINline | ChemSex Project - Metzineres - Musas – Fashion FabLab	- En Plenas Facultades - Energy Control – Nightlife Intervention - Le Bon Plan. Guide to social and health resources in Brussels - MAINline | ChemSex Project - Radio Workshop – Antaris - The SAMPAS's Point of Care

▪ Operation "Inclusive Neighbourhood"	▪ Underaged, overlooked & Bridging the Gaps
▪ Project for the manufacturing of handcraft personal cleaning and hygiene products "Las Jaboneras"	
▪ Radio Workshop – Sildavia	
▪ Releasing moorings to grow	
▪ Restorative Circle	
▪ Sex 0.0	
▪ Underaged, overlooked & Bridging the Gaps	
▪ Women on the Move ('*Mujeres en Movimiento*')	
▪ www.aide-alcool.be – Le Pélican (Belgium)	
Sex workers	**Educational Campaigns**
▪ Brugernes Akademi – The Drug Users Union	▪ "*Antena de Riesgos*": Comics as a tool for Social Intervention
▪ Le Bon Plan. Guide to social and health resources in Brussels	▪ Brugernes Akademi – The Drug Users Union
▪ MAINline	ChemSex Project	▪ En Plenas Facultades
▪ Metzineres	▪ Energy Control – Nightlife Intervention
▪ Musas – Fashion FabLab	▪ Let's Chat
▪ Radio Workshop – Sildavia	▪ Musas – Fashion FabLab
▪ Sex 0.0	▪ National Drug Law "Unhappy Birthday" Campaign
	▪ Radio Workshop – Sildavia
	▪ Underaged, overlooked & Bridging the Gaps
	▪ Women on the Move ('*Mujeres en Movimiento*')
	▪ Youth in Dialogue
Sex and drugs	**Social participation**
▪ En Plenas Facultades	▪ Assembly Method and Self-managed Space for people with addiction problems and homeless
▪ Let's Chat	▪ Brugernes Akademi – The Drug Users Union
▪ MAINline	ChemSex Project	▪ C-Buddy Project
▪ Metzineres	▪ En Plenas Facultades
▪ Radio Workshop – Antaris	▪ Energy Control – Nightlife Intervention
▪ Sex 0.0	▪ Le Bon Plan. Guide to social and health resources in Brussels
▪ The SAMPAS's Point of Care	▪ Let's Chat
▪ TRIP (Mobile and Fast Checking of psychotropic substances)	▪ Metzineres
▪ Underaged, overlooked & Bridging the Gaps	▪ Musas – Fashion FabLab
	▪ Operation "Inclusive Neighbourhood"
	▪ Project for the manufacturing of handcraft personal cleaning and hygiene products "Las Jaboneras"
	▪ Radio Workshop – Sildavia
	▪ Restorative Circle
	▪ Training project on the use of technologies in vulnerable groups in emergency settings
	▪ Underaged, overlooked & Bridging the Gaps
	▪ Women on the Move ('*Mujeres en Movimiento*')
	▪ Youth in Dialogue
Community-based experiences	**Non-substance addictions**
▪ "*Antena de Riesgos*": Comics as a tool for Social Intervention	▪ Le Bon Plan. Guide to social and health resources in Brussels
▪ Assembly Method and Self-managed Space for people with addiction problems and homeless	▪ Radio Workshop – Sildavia
▪ Brugernes Akademi – The Drug Users Union	
▪ C-Buddy Project	
▪ Harm Reduction on crack consumption in Medellín	
▪ Let's Chat	
▪ MAINline	ChemSex Project	
▪ Metzineres	
▪ Musas – Fashion FabLab	
▪ Operation "Inclusive Neighbourhood"	
▪ Self-administered Hepatitis C testing among cocaine/crack users in Costa Rica	
▪ The SAMPAS's Point of Care	
▪ Underaged, overlooked & Bridging the Gaps	
▪ Women on the Move ('*Mujeres en Movimiento*')	
▪ www.aide-alcool.be – Le Pélican (Belgium)	

Housing	Labour inclusion
- Le Bon Plan. Guide to social and health resources in Brussels - Metzineres - Restorative Circle	- Assembly Method and Self-managed Space for people with addiction problems and homeless - Brugernes Akademi – The Drug Users Union - Design and validation of a tool for the diagnosis of risk and protection factors in the work environment - Metzineres - Musas – Fashion FabLab - Project for the manufacturing of handcraft personal cleaning and hygiene products "Las Jaboneras" - Releasing moorings to grow - Training project on the use of technologies in vulnerable groups in emergency settings - Women on the Move ('*Mujeres en Movimiento*')
People living on the streets	**Rehabilitation programs**
- Assembly Method and Self-managed Space for people with addiction problems and homeless - Brugernes Akademi – The Drug Users Union - C-Buddy Project - Harm Reduction on crack consumption in Medellín - Le Bon Plan. Guide to social and health resources in Brussels - Metzineres - Proyecto Mejora - Radio Workshop – Antaris - The SAMPAS's Point of Care - TRIP (Mobile and Fast Checking of psychotropic substances)	- Proyecto Mejora - Women on the Move ('*Mujeres en Movimiento*') - Attention to women victims of gender violence with addictions - Restorative Circle - The SAMPAS's Point of Care - Training project on the use of technologies in vulnerable groups in emergency settings
Training	**Drug consumption facilities**
- Brugernes Akademi – The Drug Users Union - Design and validation of a tool for the diagnosis of risk and protection factors in the work environment - Le Bon Plan. Guide to social and health resources in Brussels - Let's Chat - Musas – Fashion FabLab - Proyecto Mejora - The SAMPAS's Point of Care - Training project on the use of technologies in vulnerable groups in emergency settings - Underaged, overlooked & Bridging the Gaps - Women on the Move ('*Mujeres en Movimiento*') - Youth in Dialogue	- Le Bon Plan. Guide to social and health resources in Brussels - Metzineres - Proyecto Mejora - Restorative Circle
Sports and recreational activities	
- Le Bon Plan. Guide to social and health resources in Brussels - Radio Workshop – Sildavia - Releasing moorings to grow - Underaged, overlooked & Bridging the Gaps	

Legal Aspects	
Alternative justice	**Prison programs**
	- Releasing moorings to grow - The SAMPAS's Point of Care
Legal or counselling services	**Minors**
- Brugernes Akademi – The Drug Users Union - Le Bon Plan. Guide to social and health resources in Brussels - Metzineres - Proyecto Mejora	"*Antena de Riesgos*": Comics as a tool for Social Intervention - Underaged, overlooked & Bridging the Gaps - Youth in Dialogue
Alternative measures for imprisoned	

Policy Issues	
Policy changes campaigns / Projects	**Alliances of non-profit organisations and institutions**
▪ Brugernes Akademi – The Drug Users Union ▪ Design and validation of a tool for the diagnosis of risk and protection factors in the work environment ▪ MAINline | ChemSex Project ▪ Metzineres ▪ Musas – Fashion FabLab ▪ National Drug Law "Unhappy Birthday" Campaign ▪ Proyecto Mejora ▪ The SAMPAS's Point of Care ▪ Underaged, overlooked & Bridging the Gaps ▪ Youth in Dialogue	▪ En Plenas Facultades ▪ MAINline | ChemSex Project ▪ Metzineres ▪ Musas – Fashion FabLab ▪ National Drug Law "Unhappy Birthday" Campaign ▪ Underaged, overlooked & Bridging the Gaps
Human Rights and drugs campaigns / projects	**Development Cooperation**
▪ Assembly Method and Self-managed Space for people with addiction problems and homeless ▪ Brugernes Akademi – The Drug Users Union ▪ En Plenas Facultades ▪ MAINline | ChemSex Project ▪ Metzineres ▪ National Drug Law "Unhappy Birthday" Campaign ▪ Underaged, overlooked & Bridging the Gaps	▪ Underaged, overlooked & Bridging the Gaps
Coalitions, federations of drug users or organisations working in the field of drugs	**International/Global Alliances**
▪ Assembly Method and Self-managed Space for people with addiction problems and homeless ▪ Brugernes Akademi – The Drug Users Union ▪ Metzineres ▪ National Drug Law "Unhappy Birthday" Campaign ▪ Self-administered Hepatitis C testing among cocaine/crack users in Costa Rica ▪ The SAMPAS's Point of Care	▪ Underaged, overlooked & Bridging the Gaps

Click on the name to access the good practice:

Antena de Riesgos: Comics as a tool for Social Intervention – Fundación Atenea

Organisation Data

Contact Details	*Name and Surname*: María del Carmen Bacedoni Morales *Charge*: Regional Director (Extremadura) *Email*: mbacedoni@fundacionatenea.org
Organisation Name	Fundación Atenea
City and Country	Mérida, Spain
Email	fundacion@fundacionatenea.org mbacedoni@fundacionatenea.org
Web	www.fundacionatenea.org
Brief description of mission, vision and intervention approach(es)	Fundación Atenea has been helping to improve the quality of life of people in a situation or at serious risk of exclusion for more than 35 years, with a team of more than 200 professionals working in the autonomous communities of Andalusia, Castilla La Mancha, Extremadura, Madrid and Valencia. At Fundación Atenea we want to work with and for people by analysing the factors that promote social inclusion, prioritising intervention with those people who are most at risk, promoting the creation of opportunities and focusing on the gender factor and the phenomenon of the feminisation of poverty. The mission of Fundación Atenea is to guarantee the rights and improve the quality of life of people in a situation or at risk of serious exclusion, to prevent the factors that cause it and to promote social and economic transformation through innovation, intervention, training and social research. The methodology of Fundación Atenea is based on a pyramidal image formed by 3 vertexes that correspond to intervention, training and research, which form the Foundation's hallmark.

Summary of the Best Practice

Technical Information

Title	"Antena de Riesgos": Comics as a tool for Social Intervention
Location	Mérida, Spain
Level of implementation (local /regional /national /transnational /other)	Regional
Execution (from – to, currently)	2011 – ongoing
Resources needed for the implementation	*Economic resources*: 100.000 € (whole program) *Material*: computers, printers, paper *Human Resources*: 2 Social Educators and external collaborators with expertise in illustration, design, education and socio-community work.

"Antena de Riesgos" (Risk Antenna) is a project whose priority focus is prevention and care for families at risk, support for their family group and coordination with other institutions and resources to achieve comprehensive care for this population.

The programme tackles the problems of young people between 12 and 21 years of age who are in a situation of special risk, preventing and attending to the circumstances that may represent a difficulty for their integration and biopsychosocial development, paying special attention to problems related to drug consumption. With them we work on objectives related to the prevention of problematic drug use, sexual education, prevention of youth violence… from non-formal social education, that is, in their own contexts of leisure and education and through participatory methodologies.

To this end, and through guidance, advice, accompaniment and individual and group support, individual responsibility and the promotion of a change in attitudes that facilitate healthy behaviours are promoted.

Part of the Antena de Riesgos project is the Comic Workshop; a socio-educational intervention, of non-formal education, which uses comics as an educational resource and as a tool for social intervention.

Each edition of the Comic Workshop deals with a topic of interest and related to young people, such as cannabis consumption, alcohol, sexist aggressions in leisure spaces, gambling, etc.

The young people participating in the Comic Workshop are responsible for the creative process and design of the stories. In this process, they receive a triple support: learning and improvement of personal competences and social interaction skills; learning and construction of critical thinking about factors, realities and situations that affect young people; learning and improvement of professional technical competences of drawing, illustration and edition of a comic.

This programme is implemented based on a community approach, which implies coordination with the different resources (public and private) involved in the achievement of its objectives and encourages the commitment of the different social agents in promoting risk prevention and management strategies.

Antena de Riesgos proposes an intervention based on the promotion of values and healthy lifestyles: a strategy in which all activities are designed to work with young people to promote participation, emancipation processes, critical attitudes and opinions regarding: risk factors related to health; the promotion of alternative and creative leisure; discrimination for reasons of sex or other reasons and the promotion of actions in favour of equality between men and women; and the promotion of creativity and entrepreneurship.

Description

1. Situation and Initial Context

Antena de Riesgos addresses the problems of young people at risk by preventing and dealing with circumstances that may lead to an increase in vulnerability factors and, therefore, may have a negative influence on their biopsychosocial development. Specifically, it focuses the intervention on young people who live in situations of vulnerability or risk that affect their health and/or psychosocial development: consumption of alcohol, tobacco and other substances; deficits in self-esteem and personal safety with consequences for health; inappropriate behaviour in the use of social networks and addiction to screens and games; frequency of truancy; difficulties in peer relationships, sexist behaviour and bullying situations. More specifically, the intervention of Antena de Riesgos prioritises young people who are in a situation or at serious risk of social exclusion.

Antena de Riesgos proposes an intervention based on the promotion of values and healthy lifestyles: a strategy in which all activities are designed to work with young people to promote participation, emancipation processes, critical attitudes towards discrimination based on sex or race, the promotion of alternative and creative leisure and the promotion of actions in favour of equality between men and women.

It combines the creation of a comic to raise awareness among young people of the risks associated with leisure spaces and to use harm reduction as an element of prevention, giving them the opportunity to develop their potential and creativity by showing their characteristics, doubts, concerns, myths, consequences and risks. The comic workshop sessions are held over a period of nine months, independently of the classes they attend in the mornings as part of their formal training.

The aim of this Antena de Riesgos project is to address the selective/indicated prevention of the consumption of addictive substances in young people in Extremadura, as part of the set of problems that affect them, preventing and

addressing the circumstances that may lead to an increase in the factors that cause consumption and its consequences and that, therefore, may have a negative influence on their biopsychosocial development.

The incorporation of young people into the programme is determined by professionals from educational, social, health and community centres who inform the Risk Antenna project team about the convenience of approaching these young people. Professionals who have observed and detected different behaviours related to sporadic or frequent consumption of alcohol and/or other substances that affect their attendance and educational performance, difficulties in peer and family relationships, lack of healthy leisure activities, and even problems with public security forces.

Intervention is carried out both in cases of early detection of consumption and in cases of intensive consumption, through the development of protective factors and the incorporation of healthy practices among young people, preventing and addressing the circumstances that may lead to an increase in the risk factors associated with consumption, and always promoting individual responsibility and a change in attitudes.

On the other hand, intensive work is carried out with the families of young people and adolescents, since the family group must facilitate and promote the coverage of the needs of minors, and for this it is essential that they have the necessary support to adequately exercise their functions.

2. Type of program/service/intervention/practice

	Social inclusion			
	Stigmatization(s)	x	Cultural Activities	
	Gender		Drug use in recreational settings	
	Sex workers	x	Educational Campaigns	
	Sex and drugs		Social participation	
x	Community-based experiences		Non-substance addictions	
	Housing		Labour inclusion	
	People living on the streets		Rehabilitation programs	
	Training		Drug consumption facilities	
	Sports and recreational activities			
	Legal Aspects			
	Alternative justice		Prison programs	
	Legal or counselling services	x	Minors	
	Alternative measures for imprisoned			
	Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions	
	Human Rights and drugs campaigns / projects		Development Cooperation	
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances	

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	x	Goal 3: Good Health and Well Being	x	Goal 4: Quality Education
x	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure		Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

4. Target Groups

- **Direct Target Groups:**
  - Number: 20 – 30 per year
  - Characteristics:
    Young people at risk of exclusion with the following problems:
    - Persistent substance users.
    - Affected by addictive behaviours to screens and pathological gambling.
    - With deficits in social interaction skills that cause unequal, disruptive and/or aggressive situations.
    - With high rates of truancy.
    - Offenders.
    - Residents of disadvantaged areas / neighbourhoods and social exclusion.

- Referred from Social Services.
- With Mental Health problems and dual pathology.

5. Objectives, indicators and outcomes

NOTE: These objectives only refer to the production of the comic book, as Antena de Riesgos is a broader project.

General Objective: Based on risk prevention, encouraging young people to change negative habits towards new healthy habits and social skills that directly affect biopsychosocial development.		
Specific Goal 1: To make young people aware of the risks associated with leisure spaces by developing their potential and creativity.	**Results achieved**	**Indicators for Specific Goal 1**
Specific Goal 2: To coordinate and network with educational, social, health, youth and leisure resources in order to favour the detection of risk situations, as well as the access and active participation of young people.	**Results achieved**	**Indicators for Specific Goal 2**
Specific Goal 3: To insert this project within the interventions with minors and prevention, especially in the school context, and all those carried out in the community.	**Results achieved**	**Indicators for Specific Goal 3**

6. Activities

Activities Specific Goal 1	Implementation of Comic Workshops. The young participants of the Comic Workshop are responsible for the creative process and design of the stories. In this process, they receive a triple support: learning and improvement of personal competences and social interaction skills; learning and construction of critical thinking about factors, realities and situations that affect young people; learning and improvement of professional technical competences of drawing, illustration and editing of a comic. The activities included in the Comic Workshop are: • Workshop sessions. Weekly sessions during the school term, lasting two hours, which take place in the afternoon at the headquarters of the Atenea Foundation in Mérida or in the classroom of the School of Art and Design of Mérida. • Comicvency" coexistence. Encourages coexistence and group cohesion, while stimulating the creative capacity. • Masterclass: Two-hour learning sessions given by comic authors, publishing, drawing and comic professionals; professionals from the social and health fields specialising in the theme of each edition. Training sessions are held to ensure that participants have sufficient elements to create materials to raise awareness among other people and young people in their immediate environment. This project is carried out in an educational context, through the intervention in selective/indicated prevention of the consumption of addictive substances in young people in Extremadura.

Activities Specific Goal 2	Presentation of the Comic and Dissemination: Presentation of the comic in cultural and leisure spaces. The comic has been presented at the Mérida Book Fair since 2015.

7. Assessment of the BP

The programme is evaluated qualitatively. Below are some of the evaluation indicators we use, differentiated according to whether we are targeting young people or professionals:

Qualitative Evaluation Indicators

Young People	Indicators
Skills and Competences	They have put into practice and improved the competences and skills necessary for participation in all the activities of the Workshop.
Knowledge of the social reality addressed	They have actively participated in the acquisition of information, documentation, training and the creation of a critical opinion that allows them to address the issues proposed in the workshop.
Technical Knowledge	They have put into practice and improved the technical knowledge necessary to participate in all the activities of the workshop.
Professionals	
Achievement of the Objectives	The comic has served as an educational resource.
Methodology applied	It allows the participation and involvement of young people and professionals in the design, implementation and evaluation of the project.
	It is adjusted to the needs of learning/improvement and implementation of individual and group potentialities.
Implementation	Se planifican y ejecutan las actividades propuestas en el Proyecto.
Dissemination	The comic has served as a tool for social intervention.
	Dissemination actions were proposed, planned and carried out with the participation of young people.

8. Outcomes and Outputs (in the framework of the Best Practice)

The final product is the publication of a socially themed comic book, created by young people and aimed at a youth audience, to promote the personal and group safety factors necessary to reverse the problematic situations addressed.

9. Transferability

The transferability of this proposal lies in its ability to capture, motivate and reflect the reality of young people in a final product, making them feel the protagonists of the actions, in this case, the protagonists of the stories and illustrations that they have learned to express, reflecting on a social theme, a product created by and for young people with which to promote protective factors and at the same time strengthen and develop the creativity of each person.

The Comic Workshop expresses in illustrations realities that are difficult to understand and very complex, denounces situations suffered by young people in everyday scenarios and with their own voice, encouraging participation, encouraging expression, encouraging them to tell society, in the way they feel most comfortable (the comic), that they have the potential to devise solutions to the problems of an unequal society that deprives us of freedom and curtails our rights.

10. Innovativeness of the Best Practice

The experience developed by the Atenea Foundation and the professional background of the team in charge of the implementation of the project, backed by the experience of more than 18 years in other territories and recognitions of marked national relevance, allow us to address a comprehensive intervention, from the educational and community community community where we already work in coordination with the guidance teams and social educators and from the family and social context, being integrated in the different actions of the intervention areas. We have a deep knowledge of the reality of the young people we work with, as well as their specific problems and the resources offered by the cities and the different administrations.

The Risk Antenna project of the Atenea Foundation has been awarded several times in the Queen Sofia Against Drugs Awards of the CREFAT Foundation, in the area of prevention. An award of international prestige, which values the

importance of an indicated prevention programme, almost unique in the whole of Spain and which works along the strategic lines of prevention that are being indicated both by European, national and regional institutions, as we have mentioned above.

This recognition once again justifies the innovation in intervention with young people and the endorsement of its good practice, from the community perspective and its own environment, achieving the involvement of young people and social agents surrounding the project, with the aim of promoting individual responsibility and changing attitudes.

11. Theoretical basis used for the best practice. References.

For the development of the project, we based our interventions on the Theory of Problem Behaviour (Jessor and Jessor, 1991), the model of social competence and the perspective of community participation models, as we consider that from them we can approach the reality of adolescents in terms of their risk behaviours, as well as offering us useful guidelines for planning the intervention.
These are the methodological principles on which the intervention in Antena de Riesgos is based:
- Global approach to the problems. Integral perspective, concerns, values, skills, interests, needs...
- Motivation towards changing attitudes, behaviours, unhealthy habits.
- Promotion of the autonomy of minors, active participation of the subjects of the intervention.
- Interventions with the children's families.
- Networking (health, educational, labour, social).
- Interventions adapted to the adolescent world, health promotion and harm reduction.
- Flexible and dynamic intervention avoiding rigid procedures and systems.
- Educational interventions.
- No labelling.
- Use of community resources.

In order to develop the objectives of the programme, the following intervention proposals have been made:
- Participation of the target population in the development of the interventions.
- Inclusion of minors in social and community resources (leisure, free time, culture, etc.).
- Street intervention
- Direct observation
- Group interventions (minors and families).
- Advice and guidance to minors for risk prevention.
- Snowball for the transmission and collection of information.
- Accompanying minors.
- Individual interviews.
- Guidance and/or counselling with families.

In the Comic Workshop, the personal competences and social skills of the young participants are worked on in a transversal way throughout all the sessions:

Competences	Specific Area
Self-confidence	Self-confidence, Self-awareness, Self-assessment, Self-control
Communication	Oral/written comprehension, Non-verbal communication
Compliance with rules and tasks	Communication of rules, Fulfilment of tasks
Interest in learning	Motivation to learn, Ability to learn
Time management	Prioritisation of time, Procrastination and how to avoid it
Relationship skills	Interaction, Networking, Assertiveness, Active listening, Empathy.
Initiative and decision making	Reaction / proactivity, Decision making
Flexibility and tolerance to frustration	Adaptation to change, Acceptance of other points of view, Ability to cope
Creativity and innovation	Solutions/ideas/methods
Teamwork	Cooperation, Participation and acceptance of decisions
Negotiation	Defends its interests with arguments, Satisfaction of interests, Identification of needs
Analysis and problem solving	Identifies the problem, Seeks and evaluates solutions, Applies solutions

Assembly Method and Self-managed Space for people with addiction problems and homeless – Asociación Elige la Vida (Spain)

Organisation Data

Contact Details	*Name and Surname*: Luisa Márquez López *Charge*: President *Email*: ev@eligelavida.org
Organisation Name	Asociación Elige la Vida
City and Country	Seville, Spain
Email	ev@eligelavida.org
Web	www.eligelavida.org
Brief description of mission, vision and intervention approach(es)	MISSION: To promote social justice and the improvement of the quality of life of people with problematic drug use, homeless and in a situation of social exclusion, incorporating the gender perspective and a fundamentally community approach in the Triana neighbourhood. VISION: To become an association made up of more and more people committed to social justice and feminism, who continue to work together until social inequalities are eradicated. VALUES: - Social justice. - Warmth. - Participation. - Reflection. - Creativity. - Transparency. - Independence.

Summary of the Best Practice

Technical Information

Title	Assembly Method and Self-managed Space for people with addiction problems and homeless
Location	Seville, Spain
Level of implementation (local /regional /national /transnational /other)	Local
Execution (from – to, currently)	1986 – ongoing
Resources needed for the implementation	*Economic resources*: 14.000 € approx.. *Material*: Headquarters space; consumables and reprographic material; telephone and cell phone; Headquarters maintenance expenses; computers, laptop and printer.

The Association "Elige la Vida" was established in the neighbour of Triana (Seville) in 1989, by the community of neighbours who present an awareness and sensitization on the problem of drug addiction and HIV. Faced with this need, they undertake actions with of youth and family prevention in Triana area. Over time, the entity specializes in care and support for addictions, and provides accompaniment for those with pathological addictions.

As a result of the deep work with addict people and depending on the profile of the population that attends the entity, the intervention has expanded in recent years. Therefore, we work with addition people with pathological addictions or drug addictions, but Homeless People are also attended, giving an answer to the needs that arise.

"Elige la Vida " advocates contributing to the development of personal autonomy seeking the empowerment of people. Our association is constituted as a meeting point of high tolerance, where a large number of people living on the streets and with addiction problems share the space. This space is self-managed by the same people who come to our place every day, thanks to our assembly model that governs the organization of the center. In this space, the people gathered have the possibility to resolve / prevent conflicts, discuss and debate rules and services, propose and evaluate activities or actions. It is a place where to put problems in common, and to build alternatives or solutions to them.

During the State of Alarm, and consequent confinement situation, the #YOMEQUEDOENCALLE campaign was launched to make visible the situation of the Homeless people and people with addiction problems, extremely vulnerable prior to the health emergency. The entity's beneficiaries have participated in this campaign, contributing their vision to the problem and motivating society to collective reflection.

Special attention to the role of women within these highly vulnerable groups (Women and addictions). They have their own space, for reflection and the construction of actions for the claim. For example, making a video or own material for days like the International Women's Day.

Description

Our center is located in a neighbourhood building in a neighbourhood street. This produces a constant coexistence and mediation, making a work of visibility, awareness and constant integration. This was the main reason why we decided to continue in our premises (despite having a few square meters for the number we serve) and make a comprehensive reform instead of going to another isolated area. We think this is one of the strengths of our work and community approach.

Elige la Vida is a resource of very high tolerance. People who have this difficulty in adapting to the rules or structures of other resources fit very well with our entity, because we are a flexible, community and pedagogical space. Intervening with what the person can offer us in that space and not in their problem. So that, the process slows down but in the long term, real links and trust networks are created. Emphasize that people can come in under the influence of any substance, pets can also be welcome and there are no specific penalties or expulsions because we understand that a punishment that lasts months to an adult in this situation does not entail a pedagogical change or improvement. The sanctions or decisions for conflicts are agreed with the person. There is the disciplinary expulsion of the resource if it is understood that the person does not comply with the minimum standards and values of the entity (this has only happened in one case in years).

In this context, the association has been offering a space for years where we find basic social care (basic needs, a shower and hygiene service, Lockers, protection of medications, custody of documentation and equipment, custody of money, guidance, information, advice, active listening, management of benefits and basic social documentation, etc.) we work as a day center adding a more informal character and a methodology of pedagogical accompaniment that enables accessibility of people with the highest level of deterioration (physical, biological and social) to achieve stabilization as the first objective (hygiene, food, health and treatments, leisure, relationships, establishing links with the community) and damage at least; in order to be able, if possible, to initiate true processes of social incorporation.

This work is becoming increasingly necessary, since most of the resources that work with homeless people are residential resources, some of which have some day center places but for profiles in a better situation (higher level of demand for their access) or in the pre-insertion phase. In addition, a participatory approach and "supervised" self-management is introduced as an improvement tool that motivates the person who accesses our resource, makes them take responsibility and makes them participate in their individual process.

2. Type of program/service/intervention/practice

Social inclusion			
X	Stigmatization(s)		Cultural Activities
	Gender		Drug use in recreational settings
	Sex workers		Educational Campaigns
	Sex and drugs	X	Social participation
X	Community-based experiences		Non-substance addictions
	Housing	X	Labour inclusion
X	People living on the streets		Rehabilitation programs
	Training		Drug consumption facilities
	Sports and recreational activities		

Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		

Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
X	Human Rights and drugs campaigns / projects		Development Cooperation
X	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances

Other (please, specify below):

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being		Goal 4: Quality Education
	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	X	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
X	Goal 17: Partnerships						

End poverty and hunger, give access to basic services and achieve food security and improved nutrition, as well as the dispensing of derived foods in coordination with the Food Bank. Specialized actions in the health area. Inclusive and equitable quality education and promoting lifelong learning opportunities; ensure that minors increase school enrolment rates and do not show absenteeism. Achieve gender equality and empower all women / girls; to work the gender perspective in a transversal and comprehensive way.

4. Target Groups

- **Direct Target Groups:**
  - Number: 50 People, 35 men and 15 women..
  - Characteristics: People with addiction problems and homeless.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: Volunteers and people from the neighbourhood.
  - Characteristics: Neighbours from Triana.

5. Objectives, indicators and outcomes

General Objective: Create an assembly model and space for self-management of people with addiction problems and homeless.		
Specific Goal 1: Increase the creation of links with the people who come to the entity.	**Results achieved**	**Indicators for Specific Goal 1**
	85% bonding and responsibility with the people who make up the space.	Percentage of connection and responsibility with the people who make up the space.
	High degree of motivation during the process.	Degree of motivation during the process.

	High degree of increase in social skills and self-esteem of the beneficiaries during the project.	Degree of increase in social skills and self-esteem of the beneficiaries during the project.
Specific Goal 2: Improve the permanence and participation of the space self-managed by the beneficiaries.	**Results achieved**	**Indicators for Specific Goal 2**
	High degree of empowerment of the beneficiaries.	Degree of increased empowerment of the beneficiaries.
	80% decision making through consensus	Decision-making percentage through consensus.
	50 people actively participate (35 men and 15 women). Elaboration of 1 campaign	Number of people who actively participate. Elaboration of campaigns

6. Activities

Activities Specific Goal 1	NAME OF THE ACTIVITY: Reception for creation of links. RELATED TO THE SPECIFIC OBJECTIVE No. 1: Increase the creation of links with the people who come to the entity. DEVELOPMENT OF THE ACTIVITY: Our center, as mentioned before, presents a philosophy of high tolerance or open doors. Considering this data, there are people who are "passing through" or are comfortable in the space. Understanding this situation, we have divided the reception into three phases: The welcome, where we introduced the entire technical and volunteer team to the users the fist time they come in. The reception is a space we reserved for the person, as long as the person has been coming to the entity for some days. In this second phase, we collected the personal data, the demand and objectives that the person would like to achieve with us and we explained the way we work in the entity. The interview takes place one week after the "reception" phase. During this interview, the demand by the person have been discussed in a more thorough way, not being intrusive and leaving the person to be the one to put the final points on the topics that the person has mentioned. In this phase, we have done special work to create links with the person. Therefore, we have made it very explicit that we are companions in their process, but that only they are the protagonists. Only they have set the objectives, guidelines and spaces, provided the techniques, attention, help, information, guidance and intervention required in each process.
Activities Specific Goal 2	NAME OF THE ACTIVITY: Tutored self-management space. RELATED TO THE SPECIFIC OBJECTIVE No. 2: Improve the permanence and participation of the space self-managed by the beneficiaries. DEVELOPMENT OF THE ACTIVITY: It is a meeting space and high tolerance, where people can access with their pets, belongings or under the effects of substances. This space has the objective of being a protected and relaxing place, self-managed by all the people who agree to respect the rules of coexistence. We have several resources available to users: library, board games, computers, stationery, etc. Taking into account the supervening health emergency situation, due to the spread of the coronavirus, hygiene and disinfection measures have been maximized, as it has been necessary to control access to the entity to preserve the number of people inside. This fact confronts our philosophy of open doors, since we have been forced to have greater control over access, however, although in a more controlled way, we have tried not to lose the essence of building a protected space for free use for all people. For example, the library and board games have continued to operate under a loan system (with disinfection before and after use). Traditionally, weekly assemblies are held with users, being a restricted activity during the months with the greatest impact of the virus. During this time, and as an alternative, a suggestion box is built to continue collecting the opinions, proposals, criticisms or necessary

	questions from the people who come to the entity. When the restrictive measures were relaxed, we were able to resume holding assemblies with the participation of small groups (5 - 6 people)
Activities Specific Goal 2	NAME OF THE ACTIVITY: Coexistence and workshops.
	RELATED TO THE SPECIFIC OBJECTIVE No. 2: Improve the permanence and participation of the space self-managed by the beneficiaries.
	DEVELOPMENT OF THE ACTIVITY:
	In a traditional way, we carry out coexistence activities in our entity, taking advantage of significant dates. These activities are very beneficial, because they enhance cohesion among the participating people and contribute to improve the climate in daily coexistence. It is a very successful type of activity, since it helps to break the routine.
	On the other hand, workshops are held to improve self-esteem, empowerment, and decision-making, increase social skills, cohesion, among others.

7. Assessment of the BP

Our entity presents the Quality Certificate, "Recognition of Management and Social Commitment" from the Fundación Grupo Develop created in 2017 together with the social organizations with more experience in management, the support of the most prestigious certification entities and experts in the EFQM Model and approved by the certifying entity Bureau Veritas. 2-star level, achieved in 2020.

8. Outcomes and Outputs (in the framework of the Best Practice)

At Elige la Vida, an assembly method has always been used as a working tool, so that decision-making is as horizontal as possible, and users feel that they have sense of belonging in the entity. In such a way that the space and the rules are self-managed, come from a consensus and negotiation between all the people who form it.

Specifically, during 2019 and the first 4 months of 2020, there has been a very active participation in the weekly assemblies. Apart of to the improvements and aspects to be maintained within the organization of the entity, several claims have arisen derived from their situation and writing of a manifesto of the situation that homeless people have in Seville.

- 220 people access to the service, being 180 men and 40 women.
- 180 users who access to showers and hygiene services. Being 185 men and 28 women.
- Average degree in taking responsibility.
- 50 assemblies held.
- 140 participants, being 104 men and 36 women.
- 7 proposed activities.
- High degree of participation.
- High degree of positive assessment by the beneficiaries.
- High level of group cohesion.
- Conflict resolution: The number of conflicts has been very low. And there has been a high level of resolution in those conflicts created.
- High degree in the improvement of social skills.
- High degree of stress level.
- Type of environment: Fluid environment, with a very good coexistence.
- 3 acts of awareness and denunciation.
- 80 participating beneficiaries, 46 being men and 36 women.
- 500 indirect beneficiaries.
- Very high degree of participation from the neighbourhood (Many of the neighbouring people donate food for breakfast weekly, entering our headquarters to meet the people who come).
- High degree of positive evaluation.

LA SEVILLA SIN TECHO SE MUEVE
CONCENTRACIÓN
NADIE SIN HOGAR

CONCENTRACIÓN A FAVOR DE LA ACAMPADA "NADIE SIN HOGAR" DE MADRID

LUNES 23 DE SEPTIEMBRE
PLAZA NUEVA (SEVILLA)
19.00H

www.eligelavida.org

9. Transferability

It is an easily replicable way of intervening. It is only necessary to give people a voice and make them participate in the everyday of the entity, thus achieving greater responsibility and a feeling of belonging.

On a weekly basis, every Thursday, we meet in an assembly (currently, unfortunately, due to the sanitary emergency situation, we have replaced this type of meetings, by a more individualized collection of information). The users are organized so that there is a record of the points to be discussed and the person who collects the minutes. In addition, the people themselves debate and contribute ideas regarding the resolution of conflicts, rules, performance and evaluation of activities, workshop proposals, etc. This model serves people as a tool for making decisions in a common and participatory way. What helps to improve their self-esteem and their social skills.

This way of structuring decision-making is generally extrapolated to the operation of the entity. Where the greatest horizontality possible is sought in decision-making, with the involvement of all agents (users, volunteers, technical team, Board of Directors). From there, we would like to make our organization chart known. Perhaps structured in a curious and unusual way, but which perfectly reflects our way of understanding our daily work.

10. Innovativeness of the Best Practice

This project contains an innovative aspect because is the people who come to the entity, who are in charge of making decisions, rules and schedules of the entity. We seek as much horizontality as possible in each of the actions we carry out.

This space brings with it people with addiction problems, who are also in a situation of homelessness, an improvement in their self-concept, empowerment and decision-making.

11. Theoretical basis used for the best practice. References.

The background of this program goes back almost to the foundation of the entity. We have activists and volunteers who have created a form of intervention from a humanistic and horizontal perspective in our community in the Triana neighbourhood (Seville).

In the first place, we find ourselves in the environment of neighbouring people who are knowledgeable about the work carried out. People who support us and join the various awareness-raising actions that the people who make up Elige la Vida carry out. Secondly, as we have just mentioned before, the intervention uses, with the link creations, quality, dignity and social participation, makes us have sought a horizontal approach. Being the people who come to Elige la Vida the engine of our actions.

We want to refer to the European Typology of Homelessness and Residential Exclusion (ETHOS), which is the following: 1) Homeless: No home. 2) Homeless: Presents accommodation in public or private institutions. 3) Unsafe accommodation: You have an address, but it is precarious. For example, eviction or gender violence. 4) Inadequate accommodation: It has an address not suitable for its habitability. For example, shantytowns. This classification of the phenomenon of homelessness raises a global perspective of residential exclusion, since it does not take into account the peculiarities within more specific contexts. For example, those homeless people who sleep in cars or occupy spaces, as well as those who rent rooms - in unfortunate conditions and illegally - temporary for the help or benefit received for a short time.

The number of homeless people in the city of Seville has increased exponentially in the last 15 years, as well as the variety of profiles, requiring an intense, comprehensive and multidisciplinary intervention that favors their social incorporation. Since then, EV has been working with homeless people and in a situation of slums, which has helped us to understand the social reality of this group and their needs. In the first years, the number of users who were homeless would not reach 10% and it gradually grew until in recent years the figure is more than two hundred. Through the continuous review of our work, in which the beneficiaries actively participate through weekly assemblies, we are proposing improvements in services based on the needs detected.

Regarding people who are in a situation or problem of addictions, with regard to our experience, given over the years, it presents a relevant basis due to the deep analyses and reflections that we continuously carry out. In addition to continuously renewing ourselves in the matter of addictions, as for example in the contents that are included in the III Andalusian Plan on Drugs and Addictions 2016-2021, National Strategy on Drugs, CPD Memories, Training and experience exchange sessions organized by UNAD, ENLACE Federation, Liberation Federation, as well as for training in the Master of Drug Addiction of the "Institut de Formació Continua-IL3", Universitat de Barcelona.

To carry out our assembly method, we consider the coherence and concordance of the objectives developed in it with the objectives and strategies in the III Andalusian Plan on Drugs and Addictions 2016-2021 (III PASDA), as well as the data established in the 2019 CPD report. In which, they collect that during 2019, almost 60% of the new addiction treatments in the province of Seville (province of execution) drink alcohol and cocaine. In the same way, it is stated that in 2019 cocaine consumption prevailed again, which originated 33% of them, followed by alcohol consumption, with 25% of the cases and heroin and 'mixed' (heroin plus cocaine) with 22%. The average age of users is 38 years, while in women it is 41. The oldest users are, in this order, those who consume tobacco (46), alcohol (45) and opiates (44). It is followed by pathological gambling (37) and cocaine (35).

On the other hand, and by way of conclusion, we wanted to mention the importance in which we carry out decision-making at the organizational level. Next, we attach an image about this organization. In it, it can be observed how the users who come to Elige la Vida through the weekly assemblies express the needs and / or demands. Going to the meetings of the technical work team and, in the same way, the team of volunteers, partners and board of directors.

Attention to women victims of gender violence with addictions. Coordination with the Protection system – EMET Arco Iris Foundation

Organisation Data

Contact Details	*Name and Surname*: Ángeles Guerrero Jiménez-Castellanos *Charge*: Social Worker *Email*: angeles@fundacionarcoiris.org
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Web	www.fundacionarcoiris.org
Brief description of mission, vision and intervention approach(es)	We are an independent and plural organization that encourages commitment, active participation, continuous training and teamwork among its members. From the beginning, it has contributed to equality in insufficiently served groups, being able to respond to the new demands of society and public administrations, through professional and interdisciplinary intervention. Our work consists of specialized care for people with addiction problems and minors at risk. For this we use biopsychosocial and family intervention techniques that promote full growth as citizens with rights and obligations and promote gradual autonomy as the best way to integrate into society. Likewise, we participate in cooperation actions with developing countries.

Summary of the Best Practice

Technical Information

Title	Attention to women victims of gender violence with addictions. Coordination with the Protection system.
Location	Montilla. Córdoba
Level of implementation (local /regional /national /transnational /other)	Regional
Execution (from – to, currently)	2014- present
Resources needed for the implementation	Economic resources: 50.000 € Material: Therapeutic Community Resources.

Executive Summary

This program arises from the need to care for women with protection measures, for suffering Gender Violence by their partners or ex-partners, and at the same time they have addiction problems. This last problem makes them unprotected, because they cannot remain in the shelters for women who suffer gender violence, leaving them in a vulnerable situation. In addition, due to their personal situation, in relation to the mistreatment they suffer, they cannot wait for a place in the Therapeutic Community (TC) from the Public Network of Attention to Addictions.

Recipients: Those women in a Protected Situation because they suffer Gender Violence from their partners or ex-partners and at the same time suffer from an addiction. These women can come with their children under 10 years of age.

These women usually have monitoring measures from the Civil Guard for protection and therefore coordination between our team and UFAM or those responsible for the VIOGEN program in each police station is very important. Each woman is assigned a civil guard who specifically monitors her and visits the community periodically to interview the patient. The Team is informed of the level of protection assigned to women; in this way, it is aware of the specific protection measures available to it against its aggressor.

The Team informs the Civil Guard if scheduled departures of the patient outside the community are foreseen, informing the day and location where the patient will be during their stay outside the community.

During their stay in the TC, the patients do not have their own mobile devices, so it is important to carry out in a protocol manner the fact of turning on the patient's personal mobile in her presence, to corroborate if the aggressor had been able get in touch with the victim and if so, transfer this information to the Civil Guard so that the pertinent protection measures are taken when leaving the TC.

The awareness of the change of mobile card is also relevant. Most of these women may have pending lawsuits for gender violence issues and facing them can cause significant emotional instability. The accompaniment of the Team in these moments becomes fundamental.

The social area carries out the management and coordination with lawyers of the causes of this area.

Description

1. Situation and Initial Context

In many cases of gender-based violence, substance abuse is present, and even if it is not "the causal factor", it can contribute to precipitating violence, or aggravating it once it has arisen. Another aspect that adds more complexity are the differences that exist from one case to another in a context of violence. Therefore, we know they can give multiple combinations regarding the consumption of the people involved in cases of gender violence: aggressors or victims who may or may not consume drugs, victims who, before suffering intimate partner violence, were already abusing drugs, victims who use drugs as a coping strategy in the face of suffering violence that lasts over time, consuming aggressors and with psychopathic profiles, couples who attack each other, etc.

The link between drug use and violence has been studied by multiple authors. For example, Bennett and Lawson (1994) found that 46% of the men who abused drugs also abused, 60% of women who abused drugs were victims of domestic violence, and 42% of women who received treatment for domestic violence also suffered abuse of drugs. (Gender violence and drug addiction in Day Centers. Junta de Andalucía).

Sometimes abused women may turn to substance use addictions (alcohol, psychotropic drugs or drugs) as a coping strategy for experiencing suffering. Specifically, the percentage of victims who consume drug abuse ranges from 4% to 40% of women who attend programs for treatment of domestic violence and shelters for victims (cfr. Gutierres and Van Puymbroeck, 2006).

In short, substance use is a relief for emotional distress in the short term, but nevertheless, in the long term it may be the cause of aggravation of the victim's situation (for example, greater vulnerability to victimization, substance dependence problems, etc.).

On the other hand, if we focus on women who use drugs, it is observed that a high percentage of them have suffered or suffer violence by adults (between 41% and 80% have suffered domestic abuse) (cf. Gutierres and Van Puymbroeck, 2006). What's more, the main risk factors for substance abuse in women are child sexual or physical abuse, domestic violence in adult life, and a partner who uses drugs (Goldberg, 1995).

The program arises from the need to care for women with protection measures, for suffering Gender Violence by their partners or ex-partners, and at the same time they have addiction problems. This last problem makes them unprotected, because they cannot remain in the shelters for women who suffer gender violence, leaving them in a

vulnerable situation. In addition, due to their personal situation, in relation to the mistreatment they suffer, they cannot wait for a place in the Therapeutic Community from the Public Network of Attention to Addictions.

2. Type of program/service/intervention/practice

Social inclusion			
	Stigmatization(s)		Cultural Activities
x	Gender		Drug use in recreational settings
	Sex workers		Educational Campaigns
	Sex and drugs		Social participation
	Community-based experiences		Non-substance addictions
	Housing		Labour inclusion
	People living on the streets	x	Rehabilitation programs
	Training		Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

x	Goal 1: No Poverty	x	Goal 2: Zero Hunger	x	Goal 3: Good Health and Well Being	x	Goal 4: Quality Education
x	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy	x	Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	x	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land	x	Goal 16: Peace, Justice and Strong Institutions
x	Goal 17: Partnerships						

Goal 1:. The Therapeutic Community "La Muela" develops its work based on Policies, Plans and Legislative Measures aimed at defending rights and combating situations of inequality and poverty suffered by the group with whom we intervene (women with addiction problems, mostly also victims of gender violence).

Goal 2. End hunger, achieve improved nutrition and promote sustainable agriculture. food safety. In TC La Muela a weekly menu is established, reviewed by medical personnel, in which the nutritional needs of each of the residents with whom we intervene are assessed. Many of the products used come from organic farming, taking into account and following basic food safety procedures.

Goal 3. Gender, biopsychosocial and family intervention techniques are used that promote full growth, empowering women as citizens with rights and obligations and promoting their gradual autonomy as the best way to integrate into society.

Goal 4: In addition to education in the treatment process, adult education adapted to the academic level of the residents is included, which helps to enrich their self-perceptual vision.

Goal 5: In TC La Muela, we intervene by focusing the intervention from a gender perspective.

Goal 8: The Foundation intends to influence Policies, Plans and Legislative Measures aimed at the defence of rights and to work on the difficulties faced by the group of people with addictions in accessing the labour market.

Goal 10: The lines of action in the Therapeutic Community are aimed at reducing inequalities in the treatment of women, without discrimination due to their consumption or social problems, promoting measures for social inclusion and intervention policies aimed at defending the rights of the group.

Goal 16: The work in the La Muela Therapeutic Community, affects the Policies and Plans aimed at defending the rights of vulnerable groups, especially in the protection of women, to put an end to abuse, exploitation, trafficking and all forms of violence and torture.

Goal 17: Search for more sustainable and blended alternative financing models.

- **Direct Target Groups:**
  - Number:31
  - Characteristics:
    Those women in a Protected Situation because they suffer Gender Violence from their partners or ex-partners and at the same time suffer from an addiction. These women can come with their children under 10 years of age.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 93
  - Characteristics: couples, family, children, etc.

5. Objectives, indicators and outcomes

General Objective:		
Specific Goal 1: Achievement and maintenance of abstinence	**Results achieved**	**Indicators for Specific Goal 1**
	62,50%	High Therapeutic
	91,30 %	Achieved goals
Specific Goal 2: Acceptance and coping with reality	**Results achieved**	**Indicators for Specific Goal 2**
	95,65%	Psychological goals achieved
Specific Goal 3: Beneficial referral after treatment in the Therapeutic Community	**Results achieved**	**Indicators for Specific Goal 3**
	65 %	Referrals to other resources or foster homes

6. Activities

Activities Specific Goal 1	Individual Therapy Group therapy Outlet group therapy Social competence workshop Relapse prevention workshop Life review therapy Final evaluation Occupational workshop Responsibilities Medical consultation Coordination with the health care network Medication administration
Activities Specific Goal 2	Life review therapy Individual Therapy Group therapy Family therapy Affective sexual education workshop
Activities Specific Goal 3	Coordination with a protection network for gender violence and other social resources

7. Assessment of the BP

Since the beginning of the program, a continuous evaluation of it has been carried out. We have treated 31 women and only one of them came to the center accompanied by her son, a child under 2 years of age.

The indicators that are used internally have to do with the number of therapeutic discharges, the number of therapies that are carried out and the objectives that are achieved in the psychological, social, educational and medical areas. So far it has not been externally evaluated.

8. Outcomes and Outputs (in the framework of the Best Practice)

The results of the program are very satisfactory and as it has been carried out, the activities and interventions have been adapted. During the first years we encountered various difficulties that have been solved little by little. Among them we highlight:

- The subsequent return to the network of violence.
- Need for resources after treatment.
- They are users with triple vulnerability: abuse, dependence and generally with mental health problems.
- In TC treatment, departures are made after two months to generalize the objectives achieved in TC, therefore it is necessary for these women to be able to make these trips to a foster home
- To be able to follow up from the foster home.
- There is a coordination that can respond to any situation that may arise.

9. Transferability

It is an innovative program that could be replicated in other countries in Europe and Latin America. Fundamental when it comes to implementing is the coordination between the two networks (addictions and gender violence). Without this coordination, it is difficult to achieve good results. This coordination has to be before, during and at the end of your stay in the Therapeutic Community.

It must also be taken into account that the training of the team on gender and gender violence is very important. So that all intervention in TC is oriented to the empowerment of women and to be able to better understand the circumstances through which they have passed, and the necessary help can be offered.

10. Innovativeness of the Best Practice

Exclusively feminine therapeutic community.
Intervention program with a gender perspective.
Coordination with violence network resources. Viogen system

11. Theoretical basis used for the best practice. References.

The Emet Arco Iris Foundation has a Therapeutic Community exclusively for women, the only one in Andalusia. This TC has been in operation since the Foundation's inception, since we understand that the approach to addictions should be different for men and women. Since 2014, a pioneering program has been carried out in this TC, in which we serve women with addictions who are victims of gender violence. These women are referred by the foster homes and may be accompanied by their minor children.

From the National Strategy on Addictions and also the Andalusian Plan on Drugs, it is emphasized that it is essential to incorporate the specific needs of women into all prevention and care programs, as well as it is also important to integrate gender violence as one more element in the approach to addictions. It should be noted that the World Health Organization has already identified the abusive consumption of alcohol as one of the risk factors in violence against the partner and sexual violence. A significant percentage number of abusers consume alcohol or is dependent on this substance. In addition, it is estimated that about 20% of men who participate in intervention programs to reducing drug use and living with their partners, have committed some aggression towards them during the year prior to starting treatment for addiction.

On the other hand, women who have suffered intimate partner violence are almost twice as likely to suffer from addiction problems. The woman therefore suffers doubly as a victim of excessive substance use. On the one hand, in relation to the violence exerted on her by the partner who consumes in a harmful way, and on the other, suffering from harmful consumption problems herself as a result of that violence. The Emet Arco Iris Foundation is a pioneer in addressing these problems and has extensive experience, a fact that we consider a value that we must spread.

Brugernes Akademi – The Danish Drug User Union | Brugernes Akademi (Denmark)

Organisation Data

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Web	https://brugernesakademi.dk/vedtaegter-og-bestyrelse/
Brief description of mission, vision and intervention approach(es)	The mission of Brugernes Akademie is to support the well-being and social participation of people who use drugs. The project is based on human rights and harm reduction approaches. Brugernes Akademie work socially, politically and in the health sector to improve the conditions of people who use drugs fostering meaningful inclusion in the policies, programmes and actions that affect them. In this way, they depart from their unique knowledge and personal experience. To achieve this, Brugernes Akademi articulates a double-educational process. On one hand, it supports people who use drugs with relevant and current information, as well as with access to testing, care, and referral to health and social organizations when needed. On the other, Brugernes Akademi builds the capacity of professionals working with people wo use drugs to provide care and support and participates actively as advocates in policy making processes as well as in social and health institutions. Brugernes Akademi develops a wide develops of local and national initiatives co-created and co-implemented with people who use drugs themselves. Its projects focus on harm reduction, health equity, education and prevention as well as tackling the social and cultural conditions that affect them. Brugernes Akademi is an association founded by people who use or have used drugs throughout Denmark. The association was founded in 2012. Starting as a small group on Facebook, today it has grown into a community of users and professionals from across the country.

Summary of the Best Practice

Technical Information

Title	Brugernes Akademi
Location	Denmark
Level of implementation (local /regional /national /transnational /other)	National
Execution (from – to, currently)	2012 - present
Resources needed for the implementation	*Economic resources*: *Material*: *Human Resources*: 2 full-time workers, two students by 25 hours a week, 15 medical and nursing students volunteers, 25 – 30 peer workers and target group volunteers.

The mission of Brugernes Akademie is to support the well-being and social participation of people who use drugs. The project is based on human rights and harm reduction approaches.

Brugernes Akademie work socially, politically and in the health sector to improve the conditions of people who use drugs fostering meaningful inclusion in the policies, programmes and actions that affect them. In this way, they depart from their unique knowledge and personal experience.

To achieve this, Brugernes Akademi articulates a double-educational process. On one hand, it supports people who use drugs with relevant and current information, as well as with access to testing, care, and referral to health and social organizations when needed. On the other, Brugernes Akademi builds the capacity of professionals working with people wo use drugs to provide care and support and participates actively as advocates in policy making processes as well as in social and health institutions.

Brugernes Akademi develops a wide develops of local and national initiatives co-created and co-implemented with people who use drugs themselves. Its projects focus on harm reduction, health equity, education and prevention as well as tackling the social and cultural conditions that affect them.

Brugernes Akademi is an association founded by people who use or have used drugs throughout Denmark. The association was founded in 2012. Starting as a small group on Facebook, today it has grown into a community of users and professionals from across the country.

Description

1. Situation and Initial Context

The Danish Health Authority's publication 'Narkotikasituationen i Danmark 2019' estimates that there are approximately 52,000 people with high-risk drug use. In addition to this group of current people who use drugs, there is a large group of people who have had problematic substance use in the past and experience a diversity of social and health circumstances. These include among other, increased mortality rate, infectious diseases, lung diseases and mental health care needs. This health is exacerbated by a lack of accessible, non-stigmatizing services.

Although they developed activities nationally, Brugernes Akademi is based on an area of Denmark that is very well known for the open scene drug use, in which other marginalized communities are also present, such as sex workers, migrants, people experiencing homelessness, people living in poverty.

At the same time, this area is also the most high-class district in Denmark. Hence, two very different social classes co-habit it. Before the activities of Brugernes Akademi, the marginalized communities living in the area were experiencing high levels of stigma and there were attempts to made them leave. Thanks to the activities of Brugernes Akademi, this mind-set is slowly changing towards models of cooperation and development solutions that are beneficial for all the parties involved.

Th situation faced by people who use drugs outside of Copenhagen is even less optimistic. While Denmark has a comprehensive harm reduction response, which includes the provision of needle and syringe distribution schemes, take-home naloxone programs, drug consumption rooms and heroin-assisted treatment, most Harm reduction services are concentrated in Copenhagen. Access to safe use paraphernalia and needle exchange programmes for example, require of travel to distant locations or purchase from local pharmacies.

To support people who use drugs in Denmark, Brugernes Akademi has developed numerous harm reduction activities. One of its most successful projects is "Out of the C", a mobile, peer-led, low-threshold test, assessment services for people who are at risk of HCV infection, with the possibility to offer referral to treatment and care. The aim of the project is to reduce the incidence and transmission of HCV. Other examples include Brugernes Pakkeri, an employment project based at Brugernes Akademi in Vesterbro, the website abstinensbehandling.dk. where both drug users, their relatives and professionals can get new and better learning about the treatment of withdrawal symptoms, an assistance scheme for drug users to improve their knowledge about their social rights, or the anonymous nation-wide distribution of safer drug use equipment both to individuals and organizations working with people who use drugs.

2. Type of program/service/intervention/practice

Social inclusion			
x	Stigmatization(s)		Cultural Activities
	Gender		Drug use in recreational settings
x	Sex workers	x	Educational Campaigns
	Sex and drugs	x	Social participation
x	Community-based experiences		Non-substance addictions

	Housing		x	Labour inclusion
x	People living on the streets			Rehabilitation programs
x	Training			Drug consumption facilities
	Sports and recreational activities			
Legal Aspects				
	Alternative justice			Prison programs
x	Legal or counselling services			Minors
	Alternative measures for imprisoned			
Policy Issues				
x	Policy changes campaigns / Projects			Alliances of non-profit organisations and institutions
x	Human Rights and drugs campaigns / projects			Development Cooperation
x	Coalitions, federations of people who use drugs or organisations working in the field of drugs			International/Global Alliances
Other (please, specify below):				

3. Sustainable Development Goals (SDGs)

x	Goal 1: No Poverty	x	Goal 2: Zero Hunger	x	Goal 3: Good Health and Well Being	x	Goal 4: Quality Education
	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	x	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

4. Target Groups

- **Direct Target Groups:**
  - Number: 1
  - Characteristics: All activities and projects of the Academy of Users are targeted at marginalized and underserved people who use or have used in Denmark, including other communities such as sex workers, migrants, people experiencing homelessness or physically and neuronally diverse people public

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 3
  - Characteristics: broader social network of people who use drugs, including family members or friends; professionals working on the field of drug use; broader community at large.

5. Objectives, indicators and outcomes

General Objective:		
Specific Goal 1: To educate the target group of vulnerable people who use drugs in coping strategies.	**Results achieved**	**Indicators for Specific Goal 1**
	Better access to opioid substitution treatments.	
	Bigger awareness of personal rights and knowledge of the system.	
Specific Goal 2: To train professionals and authorities to better understand the experiences, perspectives and needs of the target group.	**Results achieved**	**Indicators for Specific Goal 2**
	Professionals are better trained to work with vulnerable people who use drugs.	
	System improvement.	
	Awareness raised.	
Specific Goal 3: To strengthen and develop a supportive community among people who use drugs, where knowledge sharing and meaningful social interaction can take place.	**Results achieved**	**Indicators for Specific Goal 3**
	Integration of the target group in the wider community	
	Less crime and better contact with the community.	
	Better access to care, HCV and other infectious diseases treatment and prevention.	
	Better access to injection equipment.	

Activities Specific Goal 1	Brugernes Akademi develops and implements an extensive programme of activities for and with people who use drugs. Some of its most important projects include:

Out of the C
Out of the C is a mobile, low-threshold test and assessment service for people at risk of transmission of HCV. The programme aims to reduce the incidence of HCV in Denmark. To do so, it implements new testing approaches, as well as referral strategies to the relevant health care professionals. The mobile clinic is part of the research project "Test and Treat" Copenhagen, run in cooperation with a network of medical professionals and researchers.

Test & Treat
Test & Treat was a mobile research project in Copenhagen aimed at improving the HCV care for or people who inject drugs (T'N'T HepC). The study was planned for 1st of March 2019, to 28th February 2021, and its planning and implementation counted with the meaningful participation of people with lived experience. Brugernes Akademi was in charge of the study's data collection together with a on-site nurse, cooperating in close cooperation with the researchers.

Users' Packing
Users' Packing is an employment project based in Vestebro. In the packing plant, marginalize communities can carry out labour activities adapted to their individual needs.

The programme combines health promotion and prevention activities and allows its participants to generate income through the social exception card. The social exception card is a special scheme that allows bulnerable citizens to earn DKK 20,000 a year without it being deducted from taxes or set off against any other social benefit they may perceive.

Peer2Peer Detection
Brugernes Akademi has started in 2021 another test and treat peer hepatitis C programme. To implement its activities, Brugernes Akademi has recruited 10 peers from all over the country who have been trained in testing and basic knowledge on HCV, and count with both antibody test and dried-blood sport test.

Abstinensbehandeling.dk
Acute withdrawal symptoms can be very frightening for the individual drug user and require of immediate treatment when they occur. To support this, Brugernes Akademi, in collaboration with Gadejuristen, Sand and Maendene Hjen created a website in which both drug users, their relative and professionals can acquire knowledge and skills with which to treat   withdrawal   symptoms.

On the site, Brugernes Akademi focuses in particular on opioid-related abstinence, as these seems to cause particular problems in the Danish health care system, even though there are effective and recognized treatment methods.

The Side Scheme
Brugernes Akademi is often contacted by people who use or have used drugs in doubt about their rights. Examples include difficulties accessing the municipal support services or getting support accessing drug treatment or abstinence treatment.

In cooperation with the Street Lawyer organization, Brugernes Akademi counts with a team of volunteer assistants that guide, offer information or accompany people who use drugs to meetings with case workers or other government officials. The goal is to ensure that the rights of people who use drugs in Denmark are respected.

Assistance may be provided by phone, email or face to face.

Safer Drug Use Paraphernalia
Brugernes Akademi offers the possibility to distribute safer drug using paraphernalia to those people who use drugs who live in a place where is difficult to access sterile injection equipment or where punishment takes place at the substance dependence centers. The offer is also made available to low-threshold facilities, drop-in centres or shelters that work with and for people who use drugs.

7. Assessment of the BP

All the activities of the association go under direct evaluation by all the members of the organization, resulting in constant improvement of their activities and development of new ones. The user experiences take place either through informal individual conversations or through more focused groups Next to this, Brugernes Akademi holds regular meetings with its peer workers in which evaluation of their work as well as support and care are enacted.

Evaluations of the activities evidence the efficacy of the work developed by Brugernes Akademi. Programmes such as the injection equipment exchange, and the HCV programmes have been able to provide support and care for those who otherwise would not be able to. Evidence of this efficacy is yearly communicated through status reports to the Danish   government.

The "HCV – Test and Treat" programme was designed as a study to evaluate the efficacy for testing and linkage to care among people who inject drugs consulting peer-based testing at their mobile clinic in Copenhagen[1], providing evidence that demonstrates that peer-based testing enhaces testing uptake and engage individuals who are not in contact with conventional HCV care for testing and treatment.

Brugernes Akademi is regularly invited as experts and advisors by local and political groups municipal policy making processes.

8. Outcomes and Outputs (in the framework of the Best Practice)

Brugernes Akademi has contributed significantly to improve the well-being of people who use drugs, its integration into the labour market, while ensuring uphold and respect of their rights. Next to this, thanks to its harm reduction activities, Brugernes Akademi as increased their knowledge on safer drug using techniques, have provided access to HCV prevention testing, care and support, as well as prevention, testing and support of other infectious diseases.

Since its creation, Brugernes Akademi has participated in international conferences International Conferences like INSHU in 2018[2] or the European Harm Reduction Conference, supporting other organizations and professionals advocating and implementing and peer-to-peer programmes. Brugernes Akademi has been selected as a good practice in the Hepatitis C Good Practice Collection and Analysis Study of Correlation – European Harm Reduction Network, as well as in the HR4Homeless Good Practice Collection of FEANTSA. More recently, the Brugernes Akademi has been featured European Federation of Pharmaceutical Industries and Association as a good practice example.[3]

9. Transferability

Peer Involvement
The most important factor for the efficacy of this intervention, is the target group involvement in the development and in the implementation on the project. To hold effective practises, there is a need to meaningfully the group. As a peer-led organization, Brugernes Akademi evidences the impact of activating the experience and the knowledge of people with a lived experience.

Regional Differences
It is also very important to be aware of regional differences, especially as many services harm reduction services are often created in the urban and bigger areas of the countries. Engaging in national efforts to improve situations for the whole community of people who use drugs, and not just local conditions where an organisation is based, is an important consideration. Strategies like online and mobile services are effective strategies to support those who cannot have access to services.

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[1] Lazarus, J. V., Øvrehus, A., Demant, J., Krohn-Dehli, L., & Weis, N. (2020). The Copenhagen test and treat hepatitis C in a mobile clinic study: a protocol for an intervention study to enhance the HCV cascade of care for people who inject drugs (T'N'T HepC). *BMJ open*, *10*(11), e039724. https://doi.org/10.1136/bmjopen-2020-039724

[2] https://www.inhsu.org/wp-content/uploads/2021/01/Anja-Plesner.pdf
[3] European Federation of Pharmaceutical Industries and Association (2021) Connecting Healthcare Guide

10. Innovativeness of the Best Practice

The Test and Treatment study was the first to use an integrated, peer-led model of care using the latest technology to target people who inject drugs for HCV treatment and care outside of addiction treatment in northern Europe. This model allowed for simplified, rapid point-of-care testing for HCV, strong linkage to care and easily accessible treatment with DAAs for PWID. As such, the results of this study will be useful to address HCV in people who inject drugs in Denmark. Furthermore, it serves as a model for other settings, contributing to the global elimination of HCV as set out by WHO.

The deep in involvement of the target group on the design and implementation of the intervention is the Academy's most innovative asset, especially in Denmark. As a peer-led project, every activity is co designed, managed, driven and lead by people with lived experience. From the needles exchange programme to advocacy on the political level, Brugernes Akademi evidence its importance.

Besides their mobile and outreach programmes, Brugernes Akademi's online needle distribution and safer using kits is another example of innovative solutions in a country in which regional differences in access vary greatly. With this service, people can anonymously access needles, syringes, crack pipes and other drug using paraphernalia which is safely and discretely distributed. Next to this, Brugernes Akademi is starting to include self-testing kits for HCV in their material boxes. After testing, people have the opportunity to contact Brugernes Akademi and organize support and care.

11. Theoretical basis used for the best practice. References.

Harm Reduction
Harm Reduction refers to strategies, principles and practices dedicated to minimizing the negative health, social and legal impacts associated with drug use, drug policies and laws. As such, harm reduction is a social justice movement, grounded in human rights, pragmatics and the meaningful engagement of people who use drugs. Harm reduction calls for a non-judgmental, non-stigmatizing and non-coercive access to care and support

Peer Led Programmes
Brugernes Akademi is an association founded by and for former, current and paused people who use drugs throughout Denmark. Currently, the association is composed by a community of users and professionals from all over the country. As a community-led response, it is specifically informed and implemented by and for the community of people who use drugs and former people who use drugs itself and its allies. The idea is to translate the unique knowledge and personal experiences people who use drugs have, both humanly and socially, in order to improve their living conditions. They believe that people who use drugs know best how they want to meet and be helped, from their lived experience.

C-Buddy Project – Free Clinic (Belgium)

Organisation Data

Contact Details	*Name and Surname*: Tessa Windelinckx *Email*: tessa.windelinckx@free-clinic.be
Organisation Name	Free Clinic
City and Country	Antwerp, Belgium
Email	info@free-clinic.be
Web	https://free-clinic.be/
Brief description of mission, vision and intervention approach(es)	Free Clinic vzw focuses on supporting people who find themselves in a socially vulnerable situation, with a particular focus on people who use drugs. As an umbrella organization, and a supporting structure, Free Clinic vzw facilities a number of activities with which to offer accessible health care in the broadest sense of the word, aimed at improving the physical, psychological and social well-being of the people they work for. With the C-Buddy Project, Free Clinic vzw provides holistic low-threshold harm reduction services for people who inject drugs. Specifically, the C-Buddy Project is an integrated, multidisciplinary model of hepatitis C care with a strong nurse-led peer support programme for delivering a continuum of care, from information and education on and diagnosis of hepatitis C, to linkage to care, treatment and prevention of reinfection. The Free Clinic collaborates intensively with the hepatology unit in a large community hospital (ZNA - Ziekenhuis Netwerk Antwerpen) and uses a 'C- Buddies' system, namely a strong peer support programme in which people who formerly used drugs, and who have completed HCV therapy, offer support and guidance to peers.

Summary of the Best Practice

Technical Information

Title	C-Buddy Project
Location	Antwerp, Belgium
Level of implementation (local /regional /national /transnational /other)	Regional
Execution (from – to, currently)	From 2009 to 2011 From 2015 onwards
Resources needed for the implementation	*Economic resources*: *Material*: *Human Resources*: Peer supporters, Nurse, ZNA specialist

Free Clinic vzw focuses on supporting people who find themselves in a socially vulnerable situation, with a particular focus on people who use drugs. As an umbrella organization, and a supporting structure, Free Clinic vzw facilities a number of activities with which to offer accessible health care in the broadest sense of the word, aimed at improving the physical, psychological and social well-being of the people they work for.

With the C-Buddy Project, Free Clinic vzw provides holistic low-threshold harm reduction services for people who inject drugs. Specifically, the C-Buddy Project is an integrated, multidisciplinary model of hepatitis C care with a strong nurse-led peer support programme for delivering a continuum of care, from information and education on and diagnosis of hepatitis C, to linkage to care, treatment and prevention of reinfection. The Free Clinic collaborates intensively with the hepatology unit in a large community hospital (ZNA - Ziekenhuis Netwerk Antwerpen) and uses a 'C- Buddies' system, namely a strong peer support programme in which people who formerly used drugs, and who have completed HCV therapy, offer support and guidance to peers.

The project has been successful in promoting health among people who use drugs that are infected with HCV. Diagnosis and treatment of hepatitis C have been accessed more easily and a high level of engagement has been observed in the continuum of care. Almost all the people involved in the project get cure. Furthermore, the project has reached the minimum treatment uptake to eliminate HCV in Belgium by 2030.

Description

1. Situation and Initial Context

Hepatitis C virus (HCV) infection is very common among people who inject drugs in Europe, with the prevalence of antibodies ranging from 18 % to 80 % in this population. Transmission usually occurs through the sharing of injection equipment, such as needles, syringes and other equipment[4]. As infection is often asymptomatic for decades and becomes chronic in many cases, those with hepatitis C can be unaware of their status and so contribute to a hidden epidemic.

HCV infection is both preventable and curable. In recent years, the treatment of hepatitis C has evolved substantially, with shorter regimens, almost no side effects and a very high success rate. However, people who use drugs still face significant challenges to access testing, treatment and care. Therefore, specific interventions that both target prevention and treat the disease are increasingly needed.

To overcome this gap, the low-threshold centre Free Clinic, started a close collaboration with the hepatology unity in a large community hospital (ZNA) to provide a "not under one roof" model. This cooperation guarantees that a full range of treatments are provided, including onsite HCV screening and rapid diagnostic tests; integrated hepatitis C treatment and care delivered by professionals in a low-threshold harm reduction setting; community-based nurse-led evaluation, and information, education and counselling, as well as referral to hepatitis specialists when needed.

Free Clinic offers pre-counselling, screening, information, referral, and medical, social and psychological follow-up, as well as an space where it is possible to speak about (safe) drug use. Also, Free Clinic offers a needle and syringe programme, which offers prevention, drug using paraphernalia, information about safe injection techniques, and counselling.

In addition, Free Clinic implemented a peer support programme: the 'C-Buddies' project. This project is a strong peer support programme in which people who use(d) drugs, and who have completed HCV therapy, offer support and guidance to peers. Peers in the C-Buddy project provide education, scheduling of specialist appointments, general follow up in problematic situations, follow up on regarding appointments with services, home visits, and hospital visits, supporting them to locate individuals and patient navigation.

The C-Buddies project was set up in 2009 as a pilot project, focusing on supporting the everyday needs of PWID, but was closed in 2010 owing to a lack of funding. In 2015, the project restarted with a new focus on providing peer support in all steps of the cascade of care and including a HCV nurse.

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[4] Pouget, E. R., Hagan, H. and Des Jarlais, D. C. (2012), 'Meta-analysis of hepatitis C seroconversion in relation to shared syringes and drug preparation equipment', *Addiction* 107(6), pp. 1057-1065.

2. Type of program/service/intervention/practice

Social inclusion			
X	Stigmatization(s)		Cultural Activities
	Gender		Drug use in recreational settings
	Sex workers		Educational Campaigns
	Sex and drugs	X	Social participation
X	Community-based experiences		Non-substance addictions
	Housing		Labour inclusion
X	People living on the streets		Rehabilitation programs
	Training		Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			
Outreach, Peer-Involvement, Shared care models.			

3. Sustainable Development Goals (SDGs)

X	Goal 1: No Poverty		Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being	X	Goal 4: Quality Education
	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure		Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

4. Target Groups

- **Direct Target Groups:**
  - Number: 1
  - Characteristics: People who use drugs and are infected with hepatitis C, living in Antwerp and in the surrounding area. The average age is 44 years old and many of the service users have a migratory background, with over 30 nationalities being registered. The service encounters a high prevalence of injecting drug use (50%), as well as smoking cocaine and alcohol dependence.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 2
  - Characteristics: social network of people who use and the community of Antwerp at large.

5. Objectives, indicators and outcomes

General Objective: The main goal of the C-Buddy project is to offer people who inject drugs an peer-to-peer integrated, multidisciplinary model of care with a strong nurse-led peer support programme and to provide a continuum of HCV care.		
Specific Goal 1:	**Results achieved**	**Indicators for Specific Goal 1**
The main goal of the C-Buddy project is to offer people who inject drugs a peer-to-peer integrated, multidisciplinary model of care with a strong nurse-led peer support programme and to provide a continuum of HCV care.	Prevention, information, and health counselling	
	General improvement of their well-being	
	HCV prevention, testing care and support is widespread.	
	High rates of HCV cure	

Activities Specific Goal 1	1. Integrated care delivered by professionals with peer support in low-thershold harm reduction settings, including point-of care (on-site) HCV assessment, HCV Rapid antibody test.
	2. Community-based nurse-led HCV evaluation, including personal, social, physical and psychiatric evaluation, therapeutic education and pre-treatment counselling
	3. Subsequent referral to hepatitis specialist for HCV evaluation and treatment.
	4. Follow-up (off-site) testing and non-invasive liver diseases assement using transient elastography (FibroScan, Echosens, Paris, France) at the hepatology unit at the community hospital
	5. Peer Support, providing education, scheduling of specialist appointments, general follow up, and accompaniment to services.

7. Assessment of the BP

The C-Buddy Project, and the "Antwerp Model" has been assessed as a good practise by the WHO Regional Office of Europe and the ECMDDA's "Hepatitis C: new models of care for drugs services" report. According to its evidence of impact assessment, the C-Buddy project has succeeded in supporting marginalized and underserved people who inject drugs in the care cascade, resulting in more people undertaking HCV treatment. Next to this, the Antwerp Model was selected as a good practice example by the Hepatic Health platform, and has been featured in the research publication "Hepatitis C interventions by harm reduction organizations in Europe", published by Correlation – European Harm Reduction Network in 2019.

The success of the project brought plans to expand the model to other parts of the Flemish region, and the organization has become an internationally known reference supporting other organization in building local care cascades. Further on, the "Antwerp Model" has been widely researched by health and academic institutions, resulting in the publication of scientific articles[5], and presentations in international conferences[6].

8. Outcomes and Outputs (in the framework of the Best Practice)

The C-Buddy Project most important outcome is to offer stigmatized and marginalized people with limited access to mainstream healthcare and entry point into to the local cascade of care. Outcomes of the Free Clinic in 2017 were 90% of people who inject drugs at Free Clinic were tested for anti-HCV antibody. 76% were tested positive for anti-HCV antibody. 86% of anti-HCV+ patients underwent HCV RNA polymerase chain reaction testing, 43% of anti-HCV+ people who inject drugs were positive for HCV RNA.

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[5] Among others:

Busschots D, Toghanian S, Bielen R, et al. Eliminating viral hepatitis C in Belgium: the micro-elimination approach. *BMC Infect Dis*. 2020;20(1):181. Published 2020 Feb 27. doi:10.1186/s12879-020-4898-y

Litzroth, A., Suin, V., Wyndham-Thomas, C. *et al.* Low hepatitis C prevalence in Belgium: implications for treatment reimbursement and scale up. *BMC Public Health* **19,** 39 (2019). https://doi.org/10.1186/s12889-018-6347-z

[6] Among others:

Windelinckx, T., et al. (2017), 'C-Buddies: challenges in the comprehensive approach of hepatitis C management among people who use drugs in harm reduction setting in Antwerp Belgium'. Presentation at the 6th International Symposium on Hepatitis Care in Substance Users, organized by International Network on Hepatitis in Substance Users (INHSU), 6-8 September 2017, Jersey City/New York, USA.

Windelinckx, T., et al. (2018), 'The Antwerp model: a "not under one roof" model of care'. Presentation given at the Gilead SLTC (screening and linkage to care) Summit 2018.

9. Transferability

Community Assessment

The first step to implement the C-Buddy Project is to conduct a needs assessment to understand the needs of the local community, the stakeholders involved and the existing structures and systems of care. Departing from here, smaller outreach activities can take place from which to scale up to a bigger implementation of peer programmes and structures of referral and cooperation.

Evaluate & Improve Organization's Capacity to Implement Peer Programmes

Developing and implementing peer programs has numerous benefits for all stakeholders involved, but also may involve potential risks. To ensure its success and the well-being of both people with and without lived experience, organizations are required to count with a series of specific conditions.

The C-Buddy Project articulates support for their peers on three levels: professional development (including training and capacity building activities for people with lived experience), organization and coordination (providing, for example, adequate team structures, or conflict resolution strategies) and personal development (with which to support, for example, changes in the pattern of consumption of a person with lived experiences, as well as any other related personal problem, trigger or experiences that may lead to harm).

Next to this, before starting its activities, the C-Buddy project defined clear goals for the programme, evaluated and analysed the position that peers would have in the organization, and defined roles with which articulate the tasks and expectative of the peers involved.

Stakeholders Analysis

An important element of the success of the Antwerp Model is it structure of cooperation. Before implementing a similar project, it is important to identify the landscape of stakeholders in your area. This will allow you to understand and determinate which people to involve in your project, and on which way. It will not only help you establish networks of cooperation, but also will prime you for the advocacy you need to prepare or for the opposition you might encounter.

Enabling Environment

The removal of the Belgian treatment reimbursement restrictions in January 2019 was a big step towards eliminating HCV and the impact of the project. In addition, increasing monitoring activities, including with a national registry, treatment prescription by other health-care providers and the availability of treatment in local pharmacies have been central to improving the current situation and getting on track to reach the 2030 WHO hepatitis C elimination targets.

10. Innovativeness of the Best Practice

The C-Buddy project is a peer support project that aims to connect with patients, help them navigate through the entire testing and treatment process, and improve their general living conditions. Peers, people who formerly used drugs, and who have completed hepatitis C treatment, use a holistic approach to provide a broad range of services. Using dialogue as a tool, they provide services that range from education during the pre-therapy phase and practical and mental support during therapy to aftercare under the supervision of professionals, among whom are a dedicated hepatitis C nurse who coordinates the C-Buddies project.

The C-Buddy Project was one of the first of its kind when it started and has become a model for the development of other programmes and projects. This complete peer involvement in the services is especially innovative fostering a full integration and participation of people who use drugs in society and improving health outcomes.

11. Theoretical basis used for the best practice. References.

Harm Reduction
Harm reduction refers to strategies, principles and practices dedicated to minimizing the negative health, social and legal impacts associated with drug use, drug policies and laws. As such, harm reduction is a social justice movement, grounded in human rights, pragmatics and the meaningful engagement of people who use drugs. Harm reduction calls for a non-judgmental, non-stigmatizing and non-coercive access to care and support.

Integration & Continuum of care
As mentioned before, the C-Buddy Project is part of a wider intervention developed by the Free Clinic, the Antwerp Model, building on partnerships with both hospitals and the community. Cooperation with the hepatology unit at the community hospital helps to ensure continuity of care. Further cooperation has been established with low-threshold facilities, including homeless shelters, drug services, general practitioners, homes for the elderly, and psychiatric units, among others.

Peer support

A strong peer support program has been fundamental in accomplishing positive health outcomes for people who inject drugs in the local area. Peer support has been implemented on the premise of mutual respect of each other and the different roles and skills necessary in a continuum of care. To ensure the success of the peer programme, thorough preparation took place, strengthening communication channels between the different partners, definition of goals, and provision of adequate support and coordination of the peer team needs.

Design and validation of a tool for the diagnosis of risk and protection factors in the work environment – Asociación Proyecto Hombre (Spain)

Organisation Data

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Organisation Name	Asociación Proyecto Hombre
City and Country	Madrid, Spain
Email	informacion@proyectohombremadrid.org
Web	www.proyectohombre.es
Brief description of mission, vision and intervention approach(es)	Founded in 1984, Proyecto Hombre has developed its work in the field of prevention, rehabilitation and insertion of people with addiction problems, adapting its intervention models to the changes that have taken place both in the type of addictions and in the profile of consumers and consumption styles. At all times we have been working from a global vision of addictions and a biopsychosocial approach, integrating health interventions and health education, the active participation of the family and the social environment, as well as actions aimed at the normalised socio-occupational insertion of the individual in all forms of care. The philosophy and methodology used in the different intervention models is framed within a humanist perspective, which assumes that any human being is capable of changing and redesigning their life project. This globalising and flexible style has allowed for the progressive incorporation of innovative, basically formative and educational elements to the classic methodological line, which have favoured a significant improvement in the "quality" of the results related to the social reintegration of the users. Both the years of experience, the diversity and the large number of users who have passed through the different resources, as well as the methodological style defined above, have made possible a broad and "flexible" vision of the phenomenon of addictions. A vision strongly supported by the social environment and the professional relationship with other types of resources of recognised effectiveness in this field.

Summary of the Best Practice

Technical Information

Title	Design and validation of a tool for the diagnosis of risk and protection factors in the work environment.
Location	Spain
Level of implementation (local /regional /national /transnational /other)	National
Execution (from – to, currently)	2016 – 2018
Resources needed for the implementation	*Economic resources*: 3.850 € *Material*: manual, questionnaire and online tool. *Human Resources*: Seven technicians specialised in addictions from Proyecto Hombre centres.

The working environment reflects the reality of the society in which it is found. The problem of the consumption of alcohol and other drugs is no stranger to this principle, so that, just as in our society, these consumptions represent serious problems that must be tackled from an integral perspective, in the workplace we also find situations of conflict and danger related to the abuse of substances and other addictive behaviours.

Its impact in the workplace goes beyond its relation to accidents and illness, with serious repercussions in different areas.

The user is the person who suffers the most important consequences:
- Health problems (general and job-related).
- Decreased possibilities of training and professional promotion, as well as increased chances of being dismissed.
- Increased possibility of suffering an accident at work (even if it occurs outside working hours).

The company as an organisation is also impacted:
- Decrease in productivity.
- Increased cost of sick leave, as it is extended for those who consume regularly.
- Deterioration of the company's image.
- Poorer business and commercial decisions.
- Increased staff turnover rates (also in training).
- Difficulties in communication within the company itself.
- Problems arising from the deterioration of the organisational climate.

The rest of the workforce may suffer negative impacts and consequences:
- Working in a less safe environment, with a greater likelihood of suffering accidents or suffering damage resulting from accidents.
- Difficulties in training and promotion, as a consequence of communication problems.
- Working in poorer organisational conditions.
- Increased workload, due to absences and/or unproductiveness of colleagues.
- Suffering the consequences of a conflictive working environment.
- The deterioration of the company also leads to lower salaries and a higher probability of losing one's job.

This undeniable reality needs to be tackled in a courageous and constructive way, moving away from an exclusively punitive perspective. To this end, it is necessary to develop specific intervention plans, personalised to each reality, which requires adequate knowledge of the specific risk and protection factors of each work context.

For this reason, Proyecto Hombre's Workplace Intervention Commission has designed and validated a tool for diagnosing risk and protection factors, which will allow us to obtain a corporate diagnosis on which to design contextualised prevention and intervention plans, adapted to the needs and resources of each entity, thus increasing the effectiveness and efficiency of the actions developed.

The final product of this design process consists of a tool with different sections, outlines for carrying out interviews with different agents, a web platform for the application of questionnaires to employees, as well as a manual for the application and use of the tool.

It has passed the first process of validation by experts through discussion in an intervention forum in the field of employment of Proyecto Hombre and is awaiting final validation with a pilot test in three companies.

Description

1. Situation and Initial Context

The problem of alcohol and other drug use in the workplace is an obvious and worrying reality that we have not traditionally dealt with sufficiently. Some data from the 2013-2014 Survey on the use of psychoactive substances in the workplace in Spain (Spanish Observatory on Drugs and Drug Addiction, 2015) show this problem:
- Approximately 86% of workers indicate that this is an important or very important problem and 21% indicate that they know colleagues with alcohol or other drug abuse.
- 4.8% of the workers maintain a risky alcohol consumption, a percentage that increases to 9% in the construction sector.
- 6.7% of workers say that they have used cannabis in the last month, a percentage that rises to 11.7% in the construction sector and 10.9% in the hotel and catering sector.
- The use of hypnosedatives is also a cause for concern, with up to 7.2% of workers having used this type of substance in the last month.

According to ILO data, between 15% and 33% of occupational accidents with casualties are related to the inappropriate use of psychoactive substances. Workers who use psychoactive substances are absent from work 2 to 3 times more often than those who do not (ILO). Sick leave for people with substance dependence costs 3 times more than for other employees (Ochoa and Madoz, 2008).

According to data from the Observatory of Proyecto Hombre in 2020, 78.30% of the people who sought help were working or had been working in the last three years.

It is necessary for companies or other employers to face the complex reality of drug use in the workplace and the consequences it has, not only for the health of workers but also for the functioning of the organisation itself, its working environment, productivity, relationships, accident rates and absenteeism, etc.

The responsibility for dealing with these situations is shared by a multitude of agents, on the one hand, the workforce, on the other hand, management, middle management, human resources managers, technical staff in charge of occupational risk prevention, trade union representatives and especially the health committee, etc...

The development of comprehensive prevention plans is proposed, which address the risk and protection factors of each organisation in a constructive way (Contreras et al., 2015), based on three main axes:
- multi-causality in explaining the causes of substance abuse
- involvement of multiple agents
- approaching the problem from the perspective of prevention and intervention in situations/problems.
Actions that facilitate a non-judgemental approach by all parties involved.

Our process corresponds to the cycle of addiction prevention projects proposed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)[7].

Source. European quality standards in drug prevention. (2014) Luxembourg. EMCDDA.

Following this scheme, any intervention must begin with an adequate diagnosis of the situation, assessing the risk and protection factors, which is why we set as our work objective the design and validation of a tool that allows the diagnosis of organisational elements that may constitute risk or protection factors.

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[7] *European Monitoring Centre for Drugs and Drug Addiction* (EMCDDA). (2011). *European drug prevention quality standards A manual for prevention professionals.* Lisboa: Oficina de publicaciones de la UE.

http://www.emcdda.europa.eu/system/files/publications/646/TD3111250ENC_318193.pdf

2. Type of program/service/intervention/practice

Social inclusion			
	Stigmatization(s)		Cultural Activities
	Gender		Drug use in recreational settings
	Sex workers	x	Educational Campaigns
	Sex and drugs	x	Social participation
	Community-based experiences		Non-substance addictions
	Housing	x	Labour inclusion
	People living on the streets		Rehabilitation programs
x	Training		Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
x	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			
Prevention and intervention in the work context			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	x	Goal 3: Good Health and Well Being		Goal 4: Quality Education
x	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy	x	Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure		Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

Although intervention in any one of the goals has a positive impact on all the others, our intervention focuses on three of them.

SDG 3 Health and well-being. Reducing the presence of addictive behaviours in the workplace also reduces the accident rate and improves the health of the whole group.

SDG 5 Gender equality. Usually, women's drug use is less public, giving the impression that it does not exist, so it is not investigated or intervened upon. This tool is designed to take this reality into account by obtaining information on the relationship between the female group and addictive behaviours, being able to design personalised actions for the existing needs of both men and women.

SDG 8 Decent work and economic growth. Among the benefits of these actions is the improvement of the working environment, work organisation and productivity, which results in greater job stability and continuity.

4. Target Groups

- **Direct Target Groups:**
  - Number: Technicians from 27 Proyecto Hombre Centres.
  - Characteristics: The beneficiaries of these actions are the technical staff of the different centres that make up the Proyecto Hombre Association, as it provides them with up-to-date information and a diagnostic tool with which they can work, facilitating intervention in organisational environments in the work context.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number:
  - Characteristics: Companies/entities and their working groups in which this tool and the comprehensive plan for intervention in the workplace is used.

5. Objectives, indicators and outcomes

General Objective: To have a tool that facilitates the elaboration of diagnoses that allow us to know the reality of the organisations in relation to addictive behaviours and the risk and protection factors in reference to these, with the aim of designing actions and creating preventive policies that facilitate recovery.		
Specific Goal 1: Design of an organisational diagnostic tool	**Results achieved**	**Indicators for Specific Goal 1**
	Tool	Number of meetings of the Expert Staff Committee
		Number of revisions of the content of the tool
Specific Goal 2: Validation of the diagnostic tool	**Results achieved**	**Indicators for Specific Goal 2**
	Validation by a group of experts	Number of meetings of the expert validation team
		Number of modifications made to the tool
		Implementation of piloting of the tool in various companies and sectors

6. Activities

Activities Specific Goal 1	Development of the tool by the Proyecto Hombre Workplace Intervention Committee: • Elaboration of the outline of the tool. • Design of the interview outlines. • Design of questionnaires and web application. • Preparation of the tool manual.
Activities Specific Goal 2	• Validation process with a group of expert staff (technical prevention staff in the workplace from different Proyecto Hombre centres). • Pilot application of the tool in different business organisations.

7. Assessment of the BP

The tool has been evaluated by a large group of technical staff in addictions specialised in labour intervention. It has been piloted in four companies from different sectors (iron and steel, cleaning and gardening, agri-food) and sizes. And it has been reviewed by a team of experts in validation.

One of the objectives of the good practice consists of validating the tool from a double perspective:
- Content validation, through an expert group, where the contents evaluated through the tool are questioned and assessed. This activity was carried out on the occasion of a Forum on Intervention in the workplace, which is held every year by the Proyecto Hombre Association, thus benefiting from the opinion of a large group of prevention technicians present at the forum.
- Piloting of the tool: This activity is currently being developed and consists of the pilot application of the tool in four business organisations, which will allow different elements to be assessed:
  - Acceptance of the tool.

The implementation of an analysis of the entity usually generates resistance.
- Data protection
- Use of time
- Increased costs
- Thinking that they already know everything they need to know about this reality.

Resistance that is overcome by knowing
- That the tool is not looking for people but for facts
- That the benefits of using it outweigh the disadvantages.
  - The time it takes to implement it is more than compensated for in the development of the actions, which are more concrete and shorter.
  - With better targeted and therefore more effective and efficient interventions, costs are reduced.
- The development of the tool shows unknown aspects
o Difficulties in implementation
- To achieve a majority participation in the survey of the working population.
o Implementation time
- Depends on the size and organisation of the company
o Meeting expectations
- The tool meets expectations. It gives a fairly complete picture of the needs of the organisation and the workforce with regard to addictive behaviours.

- However, it needs to be more flexible to adapt it to different structures and conditions.
- Together with the flexibility it can gain in agility.

8. Outcomes and Outputs (in the framework of the Best Practice)

The materials produced are:
- Diagnostic tool
- Tool manual
- Web platform for the application of on-line questionnaires to workers.

In addition, Proyecto Hombre has a section on its website on prevention of drug use in the workplace: https://proyectohombre.es/eres-empresa-trabajador/

9. Transferability

Occupational risk prevention plans exist in Europe and Latin America, so designing and implementing such a tool is theoretically and methodologically possible, as well as its practical application and the carrying out of an evaluation that leads to the inclusion of consumption prevention measures in the workplace, within the occupational risk prevention plans.

10. Innovativeness of the Best Practice

The theoretical model in which it is situated is an innovative element, approaching the problem from the perspective of risk and protection factors.

It provides an exhaustive tool that does not focus exclusively on the reality of consumption but rather on the situations that can lead to it and/or reduce its incidence.

It values the perspective of different agents (managers, middle management, workers' representatives, workers, technical staff in occupational risk prevention and human resources, etc.).

11. Theoretical basis used for the best practice. References.

Although little work has been done on addiction prevention and intervention in the workplace, in this paper we approach the situation from a model of risk and protective factors. Thus, we understand that both risk and protective factors concur in the workplace:
- Risk factors: those elements of the workplace and/or organisation that may entail an increased risk of substance use or abuse.
- Protective factors: made up of different elements in the workplace that can help the worker to reduce/control/abandon substance use.
- These elements are based on different axes from which it is possible to find both risk and protective factors (Contreras et al., 2018; Council of Europe, 2012):
- The productive sector: As detailed in some studies developed both abroad and in the Spanish context, the prevalence of consumption and abuse of certain substances can be differentiated according to the productive sectors (EMCDDA, 2015).
- The organisation and its organisational structure: How the organisation is structured, its size, certain factors such as centralisation/decentralisation, etc. can be facilitators or protectors against substance use.
- People: The work team, how it has been recruited and selected, the different levels of qualification, training, performance, motivation towards work, previous experiences of substance use, etc. are clear risk and/or protective factors.
- Time and time management: There is a clear relationship between certain time arrangements (especially night shifts, rotating shifts, etc.) on certain health variables of workers, among which we can include the consumption of alcohol and other drugs, both because of the need to control sleep and wakefulness, and because of the difficulties in reconciling family and social life in certain types of schedules.
- Working conditions: Work in risky situations, hardship, extreme cold or hot conditions, overwork, stress, excessive physical workload, routine work, little autonomy, can be risk factors, while working conditions with a greater degree of autonomy and personal control can be protective elements.
- Leadership and authority: the way in which authority and leadership are exercised in the organisation, whether they are distributed throughout the organisation or are highly hierarchical, etc.
- Politics and culture: Another protective or risk element is the organisation's own cultural and political vision of the consumption of alcohol and other substances, whether they are permitted or prohibited, whether they imply approval by colleagues or rejection, etc., can determine both a risk towards the consumption or abuse of substances and also difficulties in detecting problematic situations, since they can be hidden behind habitual consumption.

This theoretical approach points out that situations of consumption must be understood as a shared responsibility of all those involved in the organisations and cannot be approached from exclusively disciplinary perspectives. In this sense, we are in line with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA; 2017), which proposes actions such as the following:

- Establishment of organisational policies
- Training and awareness-raising for workers
- Assessment of the situation in terms of consumption within each organisation
- Design and implementation of intervention and support programmes.
- Support for the reintegration into the labour market of those people who have passed treatment programmes.

References:

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12. Additional Information

One of the risks and problems in the development of comprehensive prevention plans in the workplace is suspicion and fear on the part of the people involved, which is why it is necessary to work on the following elements:

- Sensitisation of senior management.
- Comprehensive and non-punitive approach.
- Adequate communication and awareness-raising throughout the organisation.
- Continuity in actions.

En Plenas Facultades – Fundación Salud y Comunidad (Spain)

Organisation Data

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Web	fsyc@fsyc.org https://www.enplenasfacultades.org/
Brief description of mission, vision and intervention approach(es)	The Fundación Salud y Comunidad was created in 1997 as part of the ABS (Acción para el Bienestar y la Salud) group. For more than 20 years, the ABS group has been dedicated to intervention in the field of drug addiction, AIDS and other issues related to social exclusion and health. Specifically, the Fundación Salud y Comunidad (FSC) aims to contribute to the promotion of health, social welfare and the quality of life of the community, through the development of appropriate assistance and reintegration projects. The main areas of action are the following: harm reduction, addictions, socio-labour insertion, HIV/AIDS, psychosocial care, prevention and awareness, mental health, care for women, children and families and the elderly.

Summary of the Best Practice

Technical Information

Title	En Plenas Facultades
Location	Spain
Level of implementation (local /regional /national /transnational /other)	National
Execution (from – to, currently)	1999 – ongoing
Resources needed for the implementation	*Economic resources*: 106.000 € aprox. *Material*: flyers, leaflets, computers, etc. *Human Resources*: 4 officers + collaborators

"En Plenas Facultades" is a prevention and health promotion project aimed at informing university students about drugs and sexuality using the "peer-to-peer" methodology.

The En Plenas Facultades Project aims to carry out universal and selective prevention actions against drug abuse and other risk behaviours in universities, using peer-to-peer methodology, empowering young university students to create and develop preventive actions among their peers. In this way, a participative network of health promotion agents is created, made up of students and professionals, who are in charge of organising and coordinating preventive and training activities in the universities where the project intervenes.

Through our project we disseminate useful information and training adapted to the university reality so that each person can finally make informed decisions regarding drug use and sexual practices.

Description

1. Situation and Initial Context

The En Plenas Facultades project was created in 1999, with the intention of covering the information, training and counselling needs of the university student population in the field of drugs and sexuality. After researching the reality of Spanish universities, it was discovered that most universities did not include drug prevention or health promotion in their action plans. Nowadays, many university centres are beginning to consider this subject, but there are still many Spanish universities that do not offer any kind of teaching in this area.

It should be emphasised that young university students are in a period of emancipation, which can be a critical period in which they have to adapt to new demands and responsibilities. These situations are sometimes predisposing to the start of substance use or to the consolidation of substance use. This is why one of the priorities of the project is to work both on the alternative to consumption and on delaying the onset of consumption, as well as on the possible bad experiences that this may entail, in addition to carrying out work, promotion and providing tools and learning for the experience of a positive and free sexuality.

The project has a clear line of intervention and risk reduction, with the clear objective of increasing the factors of protection against drug consumption and other behaviours capable of generating addiction and reducing the risk factors of consumption.

We can comment that the project has very well incorporated and ensured the work from prevention and risk reduction, since our message is elaborated and reaches through the same young university students, who are the first ones interested in finding strategies and formulas to reduce the possible negative consequences of their consumption and their practices, it is worth mentioning the peculiarity that they do not judge each other, but rather try to find common points in relation to their consumption and their experiences both positive and negative, which they share and serve them as a learning experience.

2. Type of program/service/intervention/practice

	Social inclusion			
	Stigmatization(s)	x	Cultural Activities
x	Gender	x	Drug use in recreational settings
	Sex workers	x	Educational Campaigns
x	Sex and drugs	x	Social participation
	Community-based experiences		Non-substance addictions
	Housing		Labour inclusion
	People living on the streets		Rehabilitation programs
x	Training		Drug consumption facilities
	Sports and recreational activities		
	Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
	Policy Issues			
	Policy changes campaigns / Projects	x	Alliances of non-profit organisations and institutions
x	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
	Other (please, specify below):			
	Peer-to-peer training			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being	X	Goal 4: Quality Education
X	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure		Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

4. Target Groups

- **Direct Target Groups:**
  - Number: 350 – 400 students per year, trained as 'health agents'
  - Characteristics: Students from universities in Spain, between the ages of 18 and 25. The project intervenes in 14 university campuses of 11 universities in Spain, including public, private and state-subsidised universities.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 11.000
  - Characteristics: The project has a potential target audience of approximately 11,000 students, who participate and receive the preventive message through different channels during the different preventive activities of the project.

5. Objectives, indicators and outcomes

General Objective: To promote healthy lifestyles, prevent problematic drug use and encourage safe sexual behaviour among the university population.		
Specific Goal 1: To inform and advise the university community on drug prevention and healthy sexuality.	**Results achieved 2020** Approximately 900 consultations have been resolved. 4,200 materials distributed	**Indicators for Specific Goal 1** N°. of consultations received N° of materials distributed
Specific Goal 2: To empower university students as peer health promotion agents.	**Results achieved 2020** 11 courses 2 seminars 9 talks / workshops Total: 22	**Indicators for Specific Goal 2** N° of trainings carried out: courses, seminars and lectures (open seminars)
	2.9 knowledge increase (out of 5): Average rating of the training courses 4.48 points (maximum rating 5)	Degree of increase in knowledge Degree of satisfaction with training courses
	235 new health workers	N° of health workers
	400 students completed training courses	N° of students trained
Specific Goal 3: Develop preventive interventions and information campaigns on problematic drug use and the promotion of healthy sexuality in universities.	**Results achieved 2020** 23 university campaigns have been carried out (12 face-to-face + 11 online) 12 interventions in leisure spaces Total: 35 interventions	**Indicators for Specific Goal 3** N° of preventive interventions
Specific Goal 4: Encourage participation and interactive	**Results achieved 2020** **323.481** web visits	**Indicators for Specific Goal 3** N° of visits to the web page

communication through the use of social networks, APP and the project website.	1.593 followers Twitter (252 new Twitter users) 1.479 followers Facebook (139 new followers on Facebook) 605 followers on Instagram (275 new followers Instagram)	N° of social network users
Specific Goal 5: Link the EPF Project with preventive programmes in the territory.	12 collaborations/joint interventions. 28 entities and programmes with which contact is maintained 60 students	N° of collaborating entities N° of students who have collaborated with external entities

6. Activities

Activities Specific Goal 1	Provide information and advice.
Activities Specific Goal 2	To train university students as peer health agents. The action in each of the universities involves the students taking a 25-hour course (seeking compensation for university credits recognised by the university), of which 12 hours of theoretical training in the two main themes of the project and the following 12 hours are used through a creative process to devise and implement preventive actions. At the end of these 24 hours, a one-hour evaluation of the course is carried out together with the health agents.
Activities Specific Goal 3	Development of preventive interventions in universities. The project targets its intervention at young university students aged between 18 and 25 years old, mainly. It intervenes in 14 university campuses of 11 universities in Spain, including both public, private and state-subsidised universities. The project has a potential beneficiary audience of approximately 11,000 students, who participate and receive the preventive message through different channels during the different preventive activities of the project.
Activities Specific Goal 4	Encouragement of the interactive participation of the university community. Linking with preventive programmes in the territories.

In general terms, our actions are:

- Training on prevention, drugs and sexuality.
- Practical workshops.
- Awareness campaigns.
- Film forums
- Performances.
- We participate in university parties and social events.
- We develop informative material designed by the students themselves.
- Preventive information is published in the media associated with the university environment.
- Broadcasting of a university radio programme.
- Individual counselling for queries and doubts raised by the young people themselves.
- We disseminate preventive messages through the social networks facebook and twitter.
- We carry out preventive activities proposed by the university community itself, adapting them to the reality of each university.

7. Assessment of the BP

The results achieved annually are the following (approximately):
- 350-400 university students trained in the Spanish state per year.
- 15 courses of 25 hours and 3 courses of 12 hours.
- 11.520 preventive materials distributed.
- 60 preventive interventions at university level.
- 800-900 queries resolved.
- More than 1,500 followers in the different social networks.

The evaluation documents are as follows:

- Pre- and post-test questionnaire on the acquisition of learning: the aim is to find out the degree of knowledge acquired after the training sessions by comparing it with the degree of baseline knowledge.
- Training evaluations: with the aim of maintaining and/or improving the different aspects of the training sessions in terms of content, the professional staff involved in the project, the spaces and the time taken to carry them out.
- Registration of attendance at theoretical and practical training sessions. In order to count the total hours of participation in the project and the student's option to opt for the recognition of the training hours.
- Descriptive reports of the participating students: in order to be able to carry out a more qualitative analysis of the project and the experiences of the participating students.

An evaluation of the project has recently been carried out, which can be consulted here: https://pubmed.ncbi.nlm.nih.gov/34159950/
The most relevant results of the research were the following:
- In the seven Spanish universities that participated in the evaluation of the programme, the "En Plenas Facultades" trainings increased the participants' knowledge about drug abuse and sexual risk behaviours.
- Individuals went from a programme score of 5.29 (95%CI 5.02-5.57) out of 9 to 7.31 (95%CI 7.13-7.48) in the 2019/2020 academic year.
- Around 80% of the participants became health agents.
- In the 2019/2020 academic year, the overall satisfaction with the training was 4.24 (95%CI 4.10-4.38) out of 5 points.

8. Outcomes and Outputs (in the framework of the Best Practice)

Through the website www.enplenasfacultades.org we give a lot of prominence to the intervention through social networks, which has significantly increased the rate of participation and dissemination of the project.

9. Transferability

The transferability of the project is high, given that there are universities all over the world and certainly with similar characteristics such as:
- Young and recently emancipated population.
- Few or no health resources in this age group and in university spaces.
- Similar risk behaviours, both in terms of drug use and other risky practices.
- Grouping by similar characteristics.
- Potential peer health agents and transmitters of preventive messages.
- Similarity in doubts and lack of knowledge about the risks of drug use.

The implementation methodology used and explained schematically is as follows:
- Contact with the Universities and entities and programmes of the different territories where the intervention is to be carried out.
- Drawing up an agreement with the different parties involved and for the recognition of the training as credits.
- Dissemination of the project at the university through different channels (face-to-face, social networks and the project and university websites, classroom presentations, contact with students from previous years).
- Carrying out theoretical and practical training as health agents in the central themes of the project.
- Design and creation of the preventive activity.
- Implementation of the preventive activity at the University and in the territories where there is collaboration, carrying out preventive activities in nightlife venues.
- Evaluation of the training, the preventive activity and the satisfaction of the trained agents.

- Collaboration with the EPF volunteer network: this collaboration is completely voluntary. The Network is made up of students who have received the training and who want and are interested in continuing to carry out preventive interventions.

10. Innovativeness of the Best Practice

The project has several keys to its success:
- One of the main ones is its working methodology. The "peer to peer" methodology, from young people to young people.
- Another of the keys is the involvement of the universities in opening their doors to the interventions and the economic sustainability of the project, since it has never come from them, but thanks to the subsidies from national or regional administrations that have trusted in the project for years. In spite of this, the project has continued to carry out the different interventions, adapting to the different demands and peculiarities of the universities in which it intervenes.
- The type of intervention based on universal and selective prevention, which makes it possible to adapt to a risk reduction discourse, is also essential in order not to create rejection and to reach those young people with specific ages, abilities and factors who take risks and show interest in finding ways to reduce the possible problems of their consumption.
- Another of the keys is not to stigmatise, blame or criminalise drug users and to work on the basis of awareness and a focus on health and human rights.

The gender perspective is worked on in a transversal and priority way in all activities, given that we do not understand our work without this approach. All the materials that are produced and offered both in theoretical and practical training, as well as in the development of the activities and preventive messages of the networks, are elaborated taking into account inclusive language.

To strengthen this perspective and in order to lay the foundations for a good gender perspective, to clarify terms, doubts and discomfort that may arise, specific work is carried out in a session in collaboration with experts in the field.

It should also be noted that given the different difficulties and peculiarities that arise in the work of prevention in the university environment, there are few organisations and prevention projects that can have both a presence in classrooms and campuses and continuity in them.

11. Theoretical basis used for the best practice. References.

The methodology used by the project to achieve its objectives is known as "Peer Education", whereby a group of students who have received training and acquired specific skills transfer this new knowledge to the rest of their peers through the figure of health agents. The project is also governed by a teaching strategy known as "ApS" or Learning and Service, through which the new health agents carry out a community service, both in the activities carried out in the University context and, in some cases, in collaboration with entities and programmes in the different territories where the Universities are located, which work on the message in nightlife spaces. The approach used by "En Plenas Facultades" proposes new formulas for intervention aimed at addressing the challenges of the current situation (highly variable and complex social context that requires a multifactorial approach to the phenomenon of drug addiction, the search for efficiency, optimisation and innovation in our interventions). The results forecast for 2019 is the training of a total of 380 students as health agents; maintaining the implementation of 60 preventive interventions divided among the 11 Spanish universities with which the project has an agreement, the distribution of more than 10,000 preventive materials, the increase of followers on social networks and the resolution of all the queries that are made (an average of 850 queries are resolved per year).

12. Additional Information

This project interacts with other volunteer programmes from which it also receives support, such as:
- The European Solidarity Corps managed by the Spanish National Agency (INJUVE) and funded by the European Solidarity Corps programme of the European Union.
- The Vice-presidency and Regional Ministry for Equality and Inclusive Policies of the Valencian Community, funded by the 0.7 tax allocation of the Personal Income Tax (IRPF).

Energy Control – Nightlife Intervention – Asociación Bienestar y Desarrollo (ABD) (Spain)

Organisation Data

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Web	ABD: www.abd.ong Energy Control: www.energycontrol.org
Brief description of mission, vision and intervention approach(es)	Asociación Bienestar y Desarrollo (ABD) is a non-governmental and non-profit organisation that defends the rights of people in situations of social fragility. For more than 30 years, we have been accompanying them at different stages of their life trajectories, individually or in groups and acting in the community. We develop more than 65 services and programmes that respond to all those processes that generate situations of vulnerability or social exclusion. We are dedicated to caring for people in their life trajectories, preventing situations of social fragility and attending to their needs and those of their immediate environment. Our mission is to manage processes focused on people and communities to promote and strengthen their autonomy and coexistence with efficiency, ethics, quality and proven sustainability. Our vision is to be the vanguard, promoter and international benchmark of a model of third sector entity characterised by the articulation of: - Ethical values in the use of resources and in dealing with people, collectives and communities, and the administration. - Efficient management of programmes and services financed with public and private resources. - A vehicle for the social commitment of citizens and a model of solidarity-based coexistence. - A promotion and defence of the rights and responsibilities of the most vulnerable people and groups at risk or in the process of exclusion.

Summary of the Best Practice

Technical Information

Title	Energy Control – Nightlife Intervention
Location	Spain
Level of implementation (local /regional /national /transnational /other)	National
Execution (from – to, currently)	1997 - ongoing
Resources needed for the implementation	*Economic resources*: 350.000 €. *Material Resources*: Facilities, equipped vehicles *Human Resources*: 15-20 paid staff. More than 100 volunteers.

Executive Summary

Energy Control is a risk reduction project in the field of recreational drug use of the Asociación Bienestar y Desarrollo (ABD). It was born in Barcelona in 1997 as a pioneering project in Spain in the field of risk reduction, having since received the recognition of numerous administrations (European, state, regional and local), as well as the support and collaboration of the leisure sector and an excellent acceptance by our target audience: people who consume alcohol and other drugs.

The Energy Control programme seeks to establish contact with people who consume alcohol and other drugs who frequent recreational music and dance venues and to transmit information to them with the aim of reducing the risks associated with consumption. Each year, an average of 120 preventive actions are carried out at leisure events in Spain, where thousands of young people are contacted. In addition, over the years and based on the detection of needs in the territory, as well as on the development of new information and communication technologies, various channels of communication and attention outside leisure have been set up.

The approach strategies used (outreach work and peer to peer) have a long history in the prevention of drug addiction, have proved to be effective in contacting and working with drug users - considered to be a population that is difficult to reach - and are based on a logic of community action that seeks to involve the actors themselves in the solution of conflict situations that concern them, which increases the effectiveness of preventive intervention. The results obtained throughout its trajectory show both the suitability of the initiative and the appropriateness of the methodology used.

This preventive intervention consists of an information stand located in the leisure area, with the aim of offering information, preventive and risk reduction guidelines to people who use drugs or who are in contact with them, as well as the possibility of carrying out breathalyser and substance analysis tests. Recommendations are also offered to the organisers and/or promoters of events, who are considered to be a very important part of preventive actions in leisure spaces.

Description

1. Situation and Initial Context

Most recreational drugs available, except alcohol and tobacco, are illegal throughout Europe. More than a hundred years of experience shows that repressive measures alone do not prevent use. It seems clear that all kinds of substances will continue to be consumed, and therefore prudence and rigour in terms of health are necessary. The clandestine nature of its illegal trade and the drive to maximise profits are two of the main forces shaping this market.

Leisure environments are considered risk areas as the prevalence of alcohol and other drug use is high. These spaces are attended by a mostly young population whose consumption is not, in general terms, problematic but who are at risk of suffering acute negative effects derived from a lack of adequate information. Moreover, this population is considered difficult to reach, as they are reluctant to go to drug prevention and care facilities or youth information services, often for fear of being stigmatised. On the other hand, harm reduction messages are well accepted and valued by this population as long as they are in line with their needs, do not make value judgements or prescriptions and provide objective information.

Therefore, it is necessary to prioritise intervention in leisure areas, responding to the needs of a population that, despite being consumers and exposed to risk, is traditionally 'neglected' by the care network. In the same way, it is necessary to adapt the message and provide contrasted and useful information for better risk management. The risk reduction discourse and the methodology used (outreach, peer to peer) by Energy Control in leisure spaces allows access to a population that would otherwise be difficult to reach and, furthermore, they enjoy credibility as a source of information.

2. Type of program/service/intervention/practice

Social inclusion			
Stigmatization(s)			Cultural Activities
Gender		x	Drug use in recreational settings
Sex workers		x	Educational Campaigns
Sex and drugs		x	Social participation
Community-based experiences			Non-substance addictions
Housing			Labour inclusion
People living on the streets			Rehabilitation programs
Training			Drug consumption facilities
Sports and recreational activities			
Legal Aspects			
Alternative justice			Prison programs
Legal or counselling services			Minors

	Alternative measures for imprisoned		
Policy Issues			
	Policy changes campaigns / Projects	Alliances of non-profit organisations and institutions	
	Human Rights and drugs campaigns / projects	Development Cooperation	
	Coalitions, federations of drug users or organisations working in the field of drugs	International/Global Alliances	
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	**x**	Goal 3: Good Health and Well Being		Goal 4: Quality Education
x	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure		Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

4. Target Groups

- **Direct Target Groups:**
  - o Number: Around 30,000 per year.
  - o Characteristics: Young people attending recreational venues. They are between 18 and 34 years old, regular users of alcohol and cannabis, and of stimulants such as cocaine, ecstasy and amphetamine sulphate (speed) when they go to these contexts. They tend to show a pattern of use dominated by a combination of two or more substances (with alcohol always or almost always present) and lack adequate information about associated risks and harm limitation strategies. They do not usually have contact with preventive or care facilities, so that access to information is often through the peer group.
- **Indirect beneficiaries (*i.e., family, community*):**
  - o Number: undetermined.
  - - Characteristics: Health, education and leisure professionals, Civil Society, Public Administrations.

5. Objectives, indicators and outcomes

General Objective: To reduce the risks associated with drug use..		
Specific Goal 1: Promote the inclusion of the target population in the programme.	**Results achieved**	**Indicators for Specific Goal 1**
	Approximately 100 participants	No. of people participating in the programme
	51 training courses	No. of trainings
	Approximately 9,200 hours of volunteer participation.	No. of hours of participation
Specific Goal 2: Distribute materials and provide risk and harm reduction counselling to consumers at nightlife events and establishments.	**Results achieved**	**Indicators for Specific Goal 2**
	128 nightlife outreach actions	No. of interventions in leisure spaces
	48,293 leaflets on substances and related issues	No. of materials distributed
	487 alcohol tests carried out	No. of breathalyser tests
	1,448 samples analysed on site	No. of samples analysed
	More than 29,000 people contacted on the ground	No. of people attended
Specific Goal 3: Make EC as the main resource for information and counselling outside of nightlife venues.	**Results achieved**	**Indicators for Specific Goal 3**
	2,943 requests dealt with, mostly via email (2,115).	Number of requests for information received (channel used and type).
	More than 1,500,000 visits to the website. 62,600 followers on social networks (43,000 on Facebook, 6,400 on Instagram and 13,200 on Twitter).	Online activity statistics (number of web visits, number of followers in networks, reach of publications, etc.)

Specific Goal 4: Disseminate programme findings to stakeholders and society at large.	Results achieved	Indicators for Specific Goal 4
	69 training interventions (260 h / 2,400 professionals attending)	No. of training courses given to professionals in different fields (health, education, leisure, etc.)
	130 appearances (78 press, 8 TV, 15 radio, 29 specialised magazines)	No. of appearances in the media
	16 articles from 2019 - 2021.	No. of publications

6. Activities

Activities Specific Goal 1	Volunteer recruitment and inclusion Volunteer training Coordination and monitoring of volunteers
Activities Specific Goal 2	Proximity preventive action Distribution of risk reduction material. Alcohol testing and counselling. On-site substance analysis Proximity preventive action in night-time leisure activities
Activities Specific Goal 3	Information and advice outside leisure (InfoLine Service). Maintenance and updating of the contents of the web platform and social networks.
Activities Specific Goal 4	External training of professionals. Participation in Conferences / Congresses / Seminars. Attention to the media. Publication of articles in scientific journals.

7. Assessment of the BP

A process evaluation is carried out in which the following elements are assessed:
- Annual Development Plan
- Performance indicators
- Timetable of activities
- Degree of achievement of objectives

To evaluate the results, the following indicators are taken into account:
- No. of volunteers
- No. of trainings
- No. of hours of participation
- No. of leisure activities
- No. of materials distributed
- No. of breathalysers
- No. of samples analysed on site
- No. of people contacted in leisure activities
- No. of requests and channels used
- N° Web visits and unique visitors
- No. of followers on social networks

With regard to the impact evaluation, the following is studied:
- Volunteer evaluation survey
- Evaluation survey of the target population
- Evaluation survey of users/users of the on-site analysis service.

Impact assessment continues to be a pending issue in our field. The revision and incorporation of new evidence requires a certain investment of time and funds, which is a difficulty for many of the existing initiatives. It is therefore

advisable to promote evaluation by establishing alliances with external research bodies and sharing models of good practice.

Finally, the quality standards in prevention defined by the EMCDDA as 'generally accepted principles or sets of rules on the most appropriate way to implement an intervention' are a useful tool both for the implementation of new initiatives and for improving the effectiveness and efficiency of existing programmes. Therefore, a review, regular updating and implementation of available quality standards and codes of good practice in prevention and peer to peer interventions is recommended.

8. Outcomes and Outputs (in the framework of the Best Practice)

Energy Control, with almost 25 years of experience, has proven to be a relevant and effective initiative for contacting a population that would otherwise be difficult to reach, establishing itself as a reference resource for both the target population it addresses and professionals in the field of education and health, as well as the leisure industry, the media and the scientific community.

As a support for the communication activity, the programme develops and applies graphic and audiovisual materials. These materials have been published since 1997 and have had a great acceptance and impact on our target audience, as shown by the different evaluations carried out (Energy Control, 1997-2020): https://energycontrol.org/material/.

In its resources section, the EC website provides articles and guides on harm reduction, several of them related to intervention in nightlife settings:
* Guides: https://energycontrol.org/recursos/guias/
* Scientific articles: https://energycontrol.org/recursos/articulos-cientificos/

9. Transferability

The inclusion of the target population in the programme is based on a community logic that guarantees preventive action among peers. However, appropriate recruitment processes must be ensured in order to achieve the desired profile. Furthermore, it must be taken into account that the training of the team is a fundamental aspect that guarantees the correct performance of its functions. On the one hand, the provision of information under criteria of objectivity and neutrality and, on the other, the detection of new consumption or risk patterns for the definition of new proposals for action.

The search for alliances and the involvement of multiple agents ensures a greater probability of success for the initiative. The proposal of organised civil society should, at the very least, have the necessary complicity of the leisure industry and the backing of the administration for its implementation.

The implementation of initiatives to reduce risks in leisure should start with an analysis of the territory where action is taken and the target population, adapt the message (in terms of content, language and design) and define the appropriate dissemination channels.

10. Innovativeness of the Best Practice

The Energy Control Project has been valued as an innovative practice throughout its years of implementation. In the field of nightlife, EC is the main resource in Spain to facilitate access for drug users to information and counselling on drugs in nightlife venues.

Efforts tend to focus on prevention of drug use and treatment for people who have developed problems, leaving unattended the majority of people who use drugs recreationally, who do not necessarily experience problems, but who are at risk of experiencing them. It is therefore essential that in recreational settings, where drug use may occur, objective and useful information about substances, risks and lower-risk patterns of use is provided.

It is important to provide information on consumption to facilitate informed decision-making, although it must be taken into account in all interventions that in leisure spaces, in addition to the risks associated with drug use, there are other elements of risk that must be addressed (sexual practices, violence, displacement, discriminatory attitudes and behaviour, etc.).

We also work to raise awareness and involve nightlife professionals (owners, organisers, employees, etc.) in reducing the risks associated with drug use.

We generate numerous information and training materials, which can be accessed on our website: https://energycontrol.org/recursos/guias/.

The informants and counsellors have a good knowledge of both drugs and the people they are trying to advise. Beyond mere technical knowledge, it is important that they share, to a certain extent, a similarity of field knowledge or experience, under peer-to-peer intervention.

- Information is provided through direct contact and access to preventive materials (flyers, posters and guides) and, in some cases, also from the service of analysis of substances intended for consumption.
- From the respect and acceptance of the person, of the autonomy and legitimacy of their decisions and personal options.
- Without impositions or paternalism, without moralism or prejudice.
- With rigour and objectivity.
- With empathy and understanding.
- Adapting the intervention to the interests and objectives of the person requesting it.
- Acting in response to demand and, when necessary, anticipating it, but without preaching, harassing or boring.
- Adapting the contents and the presentation to the parameters of the people (lexical, aesthetic, etc.).
- Integrating the informative and preventive service within the party itself.

11. Theoretical basis used for the best practice. References.

The programme aims to encourage the target population to adopt safer patterns of use in order to reduce the risks associated with drug use and is therefore underpinned by various theories of influence that explain behavioural change at different levels, combining both environmental and behavioural factors:
Individual: individual factors that influence behaviour such as knowledge, attitudes or beliefs. Stages of Change Theory. Information Processing Theory.
Interpersonal: refers to the influence of primary groups (family, peers). Social Learning Theory.
Community: social networks and norms that influence individual behaviour. Community organisation theory.
Social Identity and Social Comparison theories point to the importance of carefully selecting the peer team so that they are perceived as equals and have the capacity to influence.

In addition, EC conducts internal and external training programmes:

The internal training programme aims to train the people who participate (either as professionals or as volunteers) to guarantee a quality intervention in nightlife outreach actions. To this end, we provide the necessary technical and theoretical content as well as the tools and strategies to develop effective preventive communication skills.

Initial Basic Training

Theoretical	
I Substances: effects, risks and consumption patterns.	4 hours
II Counselling and on-site analysis	3 hours
Practice	
III Attention to users in leisure areas	3 hours
IV Preventive methodology with breathalysers	3 hours
TOTAL	**13 hours**

Lifelong Learning

This is developed through different platforms and training actions that take place throughout the year and brings together both classroom training given according to the needs detected by the team and those given by the entity's Drugs Area or other entities.
The specific training given in each delegation tends to have a variable duration of 2-4 hours and is proposed according to the needs detected in each team. Medical Cannabis, Deep Web and Cryptomarkets, Gender and Drugs in Nightlife, New Psychoactive Substances, Attention to Bad Trips, Drugs and Driving or Motivational Interviewing are some of the training courses implemented in recent years.
Finally, EC has an online Documentary Fund, a battery of documentary resources (audios, videos, specialised bibliography, documents generated by EC and external documents of interest) accessible to the technical team and volunteers with an interest in deepening their knowledge of the subject.

External training

Energy Control offers specific training, adapting the proposals to the needs of each request received. We highlight the training programmes designed and implemented in recent years:
Health professionals in Primary Care Centres.
Education professionals, both teachers in contact with adolescents, as well as youth technicians or other groups working with young people.
Staff of Cannabis Clubs and Associations.

References:

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12. Additional Information

The implementation of risk reduction initiatives in leisure spaces must start with an analysis of the territory where action is taken and the target population, adapt the message (in terms of content, language and design) and define the appropriate dissemination channels.

Le Bon Plan. Guide to social and health resources in Brussels - Dépannage d'Urgence de Nuit et Echanges (D.U.N.E.) A.S.B.L. (Belgium)

Organisation Data

Contact Details	*Name and Surname*: Collin Christopher *Charge*: C.E.O. *Email*: coordination@dune-asbl.be
Organisation Name	Dépannage d'Urgence de Nuit et Echanges (D.U.N.E.) A.S.B.L.
City and Country	Brussels, Belgium
Email	info@dune-asbl.be
Web	www.dune-asbl.be
Brief description of mission, vision and intervention approach(es)	DUNE ASBL is approved by the French Brussels Public Service, as organization working on drug issues. More specifically DUNE is recognised for the following missions: support, prevention, harm reduction, education, street work and care. The services proposed by DUNE aim to reduce mortality, morbidity and social exclusion of drug users by considering them as full citizens, concerned as everyone by the environment and the living in the city. Our intervention is based on the principles of harm reduction linked to drug use - be they social or sanitary. In this field we favour a non-directive attitude. It means we refrain from any judgement or discrimination towards drug use, and we focus on listening. The beneficiaries are mostly at odds with the classic social care system. Our priority is to build a bond of trust with them, through this listening and a free, anonymous and unconditional access to our services. In front of the complexity of the life's path of our public, we developed a holistic approach, implemented in practice by a multidisciplinary team: educator, nurse, social worker and general practitioner. We work in a logic of relay with the medical sector, the services for homeless people and other low threshold services. The purpose is to build bridges to facilitate the access to the institutions. We provide our beneficiaries the necessary resources to reduce the psycho-medical-social risks linked to drug use and by doing so to enhance their quality of life.

Summary of the Best Practice

Technical Information

Title	Le Bon Plan – Guide to social and health resources in Brussels
Location	Region of Brussels
Level of implementation (local /regional /national /transnational /other)	Regional (Region of Brussels)
Execution (from – to, currently)	From 2006 - Currently
Resources needed for the implementation	*Economic resources*: - € 30.000 by geographic region for development costs; € 15.000 by geographic region for project management costs (communication, transport, phone, office costs, etc.) *Human Resources*: 1 full-time equivalent by geographic region

The aim of the project "Le Bon Plan" is to facilitate access to social and health information for the Brussels population in order to improve their ability to make informed choices, through the creation of a multimedia tool.

More specifically, its main goals are:

- Reinforcing access to social and health information for all the Brussels citizens (and particularly for people in precarious situations);
- Directing in an optimal manner the beneficiaries in their social and health services search efforts;
- Increasing networking and partnerships between actors of the social-health and security-prevention sector.

"Le Bon Plan" takes the form of a multimedia guide to social and health resources. The project involves the development of the following informative supports:

- A diary containing a directory and a map;
- A free mobile app;
- The implementation of this app on the interactive terminals in metro stations.

They are available free of charge in several languages, easy to use and to understand, regardless of the literacy level of the user.

This guide is aimed at anyone in search of social-health information, including the professionals in the exercise of their work. It concerns the professionals of the social health sector and workers from the security-prevention who meet people in precarious situations in public spaces. For professionals, it is an easy-to-handle tool that facilitates and optimises their guidance work. "Le Bon Plan" highlights and gives greater visibility to the variety of services offered in Brussels and thus facilitates networking.

Our main results can be resumed as follows:

- We have the trust of 165 registered members in our database and about 80 broadcasters of the diary.
- In 2020, we prepared the 2021 edition of the diary. 8.000 copies were printed, almost all distributed. (Our funding did not allow us to meet the full demand of broadcasters. We are aware of an additional request of approximately 4000 copies).
- On 31/12/2020, we count 518 active users on the app.
- Currently the app is implemented on 60 terminals spread over 40 metro stations.

The innovative nature of the project is based on:

- Its health promotion approach: to ensure inclusivness and to take the social determinants into account.
- The use of new information technology: to seize the opportunity of their democratization.
- Its participatory dimension: to gather the needs of the target groups.

Over the past 16 years, the project has evolved enormously. It has gained widespread recognition and is popular with all its beneficiaries, professional and otherwise.

Description

DUNE is anchored in the health sector of the Brussels Region as an active service in drug addiction. Our psycho-medical-social support is carried out in close collaboration with other front-line actors of aid and care, such as CPAS, shelters, day centres, medical houses, social restaurants...

Our field experience leads us to see some stakes in accessing information:

- There is plenty of social and health resources, but few easy-to-access information materials available for vulnerable audiences. It is difficult to find oneself among the number of organizations, their specificities, and their access conditions.
- Precarious people are often out of touch with the services where they can find the social and medical assistance they are entitled to.

We also noticed that the professionals in the prevention-security sector, even in the social and health organizations, do not know the scope of the institutions and non-profit services in the sector. The guidance of the individuals is therefore not optimal. They also miss orientation tools. We noted a demand from both the beneficiaries and the professionals.

Furthermore, a study has shown that 4 out of 10 Belgians do not have sufficient health-related skills to lead a healthy life.[8] Several studies emphasize that access to health information is often difficult, including for people in a precarious social situation. This access is unequal according to social determinants. This element contributes to strengthening the social inequalities already experienced by those people. In addition, these studies highlight that precariousness is likely to affect every citizen, at various levels and in different ways.[9]

Based on these elements DUNE wanted to commit itself to improving access to care and assistance services for all, including marginalized populations. The project contributes to the fight against exclusion and for access to fundamental rights (health, housing, work, etc.). Acting on access to information tends to address social inequalities and to work on the social determinants of health and health literacy. The current health crisis has confirmed the impact of the social determinants on health. Furthermore, the social inequalities have widened[8], with significant repercussions on the socio-economic conditions of many individuals and families in Brussels, as well as on their physical health and mental health (e.g., postponement of care). It has shown the importance and urgency to work on this.

In 2005, the first edition of "Le Bon Plan - Guide to social and health resources in Brussels" appeared. Initially it took the form of a directory of frontline organisations, distributed in the form of a map of the Brussels-Capital Region. Little by little, the project has developed, and "Le Bon Plan" became a diary with a listing of the organizations, in addition to the map. Afterwards, we wanted to seize the opportunity represented by the democratization of new technologies in terms of access to information. We have therefore developed a mobile application designed as a tool for accessing information on front-line social and medical assistance in Brussels, based on the geolocation of the user and his or her needs. This application was officially launched in 2017. In 2019 an updated version of the app was launched and thanks to a partnership with the Brussels transport public, we implemented the app on interactive terminals in metro stations.

As can be seen, the project has evolved over the past 16 years, on the one hand, to meet the needs of different audiences and make information accessible to a greater number of people, and on the other hand, to adapt to developments in information technology. It is a multimedia tool for information and guidance that can amplify networks. It facilitates the access of the beneficiaries to the social and health services to which they are entitled and, in this way, improves the global quality of life.

2. Type of program/service/intervention/practice

Social inclusion				
	Stigmatization(s)			Cultural Activities
X	Gender		X	Drug use in recreational settings
X	Sex workers			Educational Campaigns
X	Sex and drugs		X	Social participation
	Community-based experiences		X	Non-substance addictions
X	Housing			Labour inclusion
X	People living on the streets			Rehabilitation programs
X	Training		X	Drug consumption facilities
X	Sports and recreational activities			
Legal Aspects				
	Alternative justice			Prison programs
X	Legal or counselling services			Minors
	Alternative measures for imprisoned			
Policy Issues				
	Policy changes campaigns / Projects			Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects			Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs			International/Global Alliances
Other (please, specify below):				

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[8]VANCORENLAND S., AVALOSSE H., VERNIEST R., [et al.], "Bilan des connaissances des belges en matière de santé", *Éducation Santé,* n°315, octobre 2015 pp. 2-5

[9] VANCORENLAND S., AVALOSSE H., VERNIEST R., [et al.], Éducation Santé, n°315, octobre 2015, pp. 2-5; Observatoire de la santé et du social Bruxelles – Dossier « Tous égaux face à la santé àBruxelles ? Données récentes et cartographie sur les inégalités sociales de santé », 2019; VAN DEN BROUCKE S., RENWART A., La littératie en santé en Belgique : un médiateur desinégalités sociales et des comportements de santé. UCL, 2014 pp. 1-23.

3. Sustainable Development Goals (SDGs)

X	Goal 1: No Poverty		Goal 2: Zero Hunger	**X**	Goal 3: Good Health and Well Being		Goal 4: Quality Education
	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	**X**	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
X	Goal 17: Partnerships						

- No poverty: Currently a lot of services are "not-requested" by the potential users. Health care and social assistance are interlinked, and both pursue the purpose to offer everyone a life in conformity with human dignity. The access of information is one of the stakes of the absence of demand.
- Partnerships: One goal of the project is to improve the networking between the professionals of the security-prevention sector and of the social-health sector to increase partnerships and improve the orientation of beneficiaries.
- Reduced Inequalities: The social determinants impact the access to the institutions. Working on a free, multilingual, and accessible information tool facilitates the access of everyone to the services they are entitled to.
- Good Health and Well Being: The organizations listed in our guide are social and health organizations. There is plenty of free or affordable services in Brussels. Facilitating their access is a strategy of health promotion.

4. Target Groups

We address the project to the 3 following target groups.

1. **All the Brussels citizens** seeking for social and health services.
People in a very precarious social situation and marginalized in Brussels represent the "historical" target public of the project, i.e., homeless people, drug users, undocumented people, sex workers... As an indication, here are some figures on these vulnerable groups:

- According to the survey 2020 of "Bruss Help", 5.313 homeless or poorly housed people were counted in Brussels.[10] It should be mentioned that the number of homeless people has tripled since 2008. The trend has been upwards in recent years.
- People who do not have - or no longer have - a residence permit are estimated at 100.000 to 150.000 in Belgium.[11]
- Concerning drug use, based on "Eurotox" data, we note that in 2018, the lifetime prevalence of illicit drug use other than cannabis was 11.7% in the Brussels population aged 15 to 64.[12] DUNE beneficiaries are part of the most vulnerable drug users. In 2019, their number amounted to 855.

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[10] HORVAT N., STRIANO M., Dénombrement des personnes sans-abri et mal logées en Région de Bruxelles-Capitale, 6ème édition, 9 novembre 2020, Bruxelles, mai 2021, [online: http://www.brusshelp.org/images/Denombrement2020_vdef.pdf].

[11] Coordination des sans-papier de Belgique, *Enquête sur la situation des sans-papiers. Recommandations pour les élections communales 2018*, [online : https://www.fgtb.be/documents/20702/314058/Enqu%C3%AAte+Sans-papiers+2018.pdf/1ce39503-a8ff-4d58-be90-4c6193e0a8b6] ; Caritas International, "Sans-papier en Belgique : causes et conséquences", 7 août 2019, [online: https://www.caritasinternational.be/fr/asile-et-migration/sans-papiers-en-belgique-causes-et-consequences-long-read/], CIRE, *On ne choisit pas de vivre sans papiers*, septembre 2019, [en ligne : https://www.cire.be/publication/on-ne-choisit-pas-de-vivre-sans-papiers-2/]

[12] STEVENOT C., HOGGE M., *Tableau de bord de l'usage de drogues et ses conséquences socio-sanitaires en Région de Bruxelles-Capitale 2019*, Eurotox, janvier 2020, [online : https://eurotox.org/wp/wp-content/uploads/Eurotox-TB-2019-Bruxelles_2tma.pdf], pp. 149-150.

[12] https://ibsa.brussels/chiffres/chiffres-cles-de-la-region

- Estimations suggest that 4000 to 5000 people are involved in prostitution/sex work in Brussels. As the measurement of the activity is often limited to its visible forms, it is highly likely that these data are underestimated.[13]

This being said, all the citizens are likely to seek for social and health services, as mentioned in the context set out above. The Brussels citizens represent around 1.200.000 persons according to the Brussels Institute for Statistics and Analysis.[14] The Brussels Region also includes several people who live there but are not counted in the official population (students not domiciled in the Region, asylum seekers, foreigners in an irregular situation, diplomats and members of their households, etc.).

Here are some of the data collected and analysed by the Health and Social Observatory[15]:
- One third of the inhabitants of Brussels live on an income below the poverty line. One fifth of the working age population of Brussels receives a social assistance benefit or a replacement income and a quarter of Brussels children under the age of 18 grow up in a household with no income from work.
- Social and socio-spatial inequalities are very marked in the Brussels Region: the unemployment rate, for example, varies from 9% in Woluwe-Saint-Pierre to 23% in Saint-Josse-ten-Noode.
- No less than 45.987 households are on the waiting list for social housing. In addition to the problem of the cost of housing, more than a fifth of the inhabitants of Brussels mention quality problems concerning their housing.
- A quarter of pupils in secondary education are behind in their schooling, and this proportion varies according to the socio-economic situation of the families. One in nine young people in Brussels between 18 and 24 leaves school without obtaining an upper secondary education diploma.
- The socio-economic situation of people has an especially important influence on the health status. For example, there is a difference of about 2,7 years in life expectancy between the residents of the poorest and most affluent Brussels municipalities. Or children born in a household with no earned income are three times more likely to be stillborn than children born in a household with two incomes.

2. **Social and health workers**

This sector covers more than 3500 French, Dutch and bilingual places of activity, organizations, and services active in the social and health field.[16]

As of now our directory counts 169 organizations members.

The tool is also dedicated to all the social and health workers even if they are not members of the directory. They are all supposed to direct people as part of their functions.

3. **Prevention and security officers**

These actors in the public space encounter the citizens in the exercise of their duties (including homeless people, drug users, migrants in transit, etc.) Although their mission is not social assistance per se, they are likely to direct them to social and health services if needed.

In Brussels we count 6 police districts. Furthermore, each of the 19 municipalities includes peacekeepers and street educators. Some of these municipalities have also other specific officers (e.g., affected to a specific area, night workers…)

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[13] Information from the website of asbl Alias: http://www.alias-bru.be/la-prostitution-masculine/donnees-chiffrees/.
[14] https://ibsa.brussels/chiffres/chiffres-cles-de-la-region
[15] Observatoire de la Santé et du Social de Bruxelles-Capitale, *Baromètre social. Rapport bruxellois sur l'état de la pauvreté*. Bruxelles, Commission communautaire commune, 2019, [online: https://www.ccc-ggc.brussels/sites/default/files/documents/graphics/rapport-pauvrete/barometre-welzijnsbarometer/barometre_social_2019.pdf], summary, [online: https://www.ccc-ggc.brussels/sites/default/files/documents/graphics/rapport-pauvrete/barometre-welzijnsbarometer/barometre_social_2019-resume.pdf]. See also: Stabel, Risque de pauvreté ou d'exclusion, Indicateurs de pauvreté belges en 2019 pat région et province, 15 octobre 2020, [online: https://statbel.fgov.be/fr/themes/menages/pauvrete-et-conditions-de-vie/risque-de-pauvrete-ou-dexclusion-sociale#news].
[16] https://social.brussels/

5. Objectives, indicators and outcomes

General Objective:		
Specific Goal 1: To reinforce access to social and health information for all the Brussels citizens (including beneficiaries of social and health sector)	**Results achieved**	**Indicators for Specific Goal 1**
	8000 agendiaries 2021 printed	Number of diaries printed
	165 members in the directory	Number of members listed in the directory
	8 thematic and 42 subcategories	Number of thematic and subcategories
	7501 diaries given out on 27/05/2021	Number of diaries given out
Specific Goal 2: To direct in an optimal manner the beneficiaries in their search for social and health services.	**Results achieved**	**Indicators for Specific Goal 2**
	Evolution of media to meet users' needs	improved app usability, new app features, improved agenda design, new pictograms, new categories, improved map readability
	Number of downloading and active users of the app	518 active users of the app on 31/12/2020 and 352 downloading between March and December 2020
	Number of implementations in metro stations	60 interactive terminals implemented in the metro stations
	Number of trainings	8 trainings organized in 2020
Specific Goal 3: To increase networking and partnerships between actors of the social-health and security-prevention sectors.	Number of posters and flyers given out	31 posters and 595 flyers given between March 2020 and May 2021
	Number of contacts (mailing) with organizations for the promotion of the app	47 mails to peacekeepesr and street educators
	Number of Facebook followers, likes, posts and promotional posts	712 followers, 691 likers on 27/02/2021. 55 posts and 2 boosted posts in 2020.
	Number of new partnerships (members, boradcasters, trainings...)	Minimum 7 new contacts, including long-term partnerships, in 2020
	Satisfaction rate of diary and app users	All users who responded to the survey were satisfied

6. Activities

To achieve the above objectives, we carry out the following activities. Each of them responds the different objectives:

1. The creation of a free directory of social and health organizations specialized in health promotion available in 2 languages in 2020 (French and Dutch), increased by a map and an agenda.

2. The development of the directory in the form of a mobile app available in 3 languages (French, Dutch and English).

3. The implementation of the app on the free interactive terminals accessible in the metro stations.

4. The communication around the project including the organizations of trainings on the working of the app for field workers.

7. Assessment of the BP

We assess the activities by ourselves, and the results are passed to our funders. For the sake of completeness, we realise both a quantitative and qualitative evaluation.

- For the quantitative evaluation, we analyse de numerical results to assess the evolution of the project. As exposed above, it is about the number of partnerships, printed diaries, the scope of the diffusion of the tool (and their potential diffusion), the impact of our communication campaign through the dissemination of visual media, Facebook, and the trainings.
- For the qualitative evaluation, we enquire about the opinion of our target groups. The objective is to determine the degree of satisfaction, pinpoint ways to improve and suggestions for the future development. It is fundamental, even more since the project was born on basis of their demand and needs. For the evaluation by beneficiaries, we organize a focus group, i.e., semi-structured interviews. For the professionals we privilege an online form.

At the end of this year, we report positive and encouraging results for the pursuit of the project. We noted specifically:

- The diary and its different components (directory, map) respond to the needs of our target-groups. It is used by professionals and thanks to them a substantial number of beneficiaries can take advantage of it, and it values their autonomy. We noticed a demand for more translations.
- Concerning the app, we pick out the increase of downloading and users. Some of professionals inform us of their unfamiliarity with this medium.

Le Bon Plan is an acclaimed key project, and we will continue to seek, with the beneficiaries and the partners, the best way to disseminate information in conformity with their needs.

8. Outcomes and Outputs (in the framework of the Best Practice)

Regarding the outputs and results, we refer to the elements above-mentioned.

From the evaluation of the project, we draw the following development perspectives, to remain as close as possible to the needs of our audience.

- Concerning the translations of the agenda, if our future financing allows us, we will edit an English version (like in 2020) again and other translations.
- We conclude that it is indispensable to pursue the actions of communication above all the trainings on how to use the app for its promotion.
- To increase the scope of users and respond to the variety of social and health demand, we envisage growing the database, with a focus on less covered municipalities and Dutch institutions.
- We note the need to develop new categories such youth services or specialised services for women. In the thematic we already have we plan to add complementary resources e.g., concerning legal aid for undocumented migrants or general practitioners.
- In the future, we also want to develop a web interface and some new features for the app such as the sharing resources and the addition of email contacts.

9. Transferability

This multimedia guide can be developed in any other region.

To limit unnecessary redundant costs, our mobile application has been designed and developed to be implemented in a fast and cost-effective way in different geographical areas (city/region) in Belgium but also in the rest of the world.

We can transmit the application and its features to defined geographical areas and leave the database management to other project partners. Without major development, it would be quite simple to deploy our project in other countries that wish to benefit from that technology.

The advantage of the model of our app lies in this transferability: the same tool can be used for different geographical data. In other words, with some adaptations according to geographical specificities, European citizens could use the same application from country to country when they travel and find the social and health resources available in the area where they are located but also in other European countries.

10. Innovativeness of the Best Practice

The aspects of this Best Practice we consider the most innovative are our health promotion approach, the use of information technologies and the participative dimension of the project.

Anchored in a **health promotion perspective**, this project goes beyond a biomedical approach of health. We tend to be inclusive and to take the various social determinants of health into account. As instance, there is a specific category on sexual and reproductive health, to consider the gender dimension. Or even, we engaged ourselves to be the easiest possible for all type of readers. Some users of the social and health services in Brussels do not speak French, neither Dutch. Therefore, we developed several pictograms to facilitate the lecture of the tool.

The innovative nature of the "Le Bon Plan" lies in this **constant questioning and concern to adapt directly to the needs of the beneficiaries**. All elements of the project are evaluated, annually with groups of beneficiaries suggesting improvements (e.g., new pictograms, diary format, new entries in the directory, etc.). We also consider the requests of professionals from our evaluation (e.g., new categories, translations, specific information, etc.).

The main force of "Le Bon Plan" is the development of original informative tools more specifically its **multimedia character**. The diary is still (and increasingly) of interest to the target publics: the directory and the detachable map focus on front-line social and medical assistance points, the diary draws attention to the organisation of time, and prevention messages are included. Therefore, it can suit every type of beneficiary and professional. We wanted to take the opportunity offered by the democratization of technologies to extend our directory on an app. That kind of specialized digital tool did not exist in Brussels, nor in Belgium. The free mobile application opens interesting perspectives in terms of access to information for:
- reaching a wider audience, especially as mobile phone use has become more widespread and the Covid19 crisis has led to an increase in the use of social welfare organisations;
- geolocating the user and the services corresponding to their search on a map;
- listing more institutions: the computer database does not have the constraints of a limited paper medium to remain manageable;
- updating information during the year.

The application has been adapted to be integrated on the STIB's free interactive terminals in the 44 stations of the Brussels metro, thus making the information more widely available and improving the visibility of social and health services in Brussels.

11. Theoretical basis used for the best practice. References.

The foundations of our project and its developments are based on the following elements:

- The anchor in the demand of the project's beneficiaries;
- The identification of the problem with the relevant literature (e.g., see question 1);
- The study of the environment to establish the gaps;
- The consultation with users to feed the project with their experiential knowledge.

Let's Chat – Atra Associació (Spain)

Organisation Data

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Brief description of mission, vision and intervention approach(es)	ATRA is a non-profit organisation that offers care and treatment to people in vulnerable situations and at risk of social exclusion, with problems derived from addictions, mental health, gender violence or homelessness, so that they can achieve the maximum possible autonomy and social integration. With the help of a multidisciplinary team of expert and consolidated professionals, and with a vocation for public service, we follow a model of community and comprehensive care centred on the person. We have more than 30 years of experience offering services and programmes for the treatment of addictions, growing and changing to adapt to new needs. From the beginning we have maintained our commitment to people and society, ensuring the rehabilitation and social integration of people at risk of exclusion.

Summary of the Best Practice

Technical Information

Title	Let's Chat
Location	Online
Level of implementation (local /regional /national /transnational /other)	Regional
Execution (from – to, currently)	2017 – ongoing
Resources needed for the implementation	*Economic resources*: 46.753,98€ *Material*: Facilities, IT and digital resources (computers, TV, videoconferencing services and mobile phone) *Human Resources*: 3 psychologists (1926 h/year) and 1 administrative assistant (90h/year).

LET'S CHAT is a psychological and socio-educational care programme based on a community and digital approach, aimed at adolescents and young people aged between 12 and 30, and their families. Its objective is the prevention and accompaniment in the management of risks and pleasures associated with the use and abuse of screens, drug use and unhealthy behaviours, promoting the development of young people so that they are socially and digitally competent. The programme offers care, guidance and advice from a comprehensive approach, adapting to the characteristics and realities of adolescents and young people, providing services from a close and flexible intervention, with immediate access and attention to the diversity of gender, race, culture and social and functional condition.

The programme's portfolio of services consists of:

1- YOUTH CARE SERVICE: offers care and accompaniment to young people with problematic use and abusive consumption of screens and substances, with the aim of promoting changes, expanding resources and rebuilding motivations and interests both in the occupation of free time, as in the training and work project, and the consolidation of a diverse, rich and healthy social network. The service combines face-to-face care at the organisation's headquarters with community care (in the street, at home or in parks and squares) and digital care (via Instagram, WhatsApp or video call), with quick and immediate access to the programme.

2- FAMILY CARE SERVICE offers care, advice and support to the families of young people, guiding them towards the reduction of alarmist attitudes and facilitating positive educational models.

3- DIGITAL CARE SERVICE: offers direct and anonymous care, via WhatsApp, answering doubts and questions in relation to the use of substances and screens, as well as other behaviours susceptible to developing a dependency relationship (shopping, gambling, sex, sport, etc.). Digital attention also facilitates direct contact with the people who are being assisted in the programme, providing a response with a maximum delay of 24 hours.

The intervention strategies are linked to the characteristics of the target population, offering proximity to build the link, immediacy of contact and response, flexibility of attention in schedules and contexts, and accessibility in terms of diversity in terms of other conditioning factors such as dual pathology, disability, culture, gender, etc.

On the other hand, Let's Chat's portfolio of services includes a wide range of free preventive activities -in digital or face-to-face format- adapted to the needs of the target audience (young people, family members or professionals) and the changing reality in which we live:

- Preventive capsules for young people and families: Preventive workshops aimed at informing about the risks and pleasures derived from the use of digital tools and psychoactive substances. They aim to encourage responsible use and awaken a critical attitude in teenagers and young people.
- Preventive capsules for families: Workshops on the risks and pleasures derived from the use and consumption of digital tools and drugs. They aim to provide information and guidance on the management of such consumption in the family environment, and to promote positive parenting and marentality in parents in their educational responsibility.
- Debate groups for young people: Spaces for debate and reflection where young people can share knowledge, experiences and doubts about the use of screens and drugs. This activity is carried out in non-formal educational spaces (youth centres, youth centres, social entities, etc.), and in informal spaces (groups of adolescents and young people in squares, parks, etc.).
- Training activities for professionals: Specialised training for youth professionals and technicians who work on the front line with adolescents and young people, with the aim of offering training and resources that enable them to offer greater preventive activity in terms of drug use and the use of screens in the usual environments of the people targeted by the programme.
- Youth Action" volunteering activity: this action is aimed at young people aged 18 to 30 and consists of specialised training sessions on drugs and digital tools, and a practical part where those trained participate in the programme's preventive actions (capsules and workshops in formal and non-formal educational centres and observatory). With this action, young people act as preventive agents in their environment and peer group, and participate in the design, development and evaluation of the programme's preventive activities.

Finally, in 2020, Let's Chat launched the Observatory, which aims to collect information on the current practices of adolescents and young people in terms of drug use and the use of screens. The programme carries out outings in the community and intervenes with groups of adolescents and young people who are in squares, parks and streets of the city. Information on drug and screen use is collected through questionnaires and then the group is invited to carry out an activity/debate on pleasures and risks and on the impact of gender socialisation on these practices.

Description

1. Situation and Initial Context

Adolescence is the stage where the highest levels of intellectual, physical and reproductive functionality occur. It is the stage of maximum experimentation, questioning and interpellation of the values acquired in childhood, and it is essential and necessary to go through this stage, called the crisis of adolescence, as part of the process of differentiation and identification required to reach adulthood. This is the stage in which, due to the complex interaction of biological and environmental factors, the person presents a greater vulnerability or predisposition to the onset of behaviours susceptible to addiction, among other risk behaviours.

The existing public and private coverage is currently insufficient, both in terms of the availability of services (only one specialised drug addiction centre for young people in the whole of Barcelona and only 22% of mental health centres have specific programmes for adolescents and young people with drug use) and in terms of the format and methodology of intervention.

The Let's Chat programme was created in 2017 to respond to the need for care and coverage in terms of resources aimed at selective and indicated prevention, offering a free psychological and educational care service, aimed at young people aged 12 to 30 and their families, supporting the social and health care network, with a community and digital intervention format, with maximum proximity and with the possibility of rapid and anonymous access, responding to the characteristics of the target population.

The data collected from the four years of LET'S CHAT corroborate that the rate of boys reaching the programme's Youth Care Service (71% in 2020) is exponentially higher than that of girls. This is not due to chance factors, but rather to the socialisation mandates linked to drug use.

2. Type of program/service/intervention/practice

Social inclusion			
	Stigmatization(s)	x	Cultural Activities
	Gender		Drug use in recreational settings
	Sex workers		Educational Campaigns
x	Sex and drugs	x	Social participation
x	Community-based experiences	x	Non-substance addictions
	Housing		Labour inclusion
	People living on the streets		Rehabilitation programs
x	Training		Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	x	Goal 3: Good Health and Well Being		Goal 4: Quality Education
x	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	X	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

Goal 5: Gender Equality: the programme incorporates actions specifically designed to correct the tendency we have been observing of more boys than girls accessing the programme. Actions have been designed (focus groups, Observatory with groups of girls, questionnaires to see what their needs were, etc.) to reach a greater number of girls and adjust the actions to their needs.

Goal 3: Good Health and Well Being: all the actions of the programme are aimed at improving the health and wellbeing of both young people and adolescents and their families. Actions such as counselling, dissemination of messages through social networks and tool acquisition workshops are examples of actions aimed at this goal.

Goal 10: Reduced Inequalities: the programme is especially aimed at young people and adolescents who are in a situation of social vulnerability. Its actions are intended to help them recover training itineraries and the healthy use of leisure time in order to be able to integrate into the community.

4. Target Groups

- **Direct Target Groups:**
  - Number: Between 30-50 people in individual attention. In 2020 the programme has reached 1,232 direct beneficiaries (1,124 adolescents and young people, and 106 parents).
  - Characteristics: LET'S CHAT reinforces the community offer of services aimed at the young and adolescent population, with an innovative programme of free psychological care for people who, being between the ages of 12 and 30, present potentially addictive risk behaviours. The programme gives priority access and attention to the young and adolescent population and to families with the highest levels of social risk and vulnerability:
  - Migrants without family references.
  - People with greater vulnerability due to gender, race, culture, social class, mental disability/disorder or dependency.
  - Families in a situation of economic and social poverty.
  - Single-parent families with difficulties in sustaining the family burden.
  - Families at risk due to health conditions.
  - In order to fulfil this priority, LET'S CHAT disseminates and coordinates permanently with the Basic Social Services of the Barcelona City Council, and more directly with the street educators of these centres who intervene in the community environment where the adolescents and young women are grouped together. Likewise, the Social Services and the Family Care Service for Adolescents (SAIF), the only one of its kind in Barcelona, refer and coordinate cases that meet the requirements of greater vulnerability and risk of social exclusion.

- **Indirect beneficiaries (*i.e., family, community*):**
  - In 2020, the programme reached 106 parents and trained 98 youth workers.

5. Objectives, indicators and outcomes

General Objective: Prevent, detect and attend to problems related to drug use, the development of addictive behaviours and prevent concomitant risk practices.

Specific Goal 1: Increase the rates of training, integration, employment and healthy behaviours of the young population.	Results achieved	Indicators for Specific Goal 1
	70% of young people with demands for care incorporate actions for the improvement of leisure, training and work-related occupations.	Percentage of young people with specific interventions to improve their healthy behaviours who have incorporated new practices
	85% of young people with new leisure practices.	Percentage of young people incorporating new leisure time practices

Specific Goal 2: To provide information, support and accompaniment to families for the management of problems linked to potentially addictive behaviour, helping to improve the family climate and the nutritional relationship between parents and children.	Results achieved	Indicators for Specific Goal 2
	78% of families with perceived improvement in family climate	Percentage of families attended to with objectives on the improvement of the family climate
	98% of families attended to in the family care service	Percentage of families attended to in the family care and counselling programme

Specific Goal 3: To guarantee the coordinated intervention with all the agents that intervene with the people attended to, whether in the public or private network.	Results achieved	Indicators for Specific Goal 3
	178 coordinations with the social, health, educational and leisure care network.	Number of co-ordinations with social, health, education and leisure time services.
	5 interventions with Barcelona City Council social services street educators (from October to December 2020).	Number of collaborative actions with the network of care for adolescents and young people
	50 preventive workshops for educational centres and 2 workshops in residential centres for educational action of the	Number of preventive capsules for adolescents and young people coordinated with public and private network centres

	network of social services for children and adolescents (CRAE's).	

6. Activities

Activities Specific Goal 1	YOUTH CARE SERVICE - Individual psychological and socio-educational visits with young people at ATRA's headquarters, in the community and at home.
Activities Specific Goal 2	FAMILY CARE SERVICE - Family visits, with and without the young person, at ATRA's headquarters, in the community environment and/or at home.

Activities Specific Goal 3	DIGITAL CUSTOMER SERVICE:
	- WhatsApp service to:
	    o Answering doubts and questions to young people and families.
	    o Contact with the people assisted and their families.
	- Videoconference service.
	PREVENTIVE CAPSULES FOR YOUNG PEOPLE AND FAMILIES.
	TRAINING CAPSULES FOR PROFESSIONALS
	YOUTH ACTION: volunteering for young people from 18 to 30 years old.
	OBSERVATORY

Other activities requested by the care network:

- Basic Training on Drug Addiction for the Youth Information Points of the Barcelona City Council.
- Workshops on Drugs and digital environments for the Service of Attention to Families with Adolescents (SAIF).
- Workshops on drugs and digital environments for family associations.
- Preventive interventions in the community environment with street educators from social services for groups of adolescents and young people identified.
- Participation in working groups and platforms of entities: Behavioural Addictions Commission of the Catalan Federation of Drug Addictions; Intervention Commission of UNAD; etc.

7. Assessment of the BP

Improvement actions are an essential element to achieve the objectives of our programme and to implement improvements in the management and care of resources and services.
For years we have been using quality management tools that help to ensure that continuous improvement is integrated into the working procedures of the LET'S CHAT PROGRAMME.

We have established a quality control and improvement system based on the implementation of an integrated work methodology based on quality management:
- Process management approach, which comprises the set of activities of the programme with a vision of interrelation between them. These processes are permanently updated through periodic reviews.
- Evaluation and monitoring of indicators to measure the degree of compliance with the standards of the key processes and which provide us with periodic information on their evolution.
- Control and resolution of incidents/non-conformities.
- System for collecting complaints and suggestions for improvement, through channels for responding.
- Evaluation of the degree of satisfaction of the users we serve. By means of a questionnaire to evaluate the degree of satisfaction in reference to the attention and treatment received.

The Let's Chat Programme has monitoring and evaluation systems based on key indicators of occupation, activity and results, which enable its activity and impact to be assessed. The results indicators obtained in 2020 are presented below.

- Percentage of young people with an increase in healthy behaviours 92%.
- Percentage of families with improvement in perceived family climate: 78%.

- Percentage of young people linked to training-employment insertion pathways: 79%.
- Percentage of young people linked to the leisure and free time network: 85%.
- 81% of the people linked to the youth care service reduce the time spent on potentially addictive behaviours (exposure to screens, shopping, etc.) and drug use.

Regarding the level of satisfaction with the preventive capsules and community actions, 91% of young people were very satisfied with the activity, 7% were satisfied with average scores and 2% were dissatisfied. The programme had a level of activity higher than the expected results in terms of occupation, care and intervention.

8. Outcomes and Outputs (in the framework of the Best Practice)

In 2019 the LET'S CHAT programme was selected by RIOD (Red Iberoamericana De ONG que Trabajan en Drogas y Adicciones) to be published in the Guía de Prevención y Reducción de Riesgos Asociados al Consumo de Drogas y las Adicciones entre la Población Joven (Guide for the Prevention and Reduction of Risks Associated with Drug Use and Addictions among the Young Population).

In 2020, it was invited as a Good Practice of community action in the Workshop: Public Health Perspective on Gambling in Barcelona, organised by the Public Health Agency of the Department of Health of the Generalitat de Catalunya, with Dr. Healther Wardle as guest expert.

In terms of presentations at conferences and congresses, we highlight the following:

- 2017 presentation of the experience at the Taula del Tercer Sector de Catalunya Congress.
- Presentation at the Unad Conference in April 2019 "Cannabis under debate".
- In 2020 we participated in the UNAD Congress "MORE NETWORKING THAN EVER IN THE COVID ERA".
- Presentation in 2021 at the UNAD Conference on Youth and intervention in non-substance addictions.
- Presentation at the 16th Annual CDF Conference: "Addiccions comportamentals: Quan les pantalles, les compres o el joc et controlen la vida" (Behavioural addictions: When screens, shopping and games control your life) October 2020.
- Presentation at Inclusió.Cat. III Congress of Social Action. Organised by the Department of Social Rights of Generalitat de Catalunya in July 2021.

9. Transferability

We believe that the Let's Chat project is an easily replicable project as it is well defined in terms of objectives, actions and resources needed to develop it.

The results achieved are based on a good selection of professionals with competences in the preventive approach with young people and their families.
The success of the programme lies in establishing a good network of connection and coordination with the natural spaces where young people are usually found (youth offices of the regional Emancipation Network, formal education centres and also with youth health resources).

We also believe it is essential to use technologies that allow us to reach the target population in a natural way, such as WhatsApp and social networks.

In short, all the necessary resources for the good development and replicability of the programme are within the reach of any professional entity that wants to implement it.

10. Innovativeness of the Best Practice

One of the main keys to the success of the programme has been to detect an area of action that was not covered in our territory, i.e., to offer a selective and indicated prevention programme adapted to the needs of young people who are starting to use drugs.

The few services that existed had a very sanitary focus and were located in specialised drug addiction care centres, which did not make it easy for young people to identify with them and want to attend them.

One of the keys, therefore, has been to design an absolutely flexible programme, which adjusts to their pace and needs and uses communication channels that are specific to them (Whats app, social networks, etc.).

It was also essential to carry out an initial dissemination campaign and subsequent maintenance in the centres and natural spaces where young people are found, such as the information points of the youth care network, the social services in the area and educational centres. A good method to reach them has been to offer workshops and activities

in the youth meeting centres themselves that they find interesting and that take into account the gender perspective, as we had observed that in the first year more boys than girls came to the programme.

Gender approach: given the under-representation of women in addiction services, ATRA proposes a series of corrective actions that place the gender perspective at the centre of our intervention. In this sense, top priority is given to the access of the female population, assessing gender needs, the design of the actions to be implemented and community work to facilitate access, linkage and retention of this part of the target population.

The actions that were carried out or are planned in relation to these objectives are:
- An online opinion survey was carried out, aimed at girls on the use of resources aimed at problems linked to substance use, abuse or dependence and other potentially addictive behaviours.
- Focus groups are held for mixed or girls' groups to address the gender perspective in the use and abuse of drugs and screens.
- A website has been designed with image content and easy access for the target audience. The aim of this action is to reach more and better the target population and to facilitate and make visible actions and resources of interest in the prevention of the use of drugs, screens and other behaviours that may be addictive.

11. Theoretical basis used for the best practice. References.

LET'S CHAT is based on a community and person-centred approach. It aims to be a programme that is close to young people and their families in terms of prevention, detection and care regarding drugs or other potentially addictive behaviours such as the use of video games, the internet or social networks.

It works in a coordinated way and takes advantage of all the elements and agents in the community environment of the people.

Let's Chat works from the philosophy of reducing risk factors and increasing protective factors that came to replace the prohibitionist approaches on which prevention was based and which proved to be ineffective.

Being able to talk about the problems they are concerned about, the benefits they find and healthier leisure alternatives implies changing the image of the user as a sick, vicious and dependent person and tends towards normalisation. At the same time, it makes it possible to talk about harm as negative consequences, whether at a personal, family or community level. Working to reduce risks and prevent harm becomes a way to promote responsibility.

Let's Chat is therefore based on pragmatic and unburdened moral responses, to provide as much information as possible and to promote the skills and opportunities to choose healthy lifestyles, and more positive and preventive parenting and parenting roles.

MAINline | ChemSex Project – MAINline (Netherlands)

Organisation Data

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Brief description of mission, vision and intervention approach(es)	The mission of MAINline Foundation is to improve the health and rights of people who use drugs. This mission is grounded on a harm reduction approach. The primary focus is not the reduction of drug use, but the respect for the individual drug user's freedom of choice and human potential. Thus, MAINline's vision is to offer people the opportunity to manage their use of drugs and have an agency in their own lives in relation to their situation and context. In this way, MAINline contributes to restore the human dignity and increase the quality of life of people who use drugs. To achieve so, MAINline's activities depart from and are grounded in the experiences and motivations of people who use drugs, and the contexts in which drug use take place.

Summary of the Best Practice

Technical Information

Title	MAINline	ChemSex Project
Location	Amsterdam, The Netherlands
Level of implementation (local /regional /national /transnational /other)	National + International
Execution (from – to, currently)	2016 – currently
Resources needed for the implementation	*Economic resources*: --- *Material*: counselling rooms *Human Resources*: Two people with lived experience

In response to the rise of ChemSex in the Netherlands, Mainline Foundation started to conduct research activities, resulting in the publication of the signal report Tina and Slamming: MSM, Crystal Meth Use and Intravenous Drug Use in a Sexual Context. Following the publication of this report Mainline foundation has been offering harm-reduction intervention for bisexual, gay and men who has sex with men (BGMSM) and promoting the development of a continuum of care by building networks, training professionals and investing in advocacy.

Thanks to the harm reduction activities Mainline conducts, as well as their capacity building and advocacy actions, BGMSM in the Netherlands have an increased access to quality sexual, mental and health care services. Further on, Mainline has contribute to the development of the ChemSex field internationally, contributing to the creation of structures of exchange and information among community members and professionals providing care and support for BGMSM who engage in ChemSex.

Description

1. Situation and Initial Context

ChemSex is generally understood as the use of drugs before or during sexual activity to sustain, enhance, disinhibit or facilitate the experience. The main types of drugs associated with ChemSex are crystal methamphetamine ('tina'), gamma-hydroxybutyric acid (GBH)/gamma-butyrolactone (GBL), and mephedrone (4-MMC). However, the use of ecstasy (XTC), cocaine, speed, ketamine and other NSP has also been observed. ChemSex differentiates itself from other forms of recreational or sexualized drug use not only in the specificity of the substances used, but also in the contexts in which it takes place (e.g. private home parties, events lasting for several days...), its association with BGMSM, and the role that geospatial networking applications play (e.g. dating websites, online forums, hook-up apps…).

Along with potential drug related harms, ChemSex may involve higher-risk sexual behaviours and higher-risk sexual practices. This has been linked to an increased risk of STIs and HIV transmission, as well as other bloodborne viruses such as hepatitis C. Further, recent studies have offered evidence of the psychosocial impacts of ChemSex.
ChemSex is a growing public health concern, particularly in urban centres. However, few interventions still exist to reduce the harms potentially experienced by people who participate in ChemSex. Barriers to the access to care include intersecting forms of criminalization and stigmatization of drug use and of non-normative gender identities, expressions and sexual orientations; generalized conventional models of service provision based on traditional definitions of key populations that articulate separate drug and sexual health frameworks; and a limited availability of comprehensive epidemiological data on ChemSex, as well as scarce information on existing care programmes.

In response to the apparent rise in ChemSex in the Netherlands, MAINline Foundation in cooperation with SOA AIDS Netherlands undertook research activities with BGMSM and their crystal meth use or experience with injecting in a sexual context. In 2015, this resulted in the status report "Tina and Slamming: MSM, Crystal Meth Use and Intravenous Drug Use in a Sexual Context". The European MSM Internet Survey (EMIS), the first study in 35 European and neighbouring countries in which a direct comparison of data on homosexuality, homosexual behaviour and drug use was made, also justified a focus on the issue. Secondary analysis of EMIS's 2010 data shows that Amsterdam ranked in the top five European cities with the highest prevalence of ChemSex and the highest rates of recent methamphetamine use (5% in the previous 12 months).

Three years later, the Dutch National Drug Monitor Report documented in 2020 the existence of indicators of an increase in use of methamphetamine and the injecting of these and other drugs ('slamming'), as well as of GHB use in Amsterdam's ChemSex scene[17]. In a recent cross-study in the Netherlands, 41% of participating MSM reported having engaged in ChemSex in the previous six months[18].

Following and building upon the evidence presented in the signal report "Tina and Slamming", MAINline Foundation started developing and implementing harm reduction interventions for BGMSM. To achieve so, Mainline has been promoting since then the development of a continuum of care by building networks, training professionals, and investing in advocacy on a local, national and international level.

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[17] Van Laar, et al (2020). *Nationale Drug Monitor: Jaarbericht 2020*. Trimbos-instituut/WODC.

[18] Sexual, addiction and mental health care needs among men who have sex with men practicing chemsex – a cross-sectional study in the Netherlands Y.J.Evers

MAINline is currently working on the research report "Slamming in The Netherlands, an update" about the rise of this phenomenon in The Netherlands. In addition to the results to an online survey, in-depth interviews with (ex) slammers and professionals will be part of the study, as well as a literature review.

2. Type of program/service/intervention/practice

Social inclusion			
X	Stigmatization(s)	X	Cultural Activities
X	Gender	X	Drug use in recreational settings
X	Sex workers		Educational Campaigns
X	Sex and drugs		Social participation
X	Community-based experiences		Non-substance addictions
	Housing		Labour inclusion
	People living on the streets		Rehabilitation programs
	Training		Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
X	Policy changes campaigns / Projects	X	Alliances of non-profit organisations and institutions
X	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

				X		X	
	Goal 1: No Poverty		Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being	X	Goal 4: Quality Education
X	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure		Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

4. Target Groups

- ▪ **Direct Target Groups:**
  - • Number: 1
  - • Characteristics: BGMSM who engage in chemsex in, from 18 up to 70 years old, with a big diversity in migratory background, educational levels, physical and neuronal diversity, as well as employment status. BGMSM with a problematic chemsex are observed to be embedded in smaller social networks of support when compared with those with a non-problematic chemsex use.

- ▪ **Indirect beneficiaries:**
  - - Number: 6
  - - Characteristics:
    1. Network of BGMSM who engage in chemsex: families, partners, friends.
    2. Professionals in the field of drugs, social and (mental) health care
    3. LGTBQI community at large.

5. Objectives, indicators and outcomes

General Objective: To develop an accessible, qualitative and effective continuum of care for BGMSM who use drugs in a sexual context.		
Specific Goal 1: To provide evidence-based, up-to-date and accessible information on chemsex.	**Results achieved**	**Indicators for Specific Goal 1**
	Research and analysis publications on current chemsex practices, communities, contexts and needs.	- number of signal reports - number of analysis reports - number of presentations - number of people accessing the research results

	Health-related information, education and communication (IEC) materials for GBMSM who engage in chemsex.	- number of IEC materials - number of professionals accessing the IEC materials - number of GBMSM accessing the IEC materials
Specific Goal 2: To provide harm reduction care and support to GBMSM who engage in chemsex.	**Results achieved**	**Indicators for Specific Goal 2**
	Online and offline outreach services for GBMSM who engage in chemsex	- number of contacts -
	Individual and group counselling sessions for GBMSM who engage in chemsex	- number of individuals accessing the counselling services - perceived well-being improvement
	GBMSM Community Network meetings	- number of community network meetings - perceived well-being improvement
	Needle exchange programme and distribution of safer sex and drug use paraphernalia	- number of safer sex and drug use paraphernalia materials distributed - number of needles distributed and collected
	Drug testing services	- number of contacts
Specific Goal 3: To build the capacity of sexual, mental health & drugs health professionals, as well as other related stakeholders, and to advocate for the development of a continuum of care and for GBMSM who engage in chemsex.	**Results achieved**	**Indicators for Specific Goal 3**
	Online and offline training for people who work with GBMSM who engage in chemsex, both nationally and internationally.	
	Amsterdam Chemsex Platform (ACO)	
	National and international advocacy and consultancy referent in the field of chemsex	

6. Activities

Activities Specific Goal 1	**1. Development and distribution of research and analysis on current chemsex practices, communities, contexts and needs.** Examples of publications are: Signal report "Tina and Slamming: MSM, Crystal Meth Use and Intravenous Drug Use in a Sexual Context" (2015); analysis report "Slammen in Nederlands" (upcoming) Panel discussions, presentations and workshops in national and international harm reduction conferences and events, including but noy only, the European Chemsex Forum, Dutch Harm Reduction Conference, the European Harm Reduction Conference, or the International Harm Reduction Conference. **2. Development and distribution of health-related information, education and communication (IEC) materials for GBMSM who engage in chemsex.** Examples of publications are: Slamming. Do's and Dont's (a booklet explaining safer injecting practices and information on general (mental) health; Chemsex NL (series on HCV prevention, testing and treatment, alongside with strategies for safer sex); or sextina.nl (a harm reduction website for BGMSM co-developed with SoaAIDS with substance information, drug use tips and advice, and referral options)

Activities Specific Goal 2	**1. Development of online and offline outreach activities** Mainline develops community-based and peer-led outreach activities in settings in which BGMSM encounter, as well as on online platforms. An important element is not only to be able to provide preventative and harm reduction services and information where "people are at", but also to be able to understand better the needs, contexts, values and preferences of the communities. **2. Development and implementation of individual and group counselling sessions for GBMSM who engage(d) in chemsex** The community-based and peer-led counselling sessions for (ex)users may take place either physically at MAINline's offices, or online through the anonymous online chat tool "Chat about chems", as well as through email, or WhatsApp. When needed, MAINline refers participants to other healthcare organizations and professionals in their network. **3. GBMSM Community Network meetings** On a national level, MAINline organizes regular meetings for members of the chemsex community to exchange information, support and care strategies. **3. Distribution of safer sex and drug use paraphernalia** Every Wednesday and on appointment it is possible to access the needle exchange programme at MAINlines offices. Further, outreach workers at MAINline also facilitate access to safer sex and drug use paraphernalia. **4. Drug Testing** On appointment, MAINline offers testing services for crystal meth, 3-MMC and other NPS, ketamine, base coke and heroine.
Activities Specific Goal 3	**1. Development of online and offline training** MAINline shares its expertise on chemsex through informative and interactive learning programmes. Recent examples of e-learning packages are a two-part training on chemsex, its context and related issues; and a chemsex training for the EECA region together with ReShape/IHP, AFEW International and Humanitarian Action Foundation. **2. Co-development and implementation of the Amsterdam Chemsex Platform (ACO)** The ACO is a platform to facilitate the exchange of information and to coordinate cooperation among a varied group of professionals, including among other, (sexual) health professionals, drug care services, law enforcement, harm reduction organizations or club owners. **3. Development and Implementation of advocacy and consultancy activities** On a local, national and international level, MAINline advocates and supports the development of capacity to implement a continuum of care specific to chemsex, encouraging the creation of new interventions and programmes, as well as changes in policy making practices. Examples of partners are community-based organization in the harm reduction field, networks of people who use drugs and human rights organizations, donors UN and stakeholders in the HIV, drug policy or harm reduction field.

7. Assessment of the BP

MAINline has contribution to the development of a continuum of care for BGMSM who engage in chemsex has been recognized locally, nationally and internationally. Beside addressing the more preventative side of the continuum with their IEC materials, outreach activities, and counselling activities, MAINline has educated professionals working with BGMSM and encouraged them to develop their own services, interventions and treatments.

Evaluation on the impact of MAINline activities is conducted through individual and group conversations and direct observation during the outreach and counselling activities they implement. Building upon the signals they collect from the field, and the research and analytical activities they conduct, MAINline ensure that the chemsex specific services they offer respond to the needs, contexts, values and preferences of the communities they work with and for.

MAINlines activities and expertise have contributed greatly to the development of a continuum of care for BGMSM who engage in chemsex on an international level. Its harm reduction programme, reserach and publications have become a standard reference in the field. Example of this include their inclusion in the Technical guide on HIV

Prevention, Treatment, Care & Support for People Who Use Stimulants published in 2019 by the UNODC[19], or the technical brief Harm Reduction for People Who Use Drugs published in the Global Fund in 2020, as well as their reference in many other local and national IEC materials.

Building upon their expertise, MAINline contributes to and supports academic studies and analysis on chemsex[20], and the signal publication Tina and Slamming is frequently referred to and cite in the scientific literature on chemsex.

Next to this, together with other organizations, MAINline has had a fundamental role in the co-development of local, national and international platforms of exchange, cooperation and advocacy, such as the Amsterdam Chemsex Network, the European Chemsex Forum or the organization of the Chemsex in Asia platform for online knowledge exchange in the Asia-Pacific region, just to name a few.

8. Outcomes and Outputs (in the framework of the Best Practice)

Any person, from families, mental health care workers, people working in addiction area, LGBTIQ+ community, to any person that would like to learn about chemsex can access these materials. Further, the MainLINE Chemsex team is working together with an organisation in South Africa to provide Webinars for psychologists and people working in the field of harm reduction, as well as the opportunity of MSM engaged in Chemsex to have calls with the lived experience person working in the MainLINE.

From the intervention, the Chemsex team learnt that MSM engaged in Chemsex need the service the most at evenings, nights and weekends, for they should be able to open at these times. Indeed, there is a lot to gain in being available after office hours and during the weekend as well.
Additionally, it is necessary to provide the access to help in a short notice, as once people decide that they need support or help, they need it right away.

9. Transferability

10. Innovativeness of the Best Practice

Before MAINline's research on the use of crystal meth and slamming in sexual settings, the phenomenon had never been studied in the Netherlands. After studying it themselves and started implementing harm reduction services for men who have sex with other men, the MAINline started sharing the expertise with other organisations internationally. The interest in undertaking research in an understudied topic is, in itself, innovative, but to also implement counselling services, and informative resources on the subject, may also prevent social, physical and mental health problems due to uncontrolled use. It may also improve sexual being.

The counselling and coaching sessions are led by the people's needs: most of the times, in the first few sessions, people share their experience only. A focus is given to explore what people want from the sessions, as well as on creating awareness on what the target group is doing when they engage in ChemSex (what ChemSex does for them, how does it feel and what are negative aspects of it), without saying that they should not do it. This individual-specific approach results in an intervention that completely addresses each person's needs. Additionally, the non-judgemental attitude towards the ChemSex behaviour sets the ground for the creation of a safe space, necessary for people to reach out for help when needed.

Besides this, the project also hosts an online services chat where people can talk with them anonymously. Because it does not compel people to face the stigmatization associated with ChemSex, this service is more accessible and has a better reach.

Once people know that they are into problematic chemsex counselling and reach out to MainLINE, individual meetings are held in the same day or within the next couple of days. When compared to the health care systems, in which the waiting lists can take around one month to have an appointment, the readiness.

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[19] Found online at https://bit.ly/3cRwZTe
[20] An example: Evers, Y. J. (2020). *Chemsex among men who have sex with men: a public health and user perspective.* Boekenplan. https://doi.org/10.26481/dis.20201001ye

To improve their practises, the MainLINE is also constantly involved in international chemsex projects, in which it shares its experience and learns about other countries' experiences. This experience is further shared in training programs developed by the project. Any person interested in learning about the phenomenon can engage in these programs, which further contributes for the education of the wider community on the phenomenon.

11. Theoretical basis used for the best practice. References.

Harm Reduction
Harm Reduction refers to strategies, principles and practices dedicated to minimizing the negative health, social and legal impacts associated with drug use, drug policies and laws. As such, harm reduction is a social justice movement, grounded in human rights, pragmatics and the meaningful engagement of people who use drugs. Harm reduction calls for a non-judgmental, non-stigmatizing and non-coercive access to care and support and understand that the individual impacted by problematic chemsex should be encouraged to make their own decisions with the counsel of their peers and health supporters.

Person-Centred Services
Person-centred services focus on responding to the needs, preferences and values of a given individual or community. As such, they understand that there is no universal application of a protocol or messaging and, instead, meet people "where they are at". MAINlines chemsex IEC materials, outreach and counselling activities are designed as to correspond with the reality of the communities they work with and for.

An example of this is the use of the slang of the scene and a direct language when talking about sex and drugs or the refrain from emphasizing condom use, as anal sex without a condom is often a conscious choice among the BGMSM community and only in a few cases the result of diminishing resolve following substance use. Instead, alternative risk-reduction strategies such as regular testing, or treatment as prevention and PrEP are employed.

Another example is the way that MAINline services follow a trauma-informed approach, responding to the multiple dimensions of stigma or violence that BGMSM who use drugs and engage in chemsex experience due to structural inequities.

Aware that not all chemsex is problematic, instead of narrowly focusing on change behaviour, MAINline workers provide context-aware and holistic services and IEC materials that respond to the societal attitudes towards people of diverse gender identity, expression and sexual orientation, the trauma the HIV/AIDS epidemic has had on this community, the chronic bullying, discrimination and exclusion experiences, situation in which peer pressure is enacted, the importance of ritualized activities in stigmatised groups, the role of hook-up technologies, or the intersections of drug use with migration, homelessness, sex work, or race, to name just a few.

Community-based & Community-led Interventions
Both through their individual and collective efforts, MAINline's ChemSex project reclaim both the power of the Denver Principles, and the GIPA Principles as restated in the 2017 Paris Community Declaration, and the motto contained therein: nothing about us without us.

MAINline ChemSex activities are designed and implemented by people with lived experience. Departing from their own lived experience, and with the counsel of other peers and community members and health professionals, MAINline ChemSex programme is grounded in the understanding of the context, needs, preferences and values of BGMSM who engage in chemsex, as well as in the feelings of loneliness and emptiness that contribute as a factor for a continued engagement in chemsex despite experiences of harm.

It is through an awareness and understanding of this that MAINline is able to offer pathways for community engagement which may prevent from further problematic ChemSex.

12. Additional Information

MAINline ChemSex activities have experience implementation activities due to the COVID19 pandemic. For example, face to face activities at the headquarters could not take place, reducing their capacity to provide group counselling sessions, or needle exchange moments.

Next to this, the project workers have been notifying changes in the chemsex scene, both on the community itself and the type of substances consumed. Whereas before contact was made mainly with BGMSM aged 40- to 50-year-old, currently younger people are entering the scene, observing an increment as well in the size of the amount of BGMSM engaging in chemsex. Regarding patterns of consumption, Mainline is observing a more people injecting drugs. Although crystal meth continues to be the most used substance in chemsex parties, nowadays it commonly appears in combination with GHB use. Additionally, 3-MMC and coke base are more frequently encountered.

Metzineres: Environments of Shelter for Women who Use Drugs Surviving Violence – Metzineres (Spain)

Organisation Data

Contact Details	*Name and Surname*: Aura Roig Forteza *Charge*: director *Email*: aura.roig@metzineres.org
Organisation Name	Metzineres
City and Country	Barcelona, Spain
Email	metzineres@metzineres.org
Web	http://www.metzineres.net/
Brief description of mission, vision and intervention approach(es)	Metzineres is the first non-profit cooperative aimed at providing support and care to women, trans and non-binary people who use drugs in Barcelona (Spain). Metzineres provides services based on human rights, harm reduction and intersectional feminist principles, promoting communities that guarantee full access to their rights, promotes well-being, fosters autonomy and responds to the needs, values, expectative of each individual. To achieve so, Metzineres aims to reduce the barriers to access of care through holistic, individualised and trauma-informed community-based and community led-services. An important element is to support women experiencing multiple vulnerabilities and experiences of violence to act as advocates for the establishment, development and transformation of policies and programmes, as well as to reduce the stigma, discrimination and criminalization they face.

Summary of the Best Practice

Technical Information

Title	Metzineres
Location	Barcelona
Level of implementation (local /regional /national /transnational /other)	Local
Execution (from – to, currently)	2017 – now
Resources needed for the implementation	*Economic resources*: around 30.000€ are spent, which are mainly allocated to staff and activities implementation costs. *Material*: A physical space to host the social center, with a room for clothing, another with showers, washing machines, beds, food, *Human Resources*: Metzineres counts with a transdisciplinary team that includes social workers, psychologist, social educators, anthropologists, and women and gender non-conforming people with a lived experience of drug and violence.

"Metzineres: Environments of Shelter for Women who Use Drugs Surviving Violence" (referred to as Metzineres), the first integrated harm reduction programme exclusively for women and gender non-conforming people (together participants) in Spain. Metzineres offers direct, holistic and individualised approaches tailored to particular needs, responding to women's expectations, concerns, curiosities and interests. Throughout it uses an innovative grass roots intervention model sustained by community-based and community-led strategies. Its interventions are guided by human rights and gender mainstreaming approaches and invest significant efforts to prove that it is reliable, pragmatic and cost-effective.

Metzineres has a transdisciplinary team, some of whom are survivors of violence or have experience of mental ill health. The team includes a team coordinator and a harm reduction coordinator (both with lived experience of drug use), a doctor, nurse, social educators, social workers, an artist, an administrator and a social anthropologist. They work together with the participants to implement an intersectional feminist, harm reduction and human rights, person-centred, approach founded on the freedom of (re)definition, autonomy, empowerment and improvement of physical, emotional and psychological wellness.

Among its goals are to reduce access barriers and increase adherence to health and social care services, through diversified, comprehensive, appropriate, affordable, accessible and high-quality resources and services; uphold women and gender non-conforming people who use drugs as essential interlocutors to influence implementation, development or transformation of public policies and whatever actions that, directly or indirectly, could determine their vital journey and to diminish prejudice, stigma and discrimination against woman and gender non-confirming people who use or have used drugs.

Building upon from equity frameworks, Metzineres involves meaningfully its participants in the in the design, implementation, monitoring and evaluation of the project. In this way, they both ensure the effectiveness of the services they offer and create the conditions to support the autonomy and full participation in the communities with which the project engages.

Metzineres has become in a short amount of time a fundamental element in care and support system of Barcelona, and its pioneer model has been recognized as a good practice at local, national and international level. From this position, Metzineres advocates for policies and programmes that respond adequately to the social determinants and multiple experiences of exclusion and marginalization that women and gender-non confirming experience as a condition for the improvement of health outcomes.

Description

Women who use drugs are subject to health inequalities with regard to access to harm reduction services. Key barriers such as stigma and structural violence, criminalisation, and a lack of specific services stand in the way of the women, trans and non-binary people to access to these services. Yet, specific harm reduction programmes for women and gender non-conforming people in the city and even in the country are still lacking.

Although Barcelona counts with a high availability of harm reduction services (including drug consumption rooms, a large network of needle and syringe programmes (NSPs), opioid agonist therapy (OAT) programmes, integrated psychosocial services for people who use drugs, and needle and syringe programmes in prisons), many of the women and gender-nonconforming people that come to Metzineres experience problems accessing mainstream (harm reduction) health and social services.

Research conducted in Barcelona with two focus groups at the Metzineres harm reduction centre shares evidence on generally services for woman and gender non-confirming people are poorly integrated with other services that address the needs of these populations, notably sexual and reproductive health services for people who have experience gender-based violence. This lack of services reinforces the perception that harm reduction are masculine services, thus discouraging access by those who do not identify as such. Furthermore, the relationships between barriers and access, such as bender-based violence, stigma, criminalization and unspecialised services, are poorly recognized and under-address in health and harm reduction responses[21].

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[21] Shirley-Beavan, S., Roig, A., Burke-Shyne, N. *et al.* Women and barriers to harm reduction services: a literature review and initial findings from a qualitative study in Barcelona, Spain. *Harm Reduct J* 17, 78 (2020). https://doi.org/10.1186/s12954-020-00429-5

Metzineres is born in 2017 as a project as a response to this situation, and in October 2020 it becomes a non-profit cooperative. On that same month, its project is recognized as a Specialized Service Specialized in gender-based violence by the Equality and Feminisms Department in the Regional Catalonian Government.

With more than 300 participants, and around 40 daily individual support situations, Metzineres is evidencing extraordinary results. On one hand, participants in their programme, and the surrounding community at large, as improved their well-being. On the other, Metzineres has contributed to the tackling the stigma and discrimination that the woman and gender non-conforming people they work with experience. In this way, Metzineres has articulated a model of service with the capacity to transform the design, implementation and evaluation of public policies.

2. Type of program/service/intervention/practice

Social inclusion			
x	Stigmatization(s)	X	Cultural Activities
x	Gender		Drug use in recreational settings
x	Sex workers		Educational Campaigns
x	Sex and drugs	X	Social participation
x	Community-based experiences		Non-substance addictions
x	Housing	X	Labour inclusion
x	People living on the streets		Rehabilitation programs
	Training	X	Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
x	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
x	Policy changes campaigns / Projects	X	Alliances of non-profit organisations and institutions
x	Human Rights and drugs campaigns / projects		Development Cooperation
x	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

x	Goal 1: No Poverty		Goal 2: Zero Hunger		Goal 3: Good Health and Well Being		Goal 4: Quality Education
x	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	x	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land	x	Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

4. Target Groups

- **Direct Target Groups:**
  - Number: 1
  - Characteristics: Women and gender non-binary people who use or have used drugs who experience multiple forms of violence. The group is aged between 20 and 75 years old, 71% has an experience of homelessness, 20% have a sex work lived experience, 19% are racialized, 21% are LGTBQ+, 45% are HIV positive, 34% have a migratory lived experience, 13% find themselves in an administrative irregular situation and 31% have experience imprisonment.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 3
  - Characteristics: families, community and the neighbour at large, as well as professionals working in the field of health and social services for woman and gender non-conforming people, gender violence, homelessness and drugs use.

General Objective: To promote communities of care and support based on human rights, harm reduction, and intersectional feminist frameworks that guarantee full access to their rights, well-being, pleasure and autonomy of women and gender non-conforming people who use or have used drugs surviving violence.

Specific Goal 1:	Results achieved	Indicators for Specific Goal 1
To improve the physical, emotional and psychological well-being of woman and gender-non confirming people who use or have used drugs, experiencing multiple situations of vulnerability.	- Improved social relationships with the community at large - Integration into the labour market and/or improvement of (economical) self-reliance. - Improved general well-being and health outcomes. - Access to safer social and drug using space, as well as hygienic drug using materials	
Specific Goal 2:	**Results achieved**	**Indicators for Specific Goal 2**
To reduce the barriers to access and to improve the quality of care and support that women and gender non-conforming people who use or have used drugs receive.	- public perception on the use of drugs has changed at the community level, especially among the neighbourhood and the mass media. - development of holistic, specialized services for woman and gender-nonbinary people who use or has used drugs - development of a network of mutual support, exchange and referral among professionals in the area Inclusion of women and non-binary people who use drugs on the community.	
Specific Goal 3:	**Results achieved**	**Indicators for Specific Goal 3**
To support woman and gender non-confirming people who use or have used drugs to advocate for the development, implementation or transformation of public policies.	- Participation in local and regional social and health policy making processes. - Participation in local social initiatives - Participation in educational programmes, international conferences and events - Audio-visual and printed advocacy and information materials	
Specific Goal 4:	**Results achieved**	**Indicators for Specific Goal 3**
To reduce the stigma, discrimination that woman and gender-nonconforming people who use or have used drugs experience.	- Integration in the neighbourhood and improved relationships with the larger community - Metzineres is recognized as a meaningful and important interlocutor and contributors to local, national and international social and drug policy dialogues as well as policy making processes	

Activities	Metzineres structures and organizes their activities around a model of "Environments of Shelters". Rather than a physical place as such, each of these shelters acts as an interlinked systems of activities and models of support that allows for its participants to choose their own path towards improving their own well-being. **La Cubierta** [The Sheltered/Covered] This space focuses on covering basic needs, such as food, clothing, showers, or access to computers and internet. It also provides a space for accompanied drug consumption, as well as social, health and psychological support. **La Poderosa** [The Powerful] This space focuses on self-protection strengthening. In here, mutual solidarity and support is fostered. Special emphasis is made on peer-to-peer approaches. Legal advice, training and support is offered on a variate of topics: drug use, overdose prevention, or feminist self-defence techniques, among others. **La Hiedra** [The Ivy] This space focuses on the community at large, and fosters cultural initiatives that enrich the neighbourhood and bridge the different realities that everyone experiences. Examples are their weekly Paella, which has become a reference point in the life of the neighbourhood, as well as radio activities and urban art projects. **La Osada** [The Bold] This space focuses on entrepreneurship, and promotes the development of labour skills, job opportunities, as well as income generation strategies, both inside and outside of Metzineres. **El Aullido** [The Howl] This space focuses on social participation and activism. Examples of actions include the promotion, support and participation in panels, demonstrations, congresses and the engagement policy making processes that affect the woman and gender non-conforming people that participate. To achieve this, they work in cooperation with local, national and international networks and organizations. **La Artisana** [The Artisan] This space focuses on art and creativity. Woman and gender non-conforming people enter this space to experiment with multiple artistic expression and to contribute and take part organizing the neighbourhood festivities and cultural activities.

7. Assessment of the BP

The activities and practices at Metzineres are evaluated every week through direct observation, as well as through self-developed monitoring systems, indicators and databases based on feminist principles. To ensure this, the monitoring system has been designed by Donestech (a feminist IT team associated to the project), ensuring that the tools are non-intrusive, and they that respect the intimacy, confidentiality and anonymity of the woman and gender non-conforming people who form part of Metzineres' community. The indicators and metrics emerge from an in-depth exploration of their needs, experiences and values, and focus on qualitative and experiential information. During the first year, Metzineres focused mainly in understanding better the communities they work with, paying special attention to their sociodemographic characteristics, the problematic they were facing, their needs, and the typologies of services and activities they required.

In Catalonia, Metzineres participates regularly in the design, monitoring and evaluation of public policies. On a national level, Metzineres is part of Red Género, Drogas y Adicciones, FCD, XAPSLL, REMA and CatNPUD, among others. At the same time, Metzineres cooperates internationally with civil society organizations and networks in the field of drug use and human rights, such as Correlation – European Harm Reduction Network, IDPC, WHRIN, INPUD or EuroNPUD, among others.

8. Outcomes and Outputs (in the framework of the Best Practice)

After more than four years, Metzineres has contributed greatly to the improvement of the physical, emotional and psychological well-being of its community, and contributed to lower the threshold of access to the care and support they need. Further, the stigma and discrimination they experienced has been significantly reduced in the area, and the woman and gender non-binary people that form part of Metzineres are considered a fundamental part of the community by its neighbours, and an active agent of change and improvement of the area.

Metzineres has also become a crucial stakeholder in the field of advocacy and policy making practices. Its innovative model and approaches have been recognized both locally, nationally and internationally and it has been featured in numerous publications[22], their publications have been referred to nationally and internationally[23], and their services have been acknowledged to as a good practice example in several Eastern European countries. Next to this, Metzineres has been included in various universities courses as part of specialized technical training.

9. Transferability

Community Assessment

The first step to implement a project like Metzineres is to conduct a needs assessment to understand the needs of the local community, the stakeholders involved and the existing structures and systems of care. Departing from here, smaller (outreach) activities can take place from which to scale up to a bigger implementation of programmes and structures of referral and cooperation. An example of this is the way that Metzineres began in 2017 as a project within the framework of Fundacio Salut i Comunitat. One year later, Metzineres continued its activities working with the ICEERS foundation until 2020, when it established itself as a non-profit cooperative.

Community-Based & Community Led Activities
One of the most crucial elements of the success of Metzineres has been its meaningful engagement with the surrounding community. Activating cultural institutions like the MACBA, as well as other local initiatives and social movements, Metzineres has become a fundamental part of the fabric of the city, position from which the establishment of further cooperation and advocacy activities has been possible. Next to this, the engagement with the local community has contributed greatly to de destigmatization of women and gender-nonbinary people who use drugs, as well as of drug use itself.

Another element of success has been the meaningful inclusion of the woman and gender non-binary people who form the Metzineres community in the development and implementation of its activities, as well and it support in building their capacity for self-advocacy, self-representation and participation in the social life of Barcelona.

Role New Technologies
Metzineres has evidence the importance and impact of media advocacy and communication. Through their documentaries, videos, publications, social media activities and public presentations, Metzineres has been able to raise awareness on the urgency and importance of the work they do, and to offer women and non-binary people the opportunity to self-define and self-represent, allowing them to directly inform public opinion in a broad and fast manner.

10. Innovativeness of the Best Practice

Metzineres if the first integrated harm reduction programme exclusively for women and gender non-conforming people who use or have used drugs in Spain. As such, its activities and services provide a space for people who usually do not have access to mainstream forms of care and support, offering a holistic, person-centred, specific attention to marginalized and underserved communities.

By decentring drug use as a problem and focusing instead on responding to the structural social determinants of exclusion and marginalization (such as gender identity, expression sexual orientation and sex characteristics, homelessness, physical and neuronal diversity, criminalization of sex work, migration or violence, among others), Metzineres can effect profound changes in the communities and society in which is based.

Metzineres is a community-based, community-led service that meaningfully involves its community in the development, implementation, monitoring and evaluation of their activities, ensuring its quality and relevance. Metzineres approaches its activities as a collaborative process in which the goals and indicators of success are defined.

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[22] Example are Martinez Redondo, P. et all (2021) *La perspectiva de genero en el ambito de las drogas y las addictiones. Recursos y experiencias para promocionar y consolidar su aplication integral.* RIOD: https://riod.org/publicacion-genero-drogas/ Burgos Garcia, A. (2020) *Miradas feministas al abordaje de drogas. Guia breve para la incorporacion de la perspectiva de genero en el ambito de drogas.* Projecto Malva. FSYC.
[23] An example is the provision of Metzineres COVID19 information materials in the 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.

Building on feminist principles of technological sovereignty, Metzineres has developed an innovative monitoring and research methodology that allows them to systematize the experiences of woman and gender non-conforming people that form part of their community with which to ensure that their needs, values, and preferences are met.

11. Theoretical basis used for the best practice. References.

Harm Reduction
Harm Reduction refers to strategies, principles and practices dedicated to minimizing the negative health, social and legal impacts associated with drug use, drug policies and laws. As such, harm reduction is a social justice movement, grounded in human rights, pragmatics and the meaningful engagement of people who use drugs. Harm reduction calls for a non-judgmental, non-stigmatizing and non-coercive access to care and support.

Intersectional Feminism
Intersectional feminism centres the voices of those experiencing overlapping, concurrent forms of oppression in order to understand the depths of the inequalities and the relationships among them in any given context. Using an intersectional lens also means recognizing the historical contexts surrounding an issue. Long histories of violence and systematic discrimination have created deep inequities that disadvantage some from the outset. These inequalities intersect with each other, for example, poverty, racism or sexism, denying people their rights and equal opportunities.

Intersectional feminism offers Metzineres a framework used to foster a more nuanced understanding of how interlocking oppressions and marginalization's manifest in everyday experiences, the type of responses needed and informs their advocacy activities and the transformation of the social, cultural and political systems in which they participate.

Trauma-informed approach
Metzineres services and activities are sensitive to the intersectional experiences of violence that women and gender non-conforming people who use or have used drugs face. An important element in this acknowledgement on the impact of trauma is to develop spaces that foster and nurture safety, trustworthiness, transparency, support, collaboration, agency, autonomy and choices.

Community-based & Community-led Interventions
Both through their individual and collective efforts, Metzineres reclaim both the power of the Denver Principles, and the GIPA Principles as restated in the 2017 Paris Community Declaration, and the motto contained therein: *nothing about us without us*. By supporting the meaningful engagement and leadership of the communities they work with, Metzineres establishes more horizontal structures of community engagement, and ensure the relevance and quality of its activities.

Mujeres en Movimiento (Women on the Move) – Fundación Convivir (Argentina)

Organisation Data

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Organisation Name	Fundación Convivir
City and Country	Buenos Aires, Argentina
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Brief description of mission, vision and intervention approach(es)	Fundación Convivir is a Civil Society Organisation with 35 years of experience in improving people's quality of life through prevention and a comprehensive community approach. It works with people in situations of social vulnerability with psychological and social suffering and with problems of addictions and problematic consumption in the community. The lines of action are: Health, Education and Citizenship, from a perspective of promoting rights, gender and diversity policies. To this end, strategic alliances are established with national and international public and private entities. It develops four territorial devices in which it works under the logic of community treatment articulating with the slum priests in Villa 31 in Retiro, Villa 21-24 in Barracas and Barrio Rodrigo Bueno in Costanera Sur and with other organisations in each of these communities. The main areas of intervention are: two children's programmes: the Early Childhood Centre "Pulgarcito" and "Cartoneritos" in Barracas, attended daily by a total of 320 children in two shifts; the Mujeres en Movimiento programme with a rights and gender perspective that operates in Villa 21-24; and the Barrio Rodrigo Bueno programme, where work is carried out with the general population.

Summary of the Best Practice

Technical Information

Title	*Mujeres en Movimiento* (Women on the Move)
Location	Villa (Slum) 21-24, Barracas, Buenos Aires, Argentina
Level of implementation (local /regional /national /transnational /other)	Local
Execution (from – to, currently)	From 2013, ongoing
Resources needed for the implementation	Economic resources: granted by the Local Government of Buenos Aires. Subsidy from the Government of the Autonomous City of Buenos Aires. *Material: Adequate physical space adapted to meet the demand of young women.* Human Resources: Permanent interdisciplinary team of 5 people and 4 interns from universities for one semester per year.

This project arises from the work that Fundación Convivir has been carrying out with the community of Villa 21-24 for the last 7 years.

It began with a strategic diagnosis using the SiDiEs - Strategic Diagnosis System - as a tool within the theoretical framework of Community Based Treatment - ECO2 model.

The operational network is formed, made up of technicians and professionals from the foundation assigned to the project, together with neighbourhood leaders, neighbours, agents and community promoters. This network articulates community resources and provides human, logistical, material, symbolic and institutional support, and strengthens the subjective community network.

In 2013, a house was purchased in the Villa 21-24 Barracas, Buenos Aires, in order to ensure the community's belonging and to serve as the headquarters of the programme to facilitate interaction with the adolescents and young women who participate.

Work is carried out to disseminate information about the programme among the neighbours and networking activities are initiated to find out about the problems of young women who are interested in the space's proposals.

The main objective is to strengthen, contain and guide young women in a situation of psychoactive substance abuse and in a situation of social vulnerability, for their subjective development and the construction of a life project. Currently, 60 young women are actively participating and a network of approximately 150 people has been formed.

During the year 2020, as a result of the ASPO, Preventive and Obligatory Social Isolation, decreed in the country in March on the occasion of COVID 19, a series of interventions were carried out: Activities carried out with the group of 60 young women:

- Social networks such as Facebook and Whatsapp were used to accompany and sustain links.
- Accompaniment in situations of gender violence.
- Accompaniment and follow-up for women infected with Covid and their families.
- Accompaniment for bereaved family members who have lost relatives to Covid.
- Listening space between adult and young women through video calls.
- Creation of a digital book on traditions and herbs.
- Recreational space (games to work on Comprehensive Sexual Education).
- Training in tools to create enterprises.
- 720 meals and bags of goods were delivered, reaching 60 households every week.

Description

The activities are carried out in the Villa 21-24 in Buenos Aires, Argentina, in a territorial device aimed at young women aged 13 to 25. The substances most commonly consumed by this group are alcohol, marijuana and paco. In the case of women, consumption takes place at home and/or in the neighbourhood corridors. The most frequent times of consumption are after 7pm, especially on Fridays and weekends. This can last into the early hours of the morning and for several days. The problems associated with drug use have to do with: sexual abuse, teenage pregnancy, gender violence, dropping out of school, unemployment, among others.

The population of these neighbourhoods suffers a profound exclusion caused by the unequal opportunities they face on a daily basis and the difficulties to start a personal life project due to overcrowding, deficient nutrition in quantity and quality, school dropouts, the scarce possibility of training for work, violence, dysfunctional families, high accessibility to the internal supply of alcohol and drugs from a very early age.

In these communities there is a large number of precarious constructions, social housing complexes, boarding houses and hotels. Lack of opportunities is a common factor that cuts across all of them. Women constitute a hidden population that is strongly stigmatised, which results in limited access to employment, health, education, the articulation of community networks, little power to make decisions on political, economic and social issues, which compromises their autonomy, the exercise of sexual and reproductive and social rights, their organisational capacity and their freedom to express their opinions.

Since 2009, Fundación Convivir has been working on the development and implementation of community approaches through the construction and implementation of social/community/territorial networks, which play a fundamental role in people's health/wellbeing or illness/illness processes. Through the ECO2 metamodel (Epistemology of Complexity, Ethics and Community), for intervention on a wide spectrum of complex phenomena known as social suffering, community networks are used as a powerful theoretical-methodological tool for intervention. Casa Santa Clara, in

the Villa 21-24 in Barracas, is a fundamental complement in the process of accompaniment and community treatment for women, offering a place of shelter, guidance, accompaniment and encouragement so that they can project themselves into the future by developing their potential. There, the Women in Movement Programme is implemented from a gender perspective, addressing social suffering, psychoactive substance use, social exclusion, social integration of women, strengthening their subjective networks, their psychosocial skills, thus contributing to improving their quality of life and that of the community. Health promotion, prevention and harm reduction activities are also carried out.

2. Type of program/service/intervention/practice

	Social inclusion			
	Stigmatization(s)			Cultural Activities
X	Gender			Drug use in recreational settings
	Sex workers		X	Educational Campaigns
	Sex and drugs		X	Social participation
X	Community-based experiences			Non-substance addictions
	Housing		X	Labour inclusion
	People living on the streets		X	Rehabilitation programs
X	Training			Drug consumption facilities
	Sports and recreational activities			
	Legal Aspects			
	Alternative justice			Prison programs
	Legal or counselling services			Minors
	Alternative measures for imprisoned			
	Policy Issues			
	Policy changes campaigns / Projects			Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects			Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs			International/Global Alliances
	Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being		Goal 4: Quality Education
X	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	X	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

In our daily work, we work with a gender perspective as we seek to generate conditions of equality. We work with a minority in a situation of social vulnerability, such as the group of women, with a broad approach and being able to work on stigmas and prejudices that impede access to services, training, work and leisure.

4. Target Groups

- **Direct Target Groups:**
  - Number:
  - Characteristics: Adolescent and young women belonging to the community of Barrio 21-24 in Barracas in the context of social suffering.
    As the approach is with and in the community, young women are an active and fundamental part of the diagnosis and intervention process. They contribute to making the initial proposal more complex, modifying and enriching it, adapting the process that the organisation and the community have been developing. This makes it possible to rescue the context in which drug dependence is formed, as a resource and possibility and not as a problem to be solved.

    A high percentage of them have substance consumption problems, but this is not an exclusive condition to participate in this programme, as other situations of social suffering are also accompanied.
- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 180
  - Characteristics: The subjective networks of "parceras"; neighbourhood leaders and territorially based organisations.

5. Objectives, indicators and outcomes

General Objective: To strengthen, contain and guide young women in a situation of psychoactive substance use and in a situation of social vulnerability, for the subjective development and the construction of a life project.

Specific Objective 1:	Results achieved	Performance indicators 1
To assist the network of partners attending the Women on the Move programme during the period of isolation due to the Covid pandemic and to keep the community network active.	It was possible to maintain communication with 40% of the partners, as internet access within the community is limited.	Number of virtual links maintained with the *parceras*.
	100% of the *parceras* accessed the weekly delivery of food bags. This also allowed for greater linkages with the community, bringing in more members of the community.	Number of bags in response to the pandemic food emergency.
	The network of organisations was sustained through zoom meetings, in which 40 organisations from the neighbourhood participated.	Number of links with neighbourhood organisations.
Specific Objective 2:	Results achieved	Indicators for outcome 2
To develop psychosocial skills for life and work with women. Strengthen their subjective network of young people in recovery from psychoactive substance use and/or social suffering.	Workshops on entrepreneurship, health care, respect for cultural diversity.	Virtual workshops carried out during the period of social isolation.
	Visits to the different organisations and institutions within the community, interviews with neighbourhood leaders, holding of American fairs with the partners, meetings with the users in order to enhance the value of the physical space for common use.	Linking actions following the return to face-to-face activities.
Specific Objective 3: **Strengthen the community network of young women participating in the device and facilitate and guide accessibility to the different demands.**	Results obtained	Indicators for outcome 3
	To have a register that allows us to know the subjective network of each client, which facilitated interventions and linkage actions.	Charting of subjective and community networks through the ONODO.org application.
	Through this we were able to see that 30% of the users were able to complete their health check-ups, annual gynaecological examinations and complete the compulsory vaccination schedule.	List of the number of women accompanied to the CESAC 35 - Community Health Centre - for health check-ups.
	As a result of this support, 20 women were able to carry out online procedures in the device's space, as they do not have connectivity and/or technological devices at home.	List of women accompanied for the online processing of IFE (Emergency Family Income) and other subsidies (AUH - Universal Child Allowance, Pensions, others) during the ASPO period.

6. Activities

Activities Specific Objective 1:	Delivery of bags of goods for family groups, once a week, reaching a total of 60 families. At the same time, we worked remotely on self-care actions regarding the prevention of Covid infection in popular urban neighbourhoods, taking into account the customs and housing characteristics.

Activities Specific Objective 2	Workshops were held via zoom on micro-enterprises, customs and cultures, and work was carried out on gender violence and problematic substance use. Through the DISPO (Preventive and Obligatory Social Distancing) it was possible to visit the homes of the partners and they were able to attend the physical space of the programme in order to reconnect and continue with the accompaniment.
Activities Specific Objective 3	Virtual meetings were held with the Network of Neighbourhood Organisations of Barracas. Based on the DISPO, visits were made to different organisations and meetings were arranged with community representatives to begin to strengthen the network and to be able to coordinate, referrals and orientations to the partners according to their needs. Support sessions were held at Health Centres, as well as days and hours were organised at the device for assistance and online procedures.

7. Assessment of the BP

This project is valued for the way in which it responds to the needs of young women in the urban slum 21-24, who lack projects for their lives and proposals for a better quality of life.

This device allows them to free themselves from the conflicts of their family environment; it is a space for listening, guidance and support that allows them to broaden their subjective network with new companions. They reflect freely on various topics such as addictions, sexuality, gender violence, and they enjoy themselves.

The evaluation methods used are: periodic analysis of the progress of the young women's performance through the data systematisation form of the axes of the Community Treatment and the axes of the Strategic Treatment System, which allow the recording of data on the evolution of each area in the construction of a life project, and of the interventions carried out by the team within a period of 6 months.

These data are evaluated every six months in order to adjust the necessary aspects to be taken into account in future actions. In turn, the networks are graphed using ONODO software, in order to be able to analyse the number of nodes with which each parcera is related, and the number of organisations with which our programme articulates, taking into account the intensity of this relationship, and its qualitative data.

8. Outcomes and Outputs (in the framework of the Best Practice)

- A virtual book was created from the customs and cultures workshop, in which each user could contribute her knowledge and know-how on ancestral and community medicines.
- Training workshops were held on micro-enterprises.
- Informative flyers were produced about basic care in pandemics, organisation of time and work in their homes, which organisation to turn to if they need advice by telephone in situations of social suffering, among others.
- The technical team participated in webinars and remote training courses on gender, community treatment and information systematisation.

9. Transferability

The organisation's practices are built on a methodology of Community Treatment, which is based on an integrated approach to various situations of social suffering. This intervention is composed of a set of actions, instruments, practices and concepts organised in a dynamic whose main objective is to improve the living conditions of individuals, groups, communities and networks. Addressing situations of social suffering implies transcending disciplinary conceptions, considering local cultures and individual subjectivities, in order to think about intervention, no longer in an exclusive way, on populations and individuals, but on systems of relationships, which produce behaviours and cultures that generate suffering.

The approach based on this methodology allows us to insert ourselves in other communities, taking into account the territoriality, the diversity of social actors and the context. For this reason, it is fundamental to work on interventions with a gender and human rights perspective, favouring equity and equal opportunities. It is a methodology that addresses the potential of each community space; therefore, it can be adapted according to the particular and specific characteristics of each region, respecting their culture, language and customs.

In order for this practice to be transferred to other spaces/contexts, it is necessary to articulate linking actions with neighbourhood leaders and community resources to strengthen links with and between the different nodes that make up the networks that make up the community.

10. Innovativeness of the Best Practice

- Access of the local community to services and resources that enhance their capacities.
- Integration with alternative spaces that reduce the consequences of residential segregation from a gender perspective.

- Articulation and strengthening of the network of community resources.
- The community as a device for the treatment of addictions and associated critical situations.
- The integration of peer operators into the project, in the direction of working WITH the community and not for the community.
- Strengthening and articulation between bottom-up and top-down processes.
- The strategic diagnosis system as a starting point for all community intervention.
- Articulation with networks of opinion leaders and networks of community resources.
- Intervention on the social representations underpinning consumer behaviour.
- Development of active minorities.
- Integration with the community outside the urban village.

11. Theoretical basis used for the best practice. References.

- Intervention focuses on networks (subjective, subjective community and operational community) rather than individuals.
- Potential for change is strengthened through building healthy relationships.
- The use of psychoactive substances is not the main problem, nor is it always the dominant form of social suffering.
- The approach, diagnosis and intervention should be through opinion leaders, active minorities, considering the history of the community, rites and myths, sociological elements, the generating themes and the identification and description of the basic conflicts within the community.
- Change must emerge from a continuous process of action research and action training in and with the community, through the development of listening and accompaniment.

As the approach is with and in the community, young women are an active and fundamental part of the diagnostic and intervention process. They contribute to making the initial proposal more complex, modifying and enriching it, adapting the process that the organisation and the community have been developing. This makes it possible to rescue the context in which drug dependence is formed, as a resource and possibility and not as a problem to be solved.

Main bibliographical references used:
- Community treatment of addictions and the consequences of severe exclusion. Efrem Milanese,
- Community treatment. Working manual - E. Milanese
- Psychology of Active Minorities - Serge Moscovici.
- The theory of social representations - Serge Moscovici.
- Social networks and drug dependence. Contributions for intervention - Juan Machín -E. Milanese, R. Merlo.

Musas. Fashion FAbLab – Instituto Empodera (Brazil)

Organisation Data

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Brief description of mission, vision and intervention approach(es)	Empodera aims at the social integration of people in extreme vulnerability through innovative and sustainable methodologies. Our mission is to offer methodologies and tools that enable the development of skills and competencies of individuals, groups, or communities. The purpose is to transform our lives by transforming the lives of individuals, groups and communities. Empodera's core values are to work in the community, with the community and for the community; with people's strengths and not their weaknesses; networking partnerships rather than helping, valuing the exchange of cultures and ways of life.

Summary of the Best Practice

Technical Information

Title	Musas – FABLAB da Moda (Fashion FabLab)
Location	São Paulo, Brazil
Level of implementation (local /regional /national /transnational /other)	Local, Regional
Execution (from – to, currently)	2018 – ongoing
Resources needed for the implementation	*Economic resources*: 15.000 USD per year *Material resources*: textiles, sewing machines, sewing materials, etc. *Human Resources*: women from the communities, fashion students, students of technological careers, tutors.

The proposal promotes a sustainable fashion cycle through the creation of a mini collection called MUSAS, with the creative intervention of artists. This collection was developed in the creative immersions, which are spaces for interaction, exchange, creation and production meetings. Different actors (women in vulnerable situations, fashion designers, technology students, suppliers and donors) connect and use creativity in co-creation. The process, from creation to sale, promotes women's economic and social inclusion. The methodology included: (i) mapping of women's talents and skills, (ii) creative (knowledge of creative and circular economy concepts, development of aesthetics and beauty) and technical (qualification and improvement of sewing, embroidery) skills, crochet, painting, printing A fashion show gave visibility to women's potential. The work with Musas women stems from the previous experience of coordinating the Lua Nova Project which developed products and sales for income generation of mothers and vulnerable women.

(https://revistamarieclaire.globo.com/Premio-Viva/noticia/2019/09/com-apoio-de-raquel-barros-mulheres-deixam-rua-usando-talento-e-forca-interior.html)

Description

1. Situation and Initial Context

This is a community action in the so-called "Cracolândia", in São Paulo, an area of substance abuse. It is a vulnerable and violent environment, mediated by the trafficking and consumption of substances, so that the possibilities for participation in the formal economy are limited, and illicit economies become a concrete option for communities abandoned by development policies. In this context, numerous rights violations and violence occur, mainly against women. In order to improve their living conditions, it is necessary to think about generating livelihoods that reduce dependence on illicit economies. On the other hand, the fashion industry faces serious environmental problems: hazardous chemicals affect the environment and cause damage to ecosystems and people. Also, recent studies show that repetitive movements, such as crochet and handicrafts, generate relaxation, reduce anxiety and depression. Producing something with your own hands puts you in touch with your inner self, helps you organise your thoughts, increasing self-confidence and resilience.

2. Type of program/service/intervention/practice

Social inclusion			
	Stigmatization(s)	x	Cultural Activities
x	Gender		Drug use in recreational settings
x	Sex workers	x	Educational Campaigns
	Sex and drugs	x	Social participation
x	Community-based experiences		Non-substance addictions
	Housing	x	Labour inclusion
	People living on the streets		Rehabilitation programs
x	Training		Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
x	Policy changes campaigns / Projects	x	Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

x	Goal 1: No Poverty		Goal 2: Zero Hunger	x	Goal 3: Good Health and Well Being	x	Goal 4: Quality Education
x	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy	x	Goal 8: Decent Work and Economic Growth
x	Goal 9: Industry, Innovation and Infrastructure	x	Goal 10: Reduced Inequalities	x	Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

Musas is an accelerator of women's talent through the creative circular economy as a strategy for the development of women's groups in vulnerable situations with women of different resources and talents, through processes and projects that enable and strengthen human, economic and social development. and integration and autonomy. All raw materials for production are textiles and similar waste.

4. Target Groups

- **Direct Target Groups:**
  - Number: 42
  - Characteristics: Women in situations of social vulnerability who were expelled from the penitentiary system, residents of occupation, homeless people, drug users, mothers and all victims of violence in communities in extreme vulnerability in Sorocaba, São Paulo, São José dos Campos, Campinas and Poços de Caldas.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 146
  - Characteristics: Children and relatives of the women working in the project, Health and social care professionals from NGOs and governmental institutions that host these women, Voluntary employees of companies that support the development of the proposal.

5. Objectives, indicators and outcomes

General Objective: Support women to put their strength into the world, and with them build fulfilling and income-generating work.

Specific Goal 1:	Results achieved	Indicators for Specific Goal 1
Mapping, recognising and organising groups of women in situations of social economic vulnerability and who are interested in a process of change through the development of manuals;	5 groups composed of an average of 8 women, trained and acting in an integrated way.	Groups acting and participating in collective activities and production.
Specific Goal 2:	**Results achieved**	**Indicators for Specific Goal 2**
To train a group of women in different techniques to manage, produce fashion and develop the collection. Promote the visibility of women's products and groups for income generation.	42 women able to develop products in crochet, knitting, natural dyeing, sewing and embroidery and 6 regular customers. 1 collection developed in collaboration	Collection production and sales volume: assessed through monthly production and sales reports for each women's group.
Specific Goal 3:	**Results achieved**	**Indicators for Specific Goal 3**
Promote the visibility of women's products and groups for income generation.	Inauguration of the Musas Collaborative Store in Shopping Cianê - Sorocaba	Quantity and quality of products. The level of women's satisfaction with participation in the project will be measured through a formal survey and testimonials.

6. Activities

Activities Specific Goal 1	1.1- Dissemination of the project to women through institutions that work with women on the streets and women in vulnerable situations. 1.2 - 3 meetings to raise awareness and select the 30 women. 1.3 - 3 integration meetings between volunteer designers and women.
Activities Specific Goal 2	2.1- 6 workshops on craftsmanship, aesthetics, creative economy, circular economy, upcycle, sustainability. 2.2 - 10 workshops on management and improvement of fashion techniques. 2.3 - 4 workshops on Design Thinking. 2.4 - Production of the collection.

Activities Specific Goal 3	
	3.1 - Elaboration of marketing pieces and digital media dissemination. 3.2 - Catwalk meetings, self-make-up course and photo shoot. 3.3 - Collection fashion show 3.4 - Sale of the proceeds and creation of a fund with 30% of the sales profit.

7. Assessment of the BP

The project is evaluated each year. It involves taking a snapshot of the initial situation of each woman, using a form filled in by the street workers or by the same network that works with her. This is a specific instrument, based on the methodology of community treatment, which investigates factors such as the woman's vulnerability, skills, talents and social network:
(https://docs.google.com/forms/d/e/1FAIpQLSfZ3ZAr_hk1jMjKXdvZGiFYIxxNVKuHudr_QuEqjh5AYRuMgg/viewform?usp=pp_url).

In the initial research there is an item that asks what their expectations are when entering the Muses Project, considered as a cycle. At the end of the cycle, the instrument is filled in again and the degree of vulnerability and skills that the woman has after the end of the process and whether it was possible to fulfil her expectations is evaluated. The degree of vulnerability and skills is measured on a Likert scale.

The level of satisfaction of the women with the participation in the project is measured by means of a questionnaire in which it is evaluated whether the women participating in the Muses cycle have fulfilled their expectations with respect to the Project, and whether they would be willing to participate in a new cycle or if they would like to be a member of Conexão Musas, acting as a protagonist in the management and animation of the network. The testimonies help us to understand the level of involvement of women.

In addition to this evaluation, there is a participatory evaluation among the women who participate in the cycle so that they all receive feedback on their participation in the collective.

Finally, there is an evaluation, mainly quantitative, by donors and clients, through a structured model.

As main results achieved so far, we can highlight, firstly, the increase of the Musas network, from 21 women at the beginning in 2018 to 534 active women in 2021 (we already work with 1,002 women in total), numbers that have not stopped increasing even during the pandemic.
There has also been a 30% increase and a diversification of members of the subjective networks of each of the women, who have gone on to connect with stylists, fashion agencies, gastronomy chefs, universities, and continue to work and participate collectively and individually. We understand from our methodology that the more the connections increase, the more the women are protected.

The multiplication of skills by 40% is the result of the exchange between the network and the programmes carried out within the framework of Musas. Finally, we can highlight the decrease of 50% on average of the main vulnerabilities during the period of the Musas cycle for the participating women.

8. Outcomes and Outputs (in the framework of the Best Practice)

The main outcomes are:
- Creation of a secure base through the women's relationships with their resources identified in their relationships and their environment.
- 42 women trained in various techniques (crochet, knitting, natural colouring, sewing, cutting) and able to work in the fashion industry or in their own businesses.
- A capsule collection of three key products (1 kimono, 1 T-shirt and 1 bag) representing the cause, signed by stylists and produced by women.
- Open and structured sales space. Collaborative way with brands for sustainability.
- Women who generate income from R$ 500.00 to R$ 800.00 real and organize a fund through the sale of products to train new women.
- Decrease of a degree of vulnerability of women (previously high vulnerability (living on the street, isolation, begging) and now moderate vulnerability (expanded social network, resources connected, skills discovered and developed in the form of income).

9. Transferability

The Musas methodology requires much more than a specific place for its transferability. The possibility of changing the vision of the people who want to design a similar proposal is indispensable, for which they must focus on the talents and capacities of women and not on their vulnerabilities. This is the initial condition for the transferability process; it is only possible to replicate the proposal if this perspective exists in the resources of these people.

A second condition, once it is clear that these women have resources, is that it is necessary to work on the links between women, remembering that the main unit of exchange is "lifetime", not money.

Finally, the other condition is to promote meetings (immersions) whose objective is that everyone can teach and learn. These meetings can be face-to-face (this requires the support of the Project's collaborating partners for facilities, food, the basic structure to be at least three days together) or virtual (during the pandemic we managed to do virtual immersions that were powerful and motivating, even if the meetings were with Zoom).

Therefore, replicability depends much more on the ability to observe women's skills and the creativity to link them easily, because it requires above all a change in mentality and work methodology, than the aspect of structure and resources, which can be achieved in collaboration with other actors.

10. Innovativeness of the Best Practice

Creative immersion: experience of co-creation: spaces for meeting and connection between the women of the muses to facilitate a process in which they can recognise who they are, their talents and activate self-knowledge. The difference between the immersions is that they allow: connection between different types of women (those in a vulnerable situation, with fashion professionals and areas interested in the creative and circular economy); training based on each one's talent; exploration of creativity; co-creation; rethinking life and the material used (up to cycling) and the creation of products collectively. This proposal is inspired by Fabricademy's Bootcamp at MIT.

- Holding FabLAB da Moda workshops as a way of interacting with the public Conexão Musas also promotes hands-on experience, using the spaces available in the communities themselves, offering experiences, workshops and conversation circles. These events also take place outside the communities in bazaars and awareness-raising events. One of the core activities of the "Fab Lab da Moda" is the "Fashion Reassignment" workshop, which is based on one of the principles of the circular economy, "upcycling", which transforms waste or unwanted products into something new and meaningful.

It is a good practice because it supports the creation of a virtuous circle where vulnerable women take on the role of their lives in collaboration with other women, become economically active and no longer depend on illicit economies to survive.

11. Theoretical basis used for the best practice. References.

We use the theory of non-formal transformation networks through the methodology of community treatment that uses the networks of non-formal relationships to expand the role of people in situations of extreme vulnerability. Protagonism translated into the language of everyday life in community treatment is to assume one's social responsibility. Social indifference is the graveyard of protagonism (Milanese, Efrem Discurso UNB- Brasilia). The theory proposes the role that bridges build, build our role, recognising the role of others: sharing spaces, preserving values, sharing knowledge, learning together.

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National Drug Law "Unhappy Birthday" Campaign – FEDITO BXL

Organisation Data

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Organisation Name	FEDITO Bxl
City and Country	Brussels, Belgium
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Web	www.feditobxl.be
Brief description of mission, vision and intervention approach(es)	FEDITO BXL, the Brussels Federation of Institutions working in the field of Drugs & Addiction, brings together 29 institutions active in Brussels in information, prevention, harm reduction, care, support and epidemiology relating to the consumption of psychoactive substances (alcohol, tobacco and other drugs) and addictions (with or without substances).

Summary of the Best Practice

Technical Information

Title	National Drug law "Unhappy Birthday" Campaign
Location	Belgium
Level of implementation (local /regional /national /transnational /other)	National
Execution (from – to, currently)	January 2021 – end of 2021
Resources needed for the implementation	*Economic resources*: from low-cost self-productions to high level media campaigning investments *Material*: Mainly online media products (Website, video clips, articles, short messages...)

This year is the centennial of Belgium's drug law, which was enacted on Feb 24, 1921. Along with other organisations and individuals from various fields, Fedito BXL has formed a broad coalition called #STOP1921 to campaign for a necessary reform of Belgium's drug policy. To this day, the Belgian drug law remains completely based on prohibition, causing many problems in terms of stigmatisation, access to health care, human rights, social justice, economy, etc. #STOP1921, which is mainly French speaking, has partnered with the Flemish organisation SMART on Drugs to set up the joint and bilingual Unhappy Birthday campaign.

The campaign aims are to promote the revision of the Belgium's drugs law. It includes a website (www.unhappybirthday.be) which gathers a number of messages in several categories: Facts, Figures, Testimonies, Myths, and Proposals. Each one of these messages, written in both national languages, gives factual information about drugs and the inefficiency of the drug law, offers lived experiences of the way the law can interfere with the well-being of PWUD, busts commonly believed myths and/or sketches proposals of good practices and better laws that could be implemented. The plan to gather a total of 100 messages at the end of the year, symbolising the 100 years of drug prohibition.

The goal of the campaign is to obtain enough traction to relaunch the debate within belgian political groups, proposing the constitution of a parliamentary working group tasked with a critical evaluation of the efficiency and negative effects of the current drug law, which could pave the way for the decriminalisation of all drug users, which is one of the key demands of the campaign. Also, the campaign hopes to raise public awareness of the stigmatisation drug users currently face on a day-to-day basis, and of the fact that this stigmatisation partly stems from the current legislation.

So far, the Unhappy Birthday campaign has obtained quite a bit of media attention, especially around its launch date. This attention will be revived through the organisation of events surrounding the campaign later this year.

At the end of April 2021, the Belgian Senate has agreed to draw up an informative report on the Belgian drug law. This entails a vast round of reflection and debates following the audition of a host of experts in the field, who will point to all the ill effects of drug prohibition on PWUD and society at large. And in July 2021, the federal inter-sectorial "Drugs cell" has also included within its priorities the "analysis and discussion of possible gaps, weaknesses and questions of amendments to the 1921 Drugs Act".

Of course, organising a campaign to raise awareness is not exactly an innovative practice in itself, but we feel it's nevertheless an important tool towards ending stigmatisation and changing misguided drug policies. However, the innovative character may reside in the sheer number of various arguments put forward in this campaign, which is quite impressive and still on the rise. The number and quality of professionals and field actors supporting this campaign is also quite unusual. **But, maybe, the most innovative aspect to be highlighted is the necessity for health organisations to engage in the political and cultural aspects of drug issues, promote more actively a public debate as the determinants of health of drugs users depends more on what happens in society than within health services**.

Description

1. Situation and Initial Context

The baseline of the problem is twofold, but both aspects are linked: stigmatisation of PWUD on one hand, and the prohibitive drug law inefficiency on the other. Our aim therefore is to reach both the general public and policy makers through our campaign products and direct contacts.

The messages address both aspects of the problem and make it very clear that a change in policy towards decriminalisation of drug users would go a long way in curbing negative stereotypes in the general public, hence stigmatisation of drug users and improve the efficiency of public expenses in drug policies (Social Justice, Health, Security, Human Rights).

2. Type of program/service/intervention/practice

Social inclusion				
x	Stigmatization(s)	x	Cultural Activities
	Gender		Drug use in recreational settings
	Sex workers	x	Educational Campaigns
	Sex and drugs		Social participation
	Community-based experiences		Non-substance addictions
	Housing		Labour inclusion
	People living on the streets		Rehabilitation programs
	Training		Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs

	Legal or counselling services		Minors
	Alternative measures for imprisoned	x	Drugs laws
Policy Issues			
x	Policy changes campaigns / Projects	x	Alliances of non-profit organisations and institutions
x	Human Rights and drugs campaigns / projects		Development Cooperation
x	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	x	Goal 3: Good Health and Well Being		Goal 4: Quality Education
	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	x	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land	x	Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

Goal 3: Prohibitive drug law creates a threshold for access to health care for drug users, for harm reduction practices and information, an even for adequate and evidence-based drug prevention. Public health would benefit from a decriminalisation of drug use, as it has in Portugal.

Goal 10: Prohibition of drug possession allows for police controls and is often used as probable cause for body searches. It has been demonstrated that ethnic profiling is too often involved in these kinds of practices. Although drug consumption is present in all communities, Drugs prohibition laws'impact, in practice, differ between communities and persons; the most vulnerable ones suffering the most its consequences as it perpetuates further downward spirals of stigmatization, imprisonment, probation and poverty.

Goal 16: The drug war has increased violence and corruption worldwide, as has been sufficiently demonstrated. Both decriminalisation and legalisation of drugs could bring back some peace to heavily affected communities.

Imprisonment is not a solution to drug use, and disproportionately affects ethnic minorities and underprivileged people. Keeping drug users out of prison clearly helps restore some justice.

Finally, it appears that the drug law is massively and increasingly broken by a wide variety of people. Readjusting it to better fit reality could restore some legitimate authority to the legislative institution.

4. Target Groups

- **Direct Target Groups:**
  - General public
  - Policy makers
  - Health and Social professionals

- **Indirect beneficiaries (*i.e., family, community*):**
  - Drug users
  - Society at large

5. Objectives, indicators and outcomes

General Objective:		
Specific Goal 1: Media coverage	**Results achieved**	**Indicators for Specific Goal 1**
	several dozen articles and broadcasts	https://unhappybirthday.be/revue-de-presse/
	Social media diffusion	Numbers of posts and views on Facebook, Twitter and Linkedin
Specific Goal 2: Political and institutional impact	**Results achieved**	**Indicators for Specific Goal 2**
	Senate decision to write up an information report about the drug law	The senate official decision to launch the process and then the debate and the report
	invitation of a campaign representative by political groups	Specific meetings with 2 political parties so far (June 2021)

	The Federal inter-sectorial "Drugs cell" has also included the topic within its priorities	Specifi item : analysis and discussion of possible gaps, weaknesses and questions of amendments to the 1921 Drugs Act"
Specific Goal 3: General public, Health and Social professionals' awareness	**Results achieved** difficult to measure	**Indicators for Specific Goal 3** We don't have the resources to evaluate this but an indirect indicator is that the campaign didn't raise any direct opposition against it as we were possibly expecting.

6. Activities

Activities Specific Goal 1	- Producing specific content in various formats (articles, social media posts, short video clips: internal production + open to external propositions) - Production of a Website (www.unhappybirthday.be) - Organization of a press conference to launch the campaign on its exact birthday date - Organization of a big live event in partnership with a network of local TV channels (The Belgian Drug law trial – October 2021)
Activities Specific Goal 2	- Communication towards all political groups, federal and regional parliaments and deputies
Activities Specific Goal 3	- Communication of the campaign within regular Social and Health sector's communication canals (newsletters, federations, social media)

7. Assessment of the BP

Because of the specific nature of the BP, it is difficult to assess the full range of its effects and results. As said above, media coverage is a primary quantitative assessment indicator, and in that respect the BP is successful so far. The absence of public opposition towards the campaign is also an interesting indicator.

Political impact is more difficult to measure. So, far (August 2021) the Senate decision to produce a report on the drug law and the inclusion as a priority within the Federal inter-sectorial "Drugs cell" is a good start. The debate is launched, and we will see if the law will be changed, or not, or how much, during this legislature or if it will be part of the political programmes of the various political parties going into the next election.

Impact on the general public requires complex and expensive tools like surveys, that are beyond our financial reach, unfortunately.

8. Outcomes and Outputs (in the framework of the Best Practice)

The Unhappy Birthday campaign was submitted for sharing in the framework of IDPC's #DrugDecrim Month (June 2021), the video clips have been translated in english and the other products are available in FR and NL on the Website: www.unhappybirthday.be

9. Transferability

Every country has a media sector and the internet is available worldwide. Of course, neither press freedom nor internet access are the same everywhere, so country-specific parameters are bound to apply. However, in its principle, and taking into account the specifics of every country, an internet campaign aimed at the media and the general public can be implemented just about anywhere. Of course, the messages should be produced from scratch depending on the specific (legislative) situation of every country and varying cultural sensitivities that may affect the way specific messages are received.

"Who" produce and/or support the campaign is important. This Best Practice wants to show that it is crucial for the health sector to take a political stand in this issue and engage actively with other sectors (Media, general public, politicians, culture…), to be present outside of its professional bubble. Building a coalition with many recognized institutions and individuals is key for the credibility of the campaign on different areas (Health, Social Justice, Human Rights, Security, Economy,…).

10. Innovativeness of the Best Practice

One specific aspect of this campaign that is distinctive is the fact that it is driven by a vast coalition of important actors in the field of drugs and addiction, and the driving force of the campaign is the official federation of professionals and organisations in this field. This is important because the fact that it's coming from professionals in the field helps the message get across and gives it the necessary credibility. However, this coalition goes beyond just the drugs & addiction field and extends to the fields of (mental) health, social work, prison work, youth, etc. This vast array of actors and organisations lends even more weight and credibility to the campaign and counters the potential perception that it's just coming from 'a bunch of activists'.

11. Theoretical basis used for the best practice. References.

Raising public awareness can lead to a change in cognitive and emotional attitude, which can in turn lead to a change in behaviour. This is generally true, and it certainly applies to attitudes and behaviours towards drug user(s).

Of course, the right tools to that effect should be used in the right manner. Petty and Cacioppo (1984) have determined that if one can develop high-quality arguments that are well worked out and clearly explained, one might as well present a high number of them, because they will be well received. That's exactly what we're doing in this campaign: the messages are accurate and detailed and cover a large array of different fields and topics. They can be accessed randomly by the visitors of the website, who pick the subjects and the number of messages they read according to their preferences and personal interests.

Operation "Inclusive Neighbourhood" – Asociación LIMAM (Spain)

Organisation Data

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Brief description of mission, vision and intervention approach(es)	We are a non-profit NGO founded in 1987 in Bellavista (Seville) by a group of affected people and their families sensitized to the problem of addictions. From its origins to the present, we have progressively expanded the areas of action to respond to the social demands and needs that we have been detecting in our area of influence. We are the only entity providing care for drug addiction and other situations of social exclusion in the area, being a reference resource for the population of the Bellavista neighborhood (Seville), where we also work in close coordination with other public and private resources in the area. Within our mission, are the following general purposes: • Prevention and Social Incorporation of addictions. • Attention to the population at risk of social exclusion. • Socio-labor incorporation. • Health promotion and equality. • Promotion of social and community participation and associations. • Promotion of volunteering.

Summary of the Best Practice

Technical Information

Title	Bellavista - Seville- Spain
Location	Local
Level of implementation (local /regional /national /transnational /other)	Since 2010 - currently
Execution (from – to, currently)	*Economic resources*: Approx. 63.000 €
Resources needed for the implementation	*Material*: office, workshop room, individual attention room, bathrooms, multipurpose room; expendable material; material for activities (transport, food, tickets, costumes, face painting, handicrafts and handicrafts material); non-expendable material (computer equipment, printer, screen and overhead projector, radio equipment). *Human Resources*: - Hired personnel: psychologist, social worker and social educator. - Volunteer staff: sociocultural animator, social integrator, users, people from other entities in the neighbourhood.

Executive Summary

The main purpose of this practice is to give prominence to users with addiction problems, not only in their personal transformation processes, but also focused on community transformation. The problems related to addictions are the result of multiple factors that are interrelated, so our methodological approach is based on an ecological model in which we consider that environmental systems influence the individual and his development as a human being in constant interaction with the environment, therefore, in our practice we understand the development of users as a result of the interaction between their personal characteristics and the barriers and facilitators generated in the different contexts in which people operate.

Taking into account this model, our practice also presents, as one of its main characteristics, a holistic, comprehensive and systemic perspective through which we consider people as a whole integrated in themselves and in relation to other people. That is why at the time we saw it necessary not only to intervene individually with each of the users, but also with the community environment that surrounds them, in order to break the stigmatization of people with addiction problems in the neighbourhood, as well as the implementation of initiatives that contribute to the optimal development of the community, emphasizing the encouragement and promotion of citizen participation and social commitment.

From the experiences obtained from this practice we highlight that the activities carried out from this approach have generated a great impact both on users with addiction problems, as well as on the rest of the community, considerably favouring the social inclusion of these people and increasing values of solidarity, equity, social justice and citizen participation in the community, thus contributing to a social and personal transformation that gives wealth to the entire neighbourhood.

Such activities are divided into the following blocks:

Block 1: Participation of users in popular culture activities (Cavalcade of the Magi, Carnivals, Velá del barrio, Feria de Sevilla, Feria de Dos Hermanas).

Block 2: Participation of users in activities organized by other public and private entities, or in other programs of the LIMAM Association (outing to the beach with the Bellavista-La Palmera district, sociocultural events, conferences of other entities, the Andalusian Federation Link and the Liberation Federation and other activities of the LIMAM Association, such as radio, prevention activities with minors, young people and families and others).

Block 3: Participation of users in solidarity activities with the community (visits to nursing homes, collecting toys, cleaning natural areas of the neighbourhood, distribution of food banks, reception and support for new users).

We consider that the innovative and distinctive aspect of this practice lies in the holistic approach that includes, among others, the ecological dimension, and in the application of an integrative and inclusive methodology. While avoiding vertical, assistance and masterful interventions, it is committed to interventions based on closeness, support, accompaniment and advice, favouring the empowerment of the participants, decision-making and personal and collective responsibility. In addition, education and citizen participation, social justice and equity, equal opportunities and social inclusion are favoured, the latter being very necessary so that people with addiction problems can enjoy the same opportunities as the rest of the population. population.

Description

1. Initial situation and context

The LIMAM Association is an NGO that has been working in the Bellavista neighbourhood (Seville) since 1987 to the present day with people with addiction problems and other situations of social exclusion, founded during that time by a group of people affected and / or sensitized by the addiction problems that plagued the population during the 80s and 90s. From then until now, LIMAM has been the only entity in the neighbourhood for drug addiction care, becoming a reference resource for the neighbourhood.

During these 34 years the entity has specialized and professionalized according to the times in the care of people with addiction problems. However, it was starting in 2010, when we observed how users who were in the entity's Day Center suffered significant community stigmatization. On the other hand, we detected how people with addiction problems had fully integrated the idea that, due to their past and present situation with drug addictions, it was normal for the community to show an attitude of rejection towards them, since it was a neighbourhood in the that the neighbourhood knew each other. We therefore come to the conclusion that in the collective imagination of the users and in the rest of the members of the community,

During that time, the entity became aware of the need to work on the social inclusion of people with addiction problems together with the community, not only to make them visible, but also to empower them. In this way, the first activities designed to achieve this end began, at first not without difficulties, since members of other neighbourhood and neighbourhood associations were not for the task of hosting people who had committed crimes in the past. and used drugs. It was based on patience and strategy that, little by little, the entity, together with the

users, were gaining more space in community events. An example of this is the participation in the Ateneo de Bellavista in the Three Wise Men parade for Christmas.

This activity meant an important change for the users and for the rest of the community. It should be noted that Bellavista is an eminently working-class neighbourhood with a high level of poverty. Historically it has been a neighbourhood of struggles and very supportive among its own neighbours with a strong identity and values of associations and citizen participation. However, during the last decades there has been a certain segregation of groups, one of the most marginalized being the group of people with addiction problems, this group being left out of community initiatives. That is why, activities like the one mentioned above,

Since then, we have been incorporating this perspective in all the actions that we have been carrying out to date, adapting the design of activities to the reality of the current context. For example, we are currently launching the creation of an exclusive mutual support group for women with addiction problems, in which one of the users with the longest career and experience in the entity plays an important role in recruiting and welcoming women new incorporation, taking responsibility in the organization, decision-making, conflict resolution, search for solutions, etc., thus maintaining an inclusive methodology adapted to the needs of the current context, but always seeking to give prominence to people in the processes of personal and social transformation.

Another current example is the development of a leather craft workshop carried out by one of our users, an expert on the subject, aimed at users of other entities of the Andalusian Link Federation, which also seeks to give prominence to people users in spaces where they can know their own capacities and potentialities. We could say that our purpose is not only to meet needs, but also to stimulate those potentialities that are detected.

2. Type of program / service / intervention / practice

	Social inclusion			
x	Stigmatization (s)		x	Cultural activities
X	Gender			Drug use in recreational settings
	Sex workers			Educational campaigns
	Sex and drugs		x	Social participation
x	Community-based experiences			Non-substantial addictions
	accommodation			Labor inclusion
	People who live on the street			Rehabilitation programs
	Training			Drug consumption facilities
	Sports and recreational activities			
	Legal aspects			
	Alternative justice			Prison programs
	Legal or advisory services			Minors
	Alternative measures for prisoners			
	Policy problems			
	Policy Change Campaigns / Projects			Alliances of non-profit organizations and institutions
	Human rights and drug campaigns / projects			Development cooperation
	Coalitions, federations of drug users or organizations working in the field of drugs			International / global alliances
	Other (specify below):			

3. Sustainable Development Goals (SDG)

	Goal 1: End poverty		Goal 2: Zero Hunger		Goal 3: good health and well-being		Objective 4: Quality education
x	Goal 5: Gender equality		Goal 6: Clean water and sanitation		Goal 7: Affordable and clean energy		Goal 8: Decent work and economic growth
	Objective 9: Industry, innovation and infrastructure	x	Goal 10: Reduce inequalities	x	Goal 11: Sustainable cities and communities		Goal 12: Responsible consumption and production
	Goal 13: Climate Action		Objective 14: Underwater Life		Objective 15: Life on land		Goal 16: Peace, justice and strong institutions
	Objective 17: Partnerships						

Our practice contains activities and interventions aimed at favoring the social inclusion of users of the entity with addiction problems, through spaces that promote citizen participation of these people in their community environment, taking into account the gender perspective throughout the process (objective 5). In this way, it contributes to reducing the inequalities of this group (objective 10), also taking into account that, for a personal transformation to take place, a motivating and stimulating environment is needed to accompany the process.

On the other hand, by promoting the participation of users in their environment, it contributes to generating an important impact not only on individuals, but also on the environments with which they interact, generating an impact on the emotional / personal, family, social / community, cultural and economic spheres, thus contributing to the transformation of a sustainable city and community (objective 11).

A community that includes and does not exclude is a reduction of inequalities for a group that feels on the margin of what happens in the community, this being also a difficulty for their labor, family, economic insertion, etc. A community that includes and does not exclude, applying values of equity, gender equality and social justice, can contribute to the creation of equal opportunities for those who are most disadvantaged.

4. Target groups

- ▪ **Direct target groups:**
  - – Number: 120
  - – Characteristics: people with addiction problems in the process of cessation.

- ▪ **Indirect beneficiaries (i.e. family, community):**
  - – Number: 240
  - – Characteristics: families of users with addiction problems, neighbourhood associations, public and private entities in the area, neighbourhood residents.

5. Objectives, indicators and results

General objective: Design and carry out intervention strategies that promote equal participation in the community, through actions that promote the social inclusion of people with addiction problems and the reduction of stigmas, involving all the agents involved in the process, in favour of a personal and social transformation that benefits everyone.

Specific objective 1: Carry out activities with the community that favour the social inclusion of users.	Archived results	Indicators for specific objective 1
	110 activities have been carried out from 2010 to the present with this specific objective.	Number of activities carried out

Specific objective 2: Encourage the active participation of users in activities with the community.	Archived results	Indicators for specific objective 2
	132 users have participated in activities with the community from 2010 to the present.	Number of participants.

Specific objective 3: Encourage associations and the autonomous participation of users in the community, in the entity and in other organizations in the neighbourhood.	Archived results	Indicators for specific objective 3
	Twelve associations from the neighbourhood have participated. 25 users have participated autonomously in other entities.	Number of participating entities Number of users who autonomously participate in other entities.

6. Activities

Activities Specific objective 1	**Participation of users in popular culture activities:**
	These are activities in which spaces are generated to encourage the participation of the entity's users and the collaboration of the different organizations that participate in the organization of popular culture festivals in the neighbourhood and other traditional events in the rest of the city of Seville, which are held every year in community spaces. This type of activities is intended to give visibility to the addiction group in conventional activities that are part of the identity of a community, in order to promote the inclusion of users and break with the stigmatization and the collective imagination that exists in the community.
	For the implementation of such activities, we take into account the following phases:
	1- Planning and organization of activities in coordination with the rest of the organizations responsible for the management of the different popular events.
	2- Planning and organization of activities in coordination with the entity's users, through meetings for consensus, dissemination, decision-making, assumption of responsibilities, preparation of materials, etc., as required by the activity that is going to be performed.
	3- Development of popular culture activities in which users, organizations and the rest of the community participate. These activities are usually the following:

	-Act of coronation of the Three Wise Men. -Cavalcade of the Three Wise Men at Christmas. -Carnivals of the neighborhood. - Halloween party with families, minors and youth of prevention. -Cultural activities in the neighbourhood Velá: * Intercultural recipe contest aimed at the community: -Participation in events organized by the District of the neighbourhood at the Seville Fair. -Participation at the Dos Hermanas Fair.
Activities Specific objective 2	**Participation of users in activities organized by other public and private entities, or in other programs of the LIMAM Association:** These are activities that are designed by other agencies in our area of operation, as well as other activities belonging to other programs that are carried out in the entity, especially the social emergency program and the addiction prevention program with families, minors. and young people from the neighbourhood, with whom we collaborate from our association in management and development, carrying out direct interventions with users to encourage their involvement in such activities. To do this, prior to the development of each activity, we hold a first meeting with the users to disseminate and motivate, creating a feedback space where ideas, fears, decision-making, etc. are shared, thus working across the imaginary that them people have of themselves, as well as the stigmatization of the rest of the community. On the other hand, leisure and healthy free time are encouraged, offering other alternatives to that of their immediate environment. Some of these activities are: - Outings organized by the neighbourhood district and other organizations, together with other residents of the Bellavista neighbourhood. * Hiking trip: * Departure to San Nicolás del Puerto: * Departure to Isla Mágica: -Participation in activities and conferences in collaboration with other organizations. * Environment center Fuente del Rey:

	* Radio sessions at Pablo Olavide University: -Participation in conferences in collaboration with "Federación Andaluza Enlace" and "Federación Liberación". * Meeting of entities of the addiction prevention program: -Participation in radio programs together with other Municipal Day Centers of Seville. -Participation in programs of "Instituto Municipal de Deporte" with families, minors and young people from the prevention program of Limam Association. -Participation in IES in the area in activities of the Limam Association's addiction prevention program.
Activities Specific objective 3	**Participation of users in solidarity activities with the community:** These are mutual support activities with which it is intended to give prominence to users with addiction problems, through spaces where they can share experiences with other people in vulnerable situations or other people from the neighborhood who are also interested in participating, in addition to bring out the skills and abilities of all the people involved. In this sense, these activities are focused more on attending to potentialities than to needs, so that all the people involved share and contribute to mutual help, promoting values of citizen participation and responsibility, solidarity, equity and social justice. It also seeks to promote the autonomy of users, Some of these activities are: -Visits to nursing home. -Participation in community events to toy's collects.

| | -Participation in community events for the cleaning of natural areas of the neighbourhood together with other entities and neighbours.

-Participation in the management and distribution of the food bank of the Limam Association and in the solidarity wardrobe.

- Spaces for decision-making, distribution of tasks and assumption of responsibilities.

- Workshops launched by users aimed at other users and the rest of the community.
* Yarn workshop:
* Radio workshop:
* Leather workshop by zoom: https://youtu.be/3OX6t_sOe1k
* Ecological garden workshop:

-Reception and support activities by users with the longest experience in the entity towards new incorporations. |
|---|---|

7. BP assessment

Have you already evaluated the intervention or has it been evaluated by an external evaluator?

It has been evaluated annually and internally by the technical team of the Limam Association.

What evaluation methods and instruments are used?

Records of activities, schedule and calendar of activities, participation records, database, field diary, observation, team meetings for the coordination, monitoring and evaluation of activities and users, meetings and interviews with users, evaluation questionnaires with participating resources.

What are the main conclusions about the results obtained?

We especially highlight how the implementation of methodologies based on horizontal interventions with users, allows them to feel more empowered and trained to face the adversities that are presented to them throughout their personal transformation process. The type of activities that are carried out in this methodological practice with an ecological approach also allows users not to feel isolated and excluded, but rather to feel part of the community in a proactive way, bringing such a feeling to all areas with those who interact.

8. Results and outputs (within the framework of best practices)

During all this time we have observed how users who participate in activities with the community, change their self-perception of themselves, having a great impact on their self-esteem, assuming greater responsibility for themselves and their community. This feeling encourages them to continue with greater force in their own change processes, reflecting such motivation in other aspects such as work, training, family, etc.

9. Transferability

We consider that this practice could work well in those contexts that are local, since our action is based on a local community context, where there is a strong sense of belonging to the community on the part of the neighborhood.

We consider that this action needs to be carried out in a local context, by entities and professionals who can offer a space of closeness and familiarity with the users, since interventions that are based on bonds of trust, security and continuity are required. In addition to a good knowledge about the reality of the environment.

10. Innovation of best practices

- Use of radio media (mixing desk, microphones, computer, software, internet, etc.)
- Use of ICT tools such as internet, social networks, web, podcast.

Our practice is focused on a holistic and ecological methodology that is based on the following perspectives as a didactic model:

- **Socio-critical perspective:** since it starts from social reality as a principle and emancipation as a goal. Emancipation defined according to Habermas (1982), as "autonomy or ability of the individual to reflect on reality in order to respond to injustices and inequalities in society." That is, not to remain in the understanding of the problem, but to help find solutions to their social problems and seek the changes that are necessary. And it is that for there to be transformation, there must first be awareness. In this sense, through this model, the transformation and social emancipation of the group members is sought, through the active role of the members in collaborative processes. On the other hand, the model has an emergent focus, which aims to address the complexity derived from the heterogeneous characteristics of the group. In this sense, self-knowledge and recognition of the other is promoted, from an ecological, interactive and interdependent vision, giving importance to the context, transdisciplinarity, ecoformation and interculturality.

- **Humanistic perspective:** in which he visualizes the human being as a being with potential to develop, unique and valuable, it is born as a need to give value individually where each person can evolve in a common environment. Through the interventions of this didactic model, the professionals accompany the members of the group in their learning process, facilitating their full potential in a motivating and respectful environment. Equal opportunities are promoted, because everyone has something to contribute, a constructive critical spirit and creativity, personal commitment and cooperation or democratic participation are developed, as well as caring and responsible ecoformation.

- **Perspective of a constructivist and collaborative model:** it is taken into account that people create meanings from their own experiences. As a cognitivist model, it is understood that the recipients of the didactic model create their own reality, in this case, conditioned by individual experiences in interaction with an environment full of disadvantages and problematic situations that directly affect their integral development as people. Therefore, this didactic model aims to offer new spaces to facilitate that knowledge is built by action, learning about a new scenario, offering other alternatives to that of its immediate environment. It seeks to promote creativity, make the members protagonists of their learning and develop meaningful learning and by discovery and / or rediscovery. It is also based on a collaborative model, as an indispensable condition for practice, since without teamwork, interaction and collaboration, its development would not be possible. It is intended to promote solidarity attitudes through group work, enhancing teamwork to achieve goals together, being the benefit of one, the benefit of all, with a group commitment where to interact and collaborate from mutual aid.

Participatory development of hygiene paraphernalia for harm reduction of smokable cocaine ("basuco") use in Medellín – Corporación Surgir (Colombia)

Organisation Data

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Brief description of mission, vision and intervention approach(es)	Organisation specialised in the prevention of drug use in school, community and work environments. In prevention it uses approaches based on health promotion and public health. It also carries out programmes to reduce the risks and harms of drug use.

Summary of the Best Practice

Technical Information

Title	Participatory development of hygiene paraphernalia for harm reduction of smokable cocaine ("basuco") use in Medellín-Colombia
Location	Medellín, Colombia
Level of implementation (local /regional /national /transnational /other)	Local
Execution (from – to, currently)	2019
Resources needed for the implementation	*Economic resources*: Not applicable. This strategy was developed as an added value in the framework of a "Centro de Escucha" (community outpatient centre) for homeless people in Medellín and the costs of this strategy are not charged in the budget. *Material*: Basic stationery materials and some specific inputs, mostly recyclable, were used for the construction of the basuco smoking pipes, such as bamboo cane, plastic and metal pipes, plumbing fittings, among others. *Human Resources*: 2 psychologists, 1 nurse, 2 health workers.

Since 2019, Corporación Surgir, within the framework of a "Centro de Escucha" (Listening Centre, community outpatient centre) for homeless people, has been developing a series of strategies to reduce the risks and harms of psychoactive substance use in the street population. Among these strategies is one aimed specifically at users of smokable cocaine (basuco), which is the substance most consumed by this population, with the aim of reducing the risks associated with smoking paraphernalia, which is handmade and contains some materials that can be highly harmful to health (for example PVC), increasing the harm already caused by the substance itself.

To this end, a process of conversation and research was initially initiated with the users to find out about the practices and meanings of the consumption of basuco as well as the paraphernalia used for it. Engineering experts were also consulted and gave their opinions on the different materials used and the conditions under which they could cause damage. From there, a community construction process began in which the participants were invited to identify other possible materials that they had used in the past, currently, or that they considered more suitable for the construction of the smoking pipe. With the suggested materials, several exercises were carried out on pipe construction and identification of alternative materials, where users exposed the pros and cons and gave their criteria on the suitability of the same in terms of effectiveness, accessibility, discretion, portability and safety, where the first four criteria are highly valued by them and the fifth is the proposal for risk and harm reduction that was being promoted. It is important to highlight that although there are safe, technically developed devices (for example, pyrex pipes), we opted for a strategy that would be culturally adapted to the beliefs and perceptions of the users, thus avoiding possible resistance to a material that is completely foreign to them and which, from a practical point of view, is not accessible to them, as they would need an external supplier, and not as currently happens where they themselves, from recyclable material, build their own pipes.

As a result of this exercise, more than a pipe prototype, a set of alternative materials was created that they can configure according to their beliefs and the results they observe in them, thus substituting some of the materials they traditionally used, such as PVC, for others, such as bamboo, which present fewer health risks and which can contribute to reducing risky practices such as the reuse of the residues of basuco that remain in the combustion chamber and which they tend to use when they do not have the substance at their disposal.

The proposal to work with them not only contemplated the construction of basuco smoking pipes, but also a series of interventions aimed at improving the quality of life of the users, touching on aspects related to health care, sex education, counselling on the risks and harms associated with the consumption of this substance, psychosocial accompaniment for access to basic assistance and health services, stigma reduction, and even the risks of COVID 19 infection associated with consumption practices, among others. One of the conclusions of the exercise is therefore the relevance and need for comprehensive interventions that include traditional practices to reduce the risks and harm associated with the substance, as well as the general improvement of the quality of life of basuco users.

Description

1. Situation and Initial Context

The approach to this problem made it possible to identify risk situations in the users of the Listening Centre, which merited intervention to reduce risks and harm, such as the following:

It is very common for basuco to be used as a medicine to mitigate body pain, to reduce appetite, to overcome fatigue, to gain courage and not feel afraid at night, to distance oneself from the stories and conditions of life that disturb them, to socialise with other people, to avoid affective emptiness, to regulate the effects of a depressant substance such as heroin that makes them sleepy, to recreate themselves day by day in a "cheap" way (as an alternative to other more expensive drugs), alternating with marijuana as a way to avoid the anxiety of basuco, to wake up and get active,

There are psychiatric illnesses associated with the problematic use of basuco: in some cases, due to dual pathology and in others due to a long and continuous history of use, which sometimes produces forms of psychosis.

In almost all cases, the use of this substance is mixed with other substances such as alcohol, sacol (glue), heroin and marihuana.

Some substance users engage in risky behaviours such as not eating well and not getting enough sleep.

It was possible to identify in almost all the people observed a standardised model of pipe that they make themselves, with the following characteristics:

- A piece of PVC pipe, named tatuco (a kind of chamber), in which the substance is deposited and combusts, mixed with cigarette ash to make combustion possible. Without the cigarette ash, the base paste cannot be smoked.
- One end of the tatuco is closed with a lid from a discarded juice or soda can, so that it forms a chamber.

- At the other end of the pipe, aluminium foil is placed to serve as a kind of fenestrated membrane (filled with small holes made with a pin), attached to the tatuco with a rubber band or tape, to hold the substance mixed with ash and burn it. As it burns, it is inhaled, and the residue passes through the holes in the aluminium and ends up at the bottom of the tatuco.
- The combustion tube that connects to the tatuco is the empty body of a pencil. This is used to inhale the smoke as it burns and volatilises the substance.

This design meets several of the specific needs of users: it can be disassembled and hidden in parts in the event of a police raid, it is virtually unbreakable and has a larger capacity than the small, cheap pipes used for smoking marihuana.

This design is the model adopted by the majority of the street population in Medellín, which allows them to consume efficiently without wasting substances, is easy to carry, and is resistant to continuous use and falls. In addition, it allows the accumulation of combustion residue on the walls of the PVC tube, which they call "recycle", which is reused in a new smoke and, according to them, produces a more intense effect.

The materials in this model are not designed to heat up and in doing so release substances that are even more neurotoxic than basuco itself. Some research on PVC and other plastics used by street dwellers to make their pipes shows that when exposed to fire they release toxic substances such as hydrogen chloride, which is an irritant, and carbon monoxide, which is asphyxiating, and a dozen other toxins (Serrano, 2017). In addition, the lack of hygiene of these materials and their permanent reuse can lead to bacterial diseases.

2. Type of program/service/intervention/practice

Social inclusion			
X	Stigmatization(s)		Cultural Activities
	Gender		Drug use in recreational settings
	Sex workers		Educational Campaigns
	Sex and drugs		Social participation
X	Community-based experiences		Non-substance addictions
	Housing		Labour inclusion
X	People living on the streets		Rehabilitation programs
	Training		Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

				X			
	Goal 1: No Poverty		Goal 2: Zero Hunger		Goal 3: Good Health and Well Being		Goal 4: Quality Education
	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure		Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

The proposal seeks to improve the health conditions of users mainly in two ways: firstly, by promoting the use of alternative materials for the construction of basuco pipes that are less harmful to health, and secondly, by providing education and alternatives to improve self-care and access to self-care services.

4. Target Groups

- **Direct Target Groups:**
  - Number: 20
  - Characteristics: As it is a pilot test, the number of people benefited is small, as this was an exploratory exercise with the aim of finding tools that can later be implemented with the rest of the population.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number:
  - Characteristics: Not applicable as it was an exploratory exercise.

5. Objectives, indicators and outcomes

General Objective: To identify the practices and rituals related to the use of paraphernalia for the consumption of basuco that generate the greatest harm among street inhabitants in the city of Medellín in order to encourage changes that are viable, attractive, safe and effective for users, thus reducing the risks and harms associated with the consumption of this substance.		
Specific Goal 1:	**Results achieved**	**Indicators for Specific Goal 1**
Describe current basuco consumption practices that generate risks and harms, especially associated with the paraphernalia used.	Risky practices such as the use of PVC as a construction material for smoking pipes, the reuse of residues from the burning of basuco, among others, were identified.	Not applicable
	The uses and meanings that users give to the consumption of basuco were identified.	
Specific Goal 2:	**Results achieved**	**Indicators for Specific Goal 2**
To promote and identify self-care habits in the participants that contribute to reducing risks and harms associated with basuco use and street life.	Several alternative materials are identified that generate less risk and harm.	Not applicable
Specific Goal 3:	**Results achieved**	**Indicators for Specific Goal 3**
To collaboratively identify a possible prototype smoking pipe that generates less risk and harm.	Participants identify various self-care guidelines related to cleanliness, food, smoking, among others, that contribute to taking care of their health.	The following are some of the framework project in which this strategy was in place: No. of Brief Interventions carried out No. Health education carried out No. Sex education carried out No. Access to the health system achieved No. of cases with re-establishment of networks

6. Activities

Activities Specific Goal 1	Workshops and conversations with users to identify the uses and rituals surrounding the consumption of basuco and the materials used in the construction of smoking pipes.
Activities Specific Goal 2	Analysis by engineering experts of the materials used to identify potential risks. Identification of possible alternative materials for the construction of smoking pipes according to the criteria most valued by the users themselves. Socialisation of designs and materials with users Pipe design workshop where users presented their pipe constructions with the identified materials. Conversations with users to analyse the pros and cons of designs and materials. Socialisation with other users who did not participate in the workshop, of the materials suggested during the process and collection of their impressions. Socialisation with experts about the process Preparation of a consolidated document of the process and conclusions. Delivery of a kit with materials for making paraphernalia to other users to promote lower-risk practices for the consumption of basuco. This activity was accompanied by some users who participated in the initial workshops or discussions.

Activities Specific Goal 3	Advice and guidance on risk reduction and harm reduction for basuco users related to the substance, as well as care practices such as hydration, nutrition and hygiene. Education on the risks of COVID 19 associated with basuco use, especially the risk of sharing smoking pipes. Screening and education on COVID-19 prevention in general. Play and social participation activities to promote inclusion and stigma reduction. Referral to health and social services to address specific needs.

7. Assessment of the BP

The process has not been subjected to evaluation, only an assessment exercise has been carried out by users in relation to the pros and cons of the materials identified as lower risk and their possible use in everyday life. As conclusions of the process, and for what can be valued as good practice, it was possible to show that:

- Basuco users, even in their condition of living on the street, are subjects who have the knowledge and motivation to generate changes that improve their lives in some aspects and are usually concerned about the risks to which they are exposed.
- Harm reduction proposals with street dwellers are possible if their participation and knowledge of the phenomenon are involved and not as an imposition from an "expert" third party. This requires community-based work processes where trust is gained in order to promote change.
- Faced with unknown risks, there is usually a willingness to understand them and attempt changes, as long as these are adapted to their values, conceptions of life, the meaning they give to consumption, practical conditions such as the availability of materials for pipes, not losing the positive effects to which they are accustomed, among others.
- Although we did not come up with a standard smoking pipe model, but rather a list of possible materials, which each user chooses at their convenience, this is not, however, something totally disadvantageous, as each user chooses a configuration that fits their expectations about consumption, but introduces at least one element that reduces risk and provides the space to question certain practices that they had probably never valued as risky. This situation also generates a condition of respect for people's free choice and empowerment with regard to their health care.
- It is not enough with harm reduction strategies associated only with substances; it is also necessary to provide attention on other fronts that intervene in other variables associated with health and life on the street, that generate options for social inclusion and in general for a better quality of life, whether within the scenario of life on the street and PAS consumption or in the search to leave the street, stop or reduce consumption.

8. Outcomes and Outputs (in the framework of the Best Practice)

The document with the conclusions of the process is not yet available. However, a report document systematising the piloting process has been produced (available in Spanish): https://bit.ly/3ClahNt

9. Transferability

The experience is totally transferable to other similar contexts; in the case of Colombia, for example, to other cities where street dwellers have very similar basuco consumption practices to those in Medellín, and in other countries where basuco is not consumed but analogous substances such as Crack are consumed.

10. Innovativeness of the Best Practice

1. There are no strategies in the context of the intervention that help to reduce risk and harm associated with paraphernalia for the consumption of basuco.
2. Priority was given to materials accessible to users, taking into account the context of homelessness.

Keys to success:
The involvement of the users, street dwellers, in the analysis of the problem and in the search for alternatives.
Complementing the strategy of identifying hygiene paraphernalia with low-threshold services to improve the health and social inclusion of the participants.

Description of risks associated with smoking pipe construction materials.
Identified possible alternative materials with lower health risks.
Positive assessment of alternative materials by the majority of participants.
Adoption of harm-reducing practices regarding the use of basuco.

11. Theoretical basis used for the best practice. References.

Various international organisations such as the Harm Reduction Association (IHRA) and even the WHO suggest the need for interventions aimed at minimising the negative health, social and economic consequences of the consumption of legal or illegal psychoactive substances, without necessarily seeking abstinence as the sole aim of an intervention.

Specifically with regard to the consumption of smokable cocaine in its base paste form, or as it is known in Colombia as "basuco", it has been possible to demonstrate the high negative impact that this substance has on users, which in most cases is combined with situations of marginalisation and social exclusion that are highly degrading to human dignity, placing these people in a situation of violation of their fundamental rights, which is why this substance is usually more prevalent in people who are exposed to situations of homelessness.

In general, interventions aimed at street dwellers in the city of Medellín who use basuco are directed towards the search for abstinence through the motivation to participate in treatment processes or the inclusion in basic assistance programmes for access to basic hygiene, food and health services. However, with regard to the substance itself, there has been no proposal aimed at mitigating the risks and damage caused, and even less so, given that many of these people do not wish to participate in treatment processes and want to maintain their life on the streets. Hence the importance of being able to complement the strategies that are already being carried out to try to reduce the worsening of the living conditions of these people, as a result of bad consumption practices that increase the risks to their health.

At least two risk situations derived from the substance have been identified, one stemming from the inherent risks and the other from the practices and paraphernalia used for its consumption. In view of this, this proposal seeks to develop alternative strategies that will help to mitigate this situation, on the understanding that if people who consume basuco acquire some practices that are less harmful to their health, this would be reflected in a better life condition or at least in slowing down or stopping the aggravation of their situation derived from the consumption of this substance. Thus, being able to modify the smoking pipes is a contribution to this objective, because in addition to the already serious risks associated with the consumption of smokable cocaine, we can subtract those derived from the way the smoking pipe is constructed and from some other risky practices. If to this we add other health education and management strategies for access to social and health services, the possibilities of aggravation can be significantly reduced, not to mention the gain in terms of rights and human dignity implied by the fact that people who live on the streets and use cocaine have the opportunity to access information and support to manage their decision to use and its implications.

Project for the manufacturing of handcraft personal cleaning and hygiene products "Las Jaboneras" - Asociación DESAL (Spain)

Organisation Data

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Brief description of mission, vision and intervention approach(es)	Our mission is focused on the promotion of people living in the Tres Barrios-Amate social exclusion area, specifically, in the prevention of drug addiction and HIV-AIDS, facilitating the processes of social reincorporation of people affected by drug addiction and other addictions; supporting the families of people affected by drug addiction; maintain a dialogue with public administrations to obtain services, actions and policies necessary to address the reality of drug addiction, act on marginalisation and/or social exclusion, as well as any violation of the rights of the people assisted by DESAL; edit and disseminate publications to induce reflection, public awareness and debate; To promote the training of the members of the Association, to network with other entities at different territorial levels, to associate with foundations and non-profit social enterprises related to DESAL and to organise as many actions as necessary to make possible the achievement of these objectives

Summary of the Best Practice

Technical Information

Title	Project for the manufacturing of handcraft personal cleaning and hygiene products" Las Jaboneras"
Location	Sevilla (Tres Barrios-Amate)
Level of implementation (local /regional /national /transnational /other)	Local
Execution (from – to, currently)	From 2017- ongoing
Resources needed for the implementation	*Economic resources:* The facilities are provided free of charge by the Blanca Paloma Parish. DESAL provides free training for the workers in sales skills, customer service and communication. DESAL also collaborates with the purchase of materials and products for the development of the activity. *Material:* Storage facility, industrial mixer, a fridge, cabinets, moulds, recycled products such as used oils received from donations, soap base, glycerine, packaging, caps, labels.

The main objective is to obtain economic resources for several families in the area through the sale of personal and household hygiene products made from recycled cooking oils. The project has been running uninterruptedly for 4 years, it does not generate much income, but it is an economic aid for the families that participate. As an innovative aspect, it is worth highlighting the collaboration established with this project and various entities in the area which, in one way or another, support the project by lending their facilities, donating containers or buying the products offered by LAS JABONERAS. Many people in the neighbourhood buy these products for personal use, supporting this local neighbourhood initiative and feeding back into the business world in their own area.

LAS JABONERAS also prepares articles for events such as meetings of social entities, conferences, family celebrations, convivial gatherings and business exhibitions, thus adapting to any sector where they can bring their products and disseminate their work.

This work also promotes ecological awareness through the recycling of, on the one hand, plastic cans and containers, giving them a second life, and on the other hand, used oils, which are the raw material for the products sold. Thanks to this circuit, the cost of the material used is low and this makes the sustainability of the business possible.

The people who participate in this project receive different types of training, all of which are focused on professional development, training and employment. DESAL is the platform from which LAS JABONERAS disseminates its business idea, and is involved in all aspects of this project, from awareness-raising, marketing, corporate image, product design, internal training and employment motivation.

Description

1. Situation and Initial Context

The project is carried out in the disadvantaged area of Tres Barrios-Amate, which presents a multitude of problems that require a multidisciplinary approach.

The women in this area are in a situation of social vulnerability, which makes it difficult for them to integrate optimally into society. These women lack academic and professional training that would help them to find a decent job. In addition, they lack social skills that prevent them from behaving in an appropriate and healthy way.

The women who participate in this activity need special attention as they are the pillars of their family unit. They are the driving force of their homes, promoting protective factors in all members of their families. Besides, they are experiencing situations such as gender violence, child-parent conflicts, discrimination, unemployment, substance abuse by themselves or a family member, among others. And all these situations lead to low self-esteem and psychological, physical and social vulnerability.

In the Tres Barrios area, the majority of women lack education due to the high rate of school absenteeism. This means that they have precarious jobs, almost always oriented towards cleaning and caring for the elderly in the home. These jobs are the only economic resources available to these families, which is why the work of these women must be highlighted.

In addition to working outside the home, they carry the great weight of household work and care for their families and are the driving force behind their families' sustainability. We have verified that the women in this area have a real need to feel part of a group in which they are able to show their fears and daily situations, as well as to find a solution with the help of all participants.

These women face many daily obstacles, which makes it difficult for their integral development. In addition to the lack of economic resources, it must be added that all of them have or have had a family member with addiction problems, which makes the situation worse and worse. There are also many single-parent families, where the mother (single, widowed, separated) takes care of the needs of her children and household chores alone at the same time she works to support her family. These women have close relatives with drug problems (including alcohol consumption, a very common behaviour in the area), which leads to complicated and conflictive family situations, aggressive behaviour patterns and/or family members with legal problems.

In this area, where women have so many problems, it is important to highlight the lack of resources available to them. This is why we consider it very necessary the development of projects such as "LAS JABONERAS" to promote social inclusion, improve the economy of their families and the business fabric of the area.

2. Type of program/service/intervention/practice

Social inclusion			
	Stigmatization(s)		Cultural Activities
X	Gender		Drug use in recreational settings
	Sex workers		Educational Campaigns
	Sex and drugs	X	Social participation
	Community-based experiences		Non-substance addictions
	Housing	X	Labour inclusion
	People living on the streets		Rehabilitation programs
	Training		Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

X	Goal 1: No Poverty		Goal 2: Zero Hunger		Goal 3: Good Health and Well Being		Goal 4: Quality Education
X	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	X	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
X	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

The project has an impact on the following goals of the 2030 agenda:

Goal 1 refers to the end of poverty. We are in an area classified as one of the poorest neighbourhoods in Europe, as the minimum income per family is lower than the average of other neighbourhoods. The activities focused on in this project are intended to help these families to have a more solvent economy, to be able to provide themselves with the necessary resources and to gradually escape social exclusion.

Objective 5 refers to gender equality, a very relevant aspect in our project which, through the activities it contemplates, favours the achievement of real equality between men and women.

Objective 10 refers to the reduction of inequalities. The activities developed in the project aim to promote equality, enhance the value of the people in these neighbourhoods and fight for a society free of discrimination and stigmatisation derived from social inequalities.

Finally, objective 13 focuses on climate change and with this project, the recycling of plastic and cooking oil is promoted, giving a second life to both products and turning them into something as necessary as natural soap and cleaning products.

In short, the impact of this project is to improve the economic situation of families in the underprivileged area of Tres Barrios-Amate, which has been hard hit by unemployment and the marginalisation of the administrations, improving their wellbeing and health. It also aims to reduce the inequalities of women in this area, who are less likely to find work due to the lack of education and the digital divide, which hinders their incorporation into society.

4. Target Groups

- **Direct Target Groups:**
  - Number: 4
  - Characteristics: women of the neighbourhood Tres Barrios-Amate.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 220
  - Characteristics: families of the participants and volunteers from social organisations.

5. Objectives, indicators and outcomes

General Objective: To improve the employability of women living in disadvantaged areas.		
Specific Goal 1: Obtaining financial assistance	**Results achieved** Increase in personal income by 15% per month.	**Indicators for Specific Goal 1** Percentage increase in monthly income.
Specific Goal 2: Curbing waste generation	**Results achieved** Recycling 10 litres of used oil and 20 plastic containers.	**Indicators for Specific Goal 2** Number of litres of oil received per month.
Specific Goal 3: Promoting women's development	**Results achieved** Learning a trade through training courses.	**Indicators for Specific Goal 3** Training courses received.

6. Activities

Activities Specific Goal 1	Sale of personal and household hygiene products through personal contact and from our entity.
Activities Specific Goal 2	Collection and storage of used oil and packaging at DESAL.
Activities Specific Goal 3	Continuous training in the process of elaboration, dissemination, marketing, sales and evaluation of the business plan.

7. Assessment of the BP

The evaluation is carried out periodically, four times a year in an assembly meeting where each member of the activity has the floor and where organisational, relational, economic, administrative, infrastructural and material questions of all kinds are discussed. The methodology used to develop this type of action is open and participative, where someone takes the minutes and the commitments acquired by each participant in the project. These meetings are attended by DESAL technicians, volunteers, project technicians and volunteers and the participants.

8. Outcomes and Outputs (in the framework of the Best Practice)

The most important change is the one that has taken place in the participants, they went from being people with a profile that was difficult to recruit given their low educational and professional qualifications to people who are generating economic resources for their own families, apart from all the personal growth at the level of social skills, competence skills, increase in the network of contacts, taking responsibility for their own business and their own lives. The project is gradually growing and consolidating in our area, Las Jaboneras is also starting to sell outside the neighbourhood thanks to the support of different entities in Seville, thus extending the range of sales and starting a new stage of the project.

9. Transferability

We believe that it is feasible to replicate this project as the raw materials for the products to be sold are easy to acquire and can be found in all countries. On the other hand, it does not require many people to carry out the activity and the level of qualification of the participants does not require a high level of qualification either. A storage area is needed to store the articles to be distributed and also the products necessary for the production.

10. Innovativeness of the Best Practice

The digital tools used are mainly focused on the dissemination of the project on social networks, the publication of images and videos of the work carried out and new products that are being developed. This project is highly valued in our neighbourhoods, as this type of initiative is scarce in our area. Moreover, unemployment in our area is very high, so any labour action is a milestone that has a positive impact on the families themselves and on the labour dynamics of our neighbourhoods.

11. Theoretical basis used for the best practice. References.

Marc Vidal's Theories of Entrepreneurship. Against the Subsidy Culture.
In the US, economics students want to create their own company. In Spain they aspire to become civil servants.
Vidal analyses the Spanish situation, stating that politicians make use of the bottomless pit of public finances and we demand subsidies without being aware of the cost they have.

Vidal charges against this impoverishing attitude, pointing out those to blame for the fact that we are the country with one of the highest rates of interventionism, with the most obstacles to the creation of companies and with the fewest entrepreneurs in the OECD. He criticises what he calls the low-cost micro-bourgeoisie, conformist citizens with no ambition to grow.

However, he also gives the keys to breaking out of this stagnation, by disseminating the characteristics of the entrepreneurial spirit and the policies that should be implemented to make Spain a country with initiative.

Proyecto Mejora: harm reduction for homeless people with addiction problems with a gender perspective – Fundación Canaria Yrichen (Spain)

Organisation Data

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Organisation Name	Fundación Canaria Yrichen
City and Country	Telde, Canary Islands, Spain
Email	yrichen@yrichen.org
Web	www.yrichen.org
Brief description of mission, vision and intervention approach(es)	YRICHEN means spike, hope... and it was the name given to this NGO for drug addictions based on voluntary work, founded in 1989. We are a non-profit organisation with more than 30 years of experience in the care and support of people and families suffering from addiction and social exclusion. We offer an open service to the general public. We provide information about addictions, how to deal with risk situations, how to connect between generations, etc., and we are available to clarify doubts and answer any questions people may have. Our services include individual consultations with professionals in the fields of social work, medicine, psychology and social education, group intervention, intervention programme with families, for women, for people with alcohol problems and group work for residential or semi-residential users. We also have an area of Prevention and educational resources especially aimed at young people, as well as different projects specialising in awareness, treatment and prevention of different substances abuse and addictions without substances, and their link with other processes of social exclusion (poverty, homelessness, gender violence, unemployment...). We have 53 paid staff, more than 80 volunteers and around 300 members.

Summary of the Best Practice

Technical Information

Title	Proyecto Mejora: harm reduction for homeless people with addiction problems with a gender perspective
Location	Canary Islands, Spain
Level of implementation (local /regional /national /transnational /other)	Local and Regional
Execution (from – to, currently)	1 year
Resources needed for the implementation	*Economic resources*: around € 150.000 per year *Material*: two mobile units equipped for street care *Human Resources*: 7 staff (psychologist, social workers, nurses and integrators plus support team) and 3 volunteers.

The main objective of this innovative project is to have a mobile team with a resource/unit that to work on the streets and in coordination with other agents and resources (its own and those of other entities), from a threefold approach:

- To improve the quality of life of people in a situation of homelessness in Canarias, with specific interventions in those with addiction problems, reducing the negative effects associated with addiction and encouraging the exit from the situation of vulnerability as far as possible (in short, effectively applying the harm reduction approach).
- To study the incidence of co-occurrence between addiction and homelessness.
- To provide specialised professional attention in addictions and gender perspective, as well as in intervention in gender violence, if any.

Through the provision of this mobile unit and its multidisciplinary street team (psychologist, social workers, nurses...), the MEJORA Project has been able to develop actions and activities to achieve some goals such as:

- Holding meetings with 70% of the people in street situations on the island of Gran Canaria and mapping those in the province.
- To link the intervention with at least 20% of the homeless people with addiction problems that are detected, with a specific addiction resource.
- To accompany all people who require it to social and health resources.
- To hold monthly/bi-monthly coordination and case information meetings with other resources in the area: care services, associations, mental health units and other social stakeholders.
- 50% of the people targeted by the project are linked to a residential resource of the addictions/mental health network.
- 15% of people gaining access to the social services network for housing.
- To ensure that 45% of people are accompanied to specific medical services for medical tests (general analyses, hepatitis, viral serologies, Mantoux).
- All people who require it should have an immediate private space to maintain interviews with professionals.
- Weekly distribution of resources to improve harm reduction measures in different areas of influence.
- An interview model is developed to collect socio-demographic (information and data on the history of addiction).
- At the end of the implementation, we provide a report on the profile of homeless people with addiction problems in the province of Las Palmas, including the islands of Lanzarote and Fuerteventura.
- To offer social resources the programme of workshop sessions with a gender perspective.
- Participation of at least half of the women residents of the resources.
- Register of women who are in a situation of social vulnerability and require a specific resource for attention due to gender-based violence.

Description

1. Situation and Initial Context

The Fundación Canaria Yrichen is an Addiction Care Unit (ACU) that has been working for 30 years with people with substances abuse, their families and other people in contact with them. Throughout these years, the professionals of the Foundation have been adapting the resources and interventions to the needs that society has been demanding, both in terms of care and prevention and community development. We have valued our capacity for innovation, for adapting to new challenges; from a consolidated structural model, which has been able to maintain and grow over all these years, both in terms of staff, professionalism, new resources, the variety of people treated, as well as internal management systems; improvement of facilities, appropriate computer equipment, quality system in place...

As a result, we now have various specialised resources: outpatient, residential, semi-residential and preventive services:

- Two outpatient treatment centres in Telde and San Bartolomé, which attend to people from 12 years of age onwards.
- A specific youth care team.
- A Day Centre.
- A Treatment Support Flat.
- An Intra-Penitentiary Therapeutic Community in Las Palmas II.
- A Maker Space, El Sótano.
- A Mobile Care and Prevention Unit.
- A prevention team in schools.

Within the range of resources offered there is a drug-free programme, aimed at people who, due to their biopsychosocial characteristics, manage to achieve their goals of change through work with professionals, both outpatient and with the support of socio-educational resources. On the other hand, we have an opiate substitution

programme, which drives people towards a more demanding programme, which also functions as a harm reduction resource. From the latter approach, methadone treatment means for them the link with a health resource, the reduction of consumption, the monitoring of medical tests and support in the face of social vulnerability. Currently, within the opiate substitution programme of the Yrichen Foundation, there are 290 people under methadone treatment.

In the province of Las Palmas there are other ACUs that also have opiate substitution programmes that play an important role in harm reduction. Thus, there are a total of 14 units that dispense methadone on the island of Gran Canaria, one unit in Lanzarote and another in Fuerteventura, which has different dispensing sites due to the island's orography.

Currently and as a response to the COVID-19 pandemic, backed by the possibilities of technology, coordination of teams and areas, we have adopted an agile response adapted to reality, which has allowed:

- Homeworking of the professionals, with telematic call resources installed in the computer equipment of each one, which has allowed the monitoring of patients, without the need for daily transfer to the centre.
- Provision of mobile phones for the youth team, mainly as a better way of contacting young people.
- Increased visibility in social networks and the media.
- Maintain and initiate in some cases the methadone treatment.
- Implementation of protocols proposed by medical professionals to protect people.
- Immediate support for homeless people in the resource set up in the Jinámar Pavilion in the municipality of Telde.
- Dispensing of necessary medication (Pharmacy Unit teams).

In short, a proactive attitude in the search for any means of intervention, a professional attitude of constant self-evaluation, creativity and innovation, which seeks to respond to the needs of the population with addiction problems and the population in general.

This project, following the line of work of all these years, aims to respond to the need for a specific harm reduction resource for homeless people, as a priority and due to the inexistence of specific service with people who have addictions. The approach is to be a mobile and versatile resource (hence the mobile unit) that works with resources, understanding that networking, coordinated work, non-duplication of actions and their systematisation are essential. We also knew that the feminisation of social exclusion and addictions also affects homelessness and that this must be tackled by street teams that apply a gender perspective.

2. Type of program/service/intervention/practice

Social inclusion			
	Stigmatization(s)		Cultural Activities
	Gender		Drug use in recreational settings
	Sex workers		Educational Campaigns
	Sex and drugs		Social participation
	Community-based experiences		Non-substance addictions
	Housing		Labour inclusion
X	People living on the streets	X	Rehabilitation programs
X	Training	X	Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
X	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
X	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			
Multidisciplinary and coordinated care on the streets			
Psychological accompaniment on the streets and referral to our resources.			

3. Sustainable Development Goals (SDGs)

X	Goal 1: No Poverty	X	Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being		Goal 4: Quality Education
X	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	X	Goal 10: Reduced Inequalities	X	Goal 11: Sustainable Cities and Communities	X	Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
X	Goal 17: Partnerships						

- **Direct Target Groups:**
  - Number: 70
  - Characteristics: people with addictions and homelessness (street, substandard housing, shared and unstable housing...), especially women.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 280
  - Characteristics: family members and other resource actors benefiting from our work

5. Objectives, indicators and outcomes

General Objective:		
Specific Goal 1: Create a Resource Network for Coordination work in the most populated areas of the islands and of special relevance to this phenomenon.	**Results achieved**	**Indicators for Specific Goal 1**
	Working table established with capital city councils	No. of meetings, minutes and referrals
	Effective participation in the resource network	
	Involving health centres in the work chain	
Specific Goal 2: Specific street care for homeless women and/or women with addictions	**Results achieved**	**Indicators for Specific Goal 2**
	In addition to the specific activities designed for women, such as the workshops for users, an attempt was made to make positive discrimination when it came to intervention work. In this sense, the aim was to establish a 50/50 parity with the male group in order to make the situation of women on the streets and with addictions visible within historically masculinised groups. Therefore, the aim was to prioritise, within the relevant assessments, women as users in themselves, and not only within the sphere of gender discrimination.	Individual psychotherapeutic follow-up interviews and reports.
Specific Goal 3: Apply harm reduction approach in street intervention with homeless and/or addicted people	**Results achieved**	**Indicators for Specific Goal 3**

	As the "mobile arm" of the Fundación Canaria Yrichen and in coordination with the different social agents on the island, the team worked with users during all the recovery stays. In this sense, the aim was to locate and inform people who were not aware of the existing resources in their area, as well as to connect them with these resources. Due to the stigmatisation of groups of homeless people and people with addictions, and due to their very nature, the user does not always take the initiative to approach the resource.	Care reporting and referrals.
Specific Goal 4: Apply harm reduction approach in street intervention with homeless and/or addicted people	**Results achieved** 3 annual spaces for group training and specific awareness-raising led by a psychologist specialised in gender perspective.	**Indicators for Specific Goal 4** Graphical records, participation sheets and user assessment questionnaire
Objetivo Específico 5: Map and diagnose the interrelated phenomenon between addiction, homelessness and its feminisation from a gender perspective and a harm reduction approach.	**Results achieved** Creation of a database	**Indicators for Specific Goal 5** Available and shared documentation

6. Activities

Activities Specific Goal 1	• Creation and promotion of a resource coordination table in each municipality/city. • Drawing up a protocol for collaboration and referral between agents. • Regular monitoring of the project in monthly meetings. • Drawing up and educating on budgets with a gender perspective. • Representation activities, negotiation, dissemination, communication, social networks... • Internal and external coordination and presentation activities. • Accompanying and monitoring of volunteers • Training of volunteers and contracted staff.
Activities Specific Goal 2	• Provide social resources with the programme of gender-sensitive workshop sessions and involve at least half of the women residents of the resources. • Individual interviews. • Women's group therapy sessions • Personalised accompaniment to women's resources.
Activities Specific Goal 3	• Mobile assistance and distribution of harm reduction resources. • Individual on-site interviews to study risk and risk perception. • Coordination with health and social resources. • Accompaniment to social or health resources. • Follow-up of cases. • Multidisciplinary and interdisciplinary coordination meetings. • Systematisation of cases, profiles and actions (research). • Outings of the work teams with the Mobile Unit. • Informing and educating on consumption and other risk behaviours. • Design of evaluation instruments. • On-site attention to associated problems. • Scheduling of general activity chronograms.

	● Development of data collection interviews. ● Interviews with women residing in social support resources. ● Elaboration of workshops with a gender perspective. ● Case monitoring and supervision of cases. ● Individual interviews, study of risk and risk perception.
Activities Specific Goal 4	● Development of specific workshops for vulnerable groups of women. ● Training for professionals and other public resources on the gender perspective applied to addiction treatment.
Activities Specific Goal 5	● Drafting of a report on the profile of homeless people and people with addiction problems in the province of Las Palmas, including in the scope of the report the islands of Lanzarote and Fuerteventura. ● Public and political awareness-raising campaign on the feminisation of poverty in the Canary Islands and the gender and addiction link.

7. Assessment of the BP

The evaluation process of the Project MEJORA is developed on a quantitative and a qualitative axis.

For the quantitative axis, instruments agreed upon by the professionals will be used.
- Field notebook, to record the actions carried out, the number of beneficiaries, the coordination carried out, the actions carried out, the resources visited.
- Social resources notebook.
- Registration sheets of people; register of the people treated/attended to.
- Profile collection support (interviews and/or questionnaires).
- Evaluation questionnaires.
- Monitoring sheets for each person treated, which allow the collection of the needs detected and expressed, the implementation plans and improvement actions of each person.
- Attendance sheets for group workshops with a gender perspective.
- Agenda and minutes.

Regarding the qualitative axis
- Direct observation in the field of implementation of the information obtained (systematised observation report).
- In-depth interviews with different stakeholders, social and health professionals, beneficiaries, the community in general.
- Interdisciplinary and multidisciplinary coordination meetings, the content of which will be recorded in the agenda and minutes of each one of them.

In relation to the evaluation moments, there will be evaluation before, during and after the execution time. Each of the evaluation moments allows, on the one hand, to review and compare what was planned with what was obtained, and, on the other hand, to adapt the interventions and actions to the reality as it is presented on a day-to-day basis.

The main objective of the evaluation is to review the actions in order to be able to replicate it with proposals for improvement based on the evidence of the results of implementation.

8. Outcomes and Outputs (in the framework of the Best Practice)

Within the framework of the project, numerous training and awareness-raising materials have been developed and implemented for two blocks:

1. The harm reduction approach and the gender perspective applied to the treatment of addictions for professionals (project team and coordinating agents).
2. Awareness-raising and group participation workshops for women beneficiaries of the project, led by the psychologist specialised in gender.

A lot of material has been produced from these training spaces and is available for the evaluation of this proposal as annexed documents if requested.

9. Transferability

The possibility of transferring, adapting or developing the activities of the Mejora Project in other latitudes or realities is wide and diverse, because the methodology of delocalisation of the work of the traditional UADs (drug dependence care units as physical headquarters located in concrete spaces) in the field from the use of a mobile team responds

to a reality that is evident in almost any European or Latin American city: the phenomenon of homelessness and its feedback with the consumption of substances (as well as mental health problems, dual pathology and the gender approach that helps us to see how the reality of women in this situation is especially visible). The idea is to bring the work of these UAD's closer to those people who are in a situation of greater degradation and who therefore do not usually attend these spaces on a regular basis or integrate with continuity in outpatient care programmes. In this area, the reality of women stands out especially, who due to double discrimination and extra prejudice (often because they are the ones who support a family on their own or are in charge of minors) do not ask for help directly.

MEJORA can be adapted to almost any urban reality where this duality of homelessness/addiction is present, an issue that is unfortunately present in large, medium and small cities throughout Europe and Latin America. The concept of homelessness is very broad and complex, with a series of dimensions and scopes that refer to a large part of the population and not only to people who find themselves in a street situation (which is also the case). This complexity also facilitates the transfer as the project is based on a harm reduction methodology which is ultimately very personalised: the service is adapted to a particular analysis of the specific reality of a person according to a series of variables from a biopsychosocial as well as an economic and health analysis. Intertwining harm reduction with street work through the relocation of a multidisciplinary team (social workers, educators, psychologists and nurses), which is also trained and operates from a gender perspective applied to treatment, is an experience that is both innovative and diverse and is based on adaptation. Adaptation to the person, to the territory (our own project has been adapting to the differences that we have detected between different areas of the island), to the process and from a team specialised in this gender perspective that applies a change when it comes to reaching more and better women in this situation.

All this makes us believe that the transfer of the experience is feasible to any other entity in the network and its territory, as it is based precisely on the idea of personalisation and adaptation.

10. Innovativeness of the Best Practice

We can highlight the following keys:

1. Working with homeless people from a resource specialised in addictions that has an itinerant and delocalised character (mobile unit).
2. The multidisciplinary team, trained in the gender perspective applied to treatment, allowed for personalised care (which reinforces the harm reduction approach).
3. Specialising and prioritising work with women in this situation, whose reality is often invisible.
4. Training other professionals (public entities) in these phenomena and empowerment workshops for women users.
5. The harm reduction approach as another link in the chain of the work of the UAD's, breaking stereotypes and starting a calm debate together with the rest of the agents.
6. The idea of being a versatile, mobile project, adapted more than ever to the needs in a pandemic situation, as this has maximised the collective's shortcomings.
7. The carrying out of a prior diagnosis in coordination with our own resources and those of third parties, to have a basic resource on which to work based on empirical evidence.
8. The production of some audio-visual materials from our maker community to be used as elements of awareness and prevention both at school and in the community, with the support and participation of people who are users of the project.
9. The creation of an updated census on this group and analysing a cross-referencing of variables that will allow a better understanding of the connections between phenomena such as homelessness, drug use, sexual and gender-based violence, dual pathology, etc. using databases that can be applied in real time and from mobile resources (tablets for the professional team).
10. In general, and as a summary, the triple link between gender & addictions & harm reduction from the delocalisation of care.

11. Theoretical basis used for the best practice. References.

Harm reduction:

The concept of harm reduction begins to be used more widely in the late 1980s. This was in response to the consequences of HIV infection in drug users who used injecting drug use, as well as the assessment of previous policies, which offered limited treatment options.

The concept refers to community-based activities that aim to facilitate and improve the health and risk reduction associated with drug use in particular individuals and populations that are not effectively reached by existing health services or traditional health education circuits. In 2004, the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC), and UNAIDS published "Focusing exclusively on the goal of reducing the risks associated with drug use":

"Focusing exclusively on the goal of a drug-free country for all patients could undermine other important health objectives, such as HIV prevention".

In the Canary Islands, as in many other communities, methadone maintenance programmes (PMM) began to be created as harm reduction programmes, a network that has been maintained until the present day and has been extended with buprenorphine-naloxone maintenance programmes (PMBn). In Gran Canaria specifically, there are currently 14 addiction care units with PMM and PMBn, to which people can have access. There is a Prevention and Information Service for Drug Addiction in Fuerteventura (SPIT, which functions as an ADU) and an ADU in Lanzarote (currently expanding its resources). In addition, within this addictions network there are residential resources, which are not harm reduction resources in the first instance, as they require compliance with requirements for access.

- Gran Canaria
- Ansite Therapeutic Community.
- Casa Esperanza in Agaete, for people with mainly alcohol problems.
- Proyecto Hombre' house.
- Treatment Support Flat of Fundación Canaria Yrichen.

Fuerteventura
There are no internal treatment resources for people with addiction problems. There is support and coordination with resources such as Caritas for those who do not have their basic needs covered.

Lanzarote
Zonzamas Therapeutic Community

It is important to point out that, in these last two islands, the influx of immigration means that many of the efforts of social resources are dedicated to supporting and assisting this reality.

All the regulated resources require people to come "voluntarily" or by their own means to ask for help, and most of them ask for an appointment beforehand, as well as not working together on one and the other reality (addictions, homelessness).

There are other people in such a precarious and vulnerable situation, who do not access these services, either because they do not have the means to travel, are unmotivated, have health problems, do not want to give up drug use...

For many people who use drugs, harm reduction services are possibly a gateway to the health system and most probably a form of protection against life-threatening conditions.

At the methodological and assessment level, the project is organised around two axes:

1. Individual, group and community intervention 2.

Individual level: This refers to the informative and educational interventions that are designed and developed in relation to the person. It includes, on the one hand, individual assistance for first order needs, provision of resources. On the other hand, it refers to, as far as possible, all the actions of behavioural negotiation, referral, accompaniment to specific resources, professional support...
Group level: Working group with women with addiction problems who are in social resources. This group will focus on gender self-esteem, examining the life trajectory of each woman and her involvement with addiction, relating self-esteem to the "objective" and "subjective" conditions of existence, to ways of life, to the prevailing social, family, personal and symbolic structure (Martinez P.).
Community level: By definition, the intervention will be carried out through mobile community intervention units. This allows, on the one hand, a real approach to the target population and also allows focusing on modifying the opinions, influences and actions of the social groups to which they belong (family, friends, neighbourhood, municipality, etc.) and social contexts in which substance use occurs. At this level, the involvement of users and reference groups is a priority, encouraging healthy behaviours in the environment and "contagion" among users. Also included here are the awareness-raising and coordination actions developed with social and health resources with a view to dissemination and networking. This framework of intervention occurs indirectly in each of the actions.

2. Principles and methodological models

- Increasing accessibility to services and adaptation to the needs of people with addictions, rather than expecting them to adapt to the supply of assistance.
- Intervention and prevention based on seeking and outreach models rather than waiting models, outreach method.
- Offering information and promoting health education aimed at less risk-taking, from a realistic and non-alarmist approach.

- Encourage the participation of users based on responsibility, involving those people with greater leadership capacity and favouring membership of health groups.
- Intervening in society and social/health resources by promoting a rational and objective approach to the problem of addictions, facilitating networking and reducing social alarm.
- Motivational interviewing as a framing model in interventions with people, respecting the principles of; expressing empathy, developing discrepancies or dissonances, working on resistance, supporting the sense of self-efficacy.
- Elaborate and disseminate the experience in intervention from the harm reduction approach so that this type of action is promoted in different municipalities.
- To generate cross-cutting lines of work taking gender into account, enabling professionals to open up spaces for reviewing and analysing social reality from a gender perspective.

12. Additional Information

The following lines of action have been developed with this project:

- <u>Assistance</u>. Offering immediate assistance to people who for one reason or another do not meet the access requirements, or do not reach the existing resources and need support and accompaniment to be able to benefit from them, or in their case, continue with consumption with the least possible risks.
- <u>Intervention</u>. Facilitating coordination and access to existing health resources (outpatient, residential, semi-residential) according to the needs detected in the treated population. Focusing on access to addiction resources and resources for homeless people.
- <u>The study</u>. In a transversal way to obtain data on the relationship between homeless people and addictions on the island of Gran Canaria, extendable to other islands of the province.
- <u>To incorporate the gender perspective</u>. Undertake actions to facilitate the incorporation of the gender perspective in social resources. On the other hand, to attend to women who find themselves in social resources, from a gender perspective, which makes it possible to break down gender stereotypes and the repercussions of intersectionality.
- <u>Addressing</u> the consequences of COVID-19, which are still incalculable for this population, and facilitating the health control of people in a situation of homelessness, serving as a support and mediating resource for existing resources.

In short, the aim is to improve the health and quality of life of homeless people in general and those with addiction problems in particular in the Canary Islands.

https://yrichen.org/yrichen-pone-en-marcha-el-proyecto-mejora-reduccion-de-danos-para-personas-sin-hogar-con-problemas-de-adiccion-desde-la-perspectiva-de-genero/

Radio Workshop – Antaris (Spain)

Organisation Data

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Web	https://centroantaris.org/
Brief description of mission, vision and intervention approach(es)	**Our mission:** Non-profit organisation (NPO), declared of Public Utility, dedicated to the comprehensive intervention of addictions, and the fight against social exclusion, from a gender perspective, through strategies of prevention, care, harm reduction, incorporation and social awareness, with the ultimate goal of improving the quality of life of people with addictive disorders and/or their families or at risk of social exclusion. **Our vision:** dynamic entity with the capacity to make visible, adapt and respond to social changes in order to offer quality services, for the care of addictions and the promotion of social inclusion processes, fostering knowledge and research, as well as social complicity by facilitating ways of participation in our actions, promoting equality between women and men. **Values of the interventions:** Adaptation to individuality, universality and gratuity, responsibility, cooperation and social participation, tolerance, transparency, equity (gender equality), innovation and quality.

Summary of the Best Practice

Technical Information

Title	Seville, Spain.
Location	Local
Level of implementation (local /regional /national /transnational /other)	January 2020 – ongoing
Execution (from – to, currently)	*Economic resources*: 9.494 €
Resources needed for the implementation	*Material*: Laptop, mixing table and microphones (if you don't have a table, you can use a mobile phone). *Human Resources*: 2 technical staff (educator or social worker) and 6 volunteers.

The project described below is carried out at the Meeting and Shelter Centre, as part of a harm reduction programme. It is aimed at people from groups at high risk of social vulnerability and/or homeless people who suffer from some kind of addiction. The main objective of this project is to promote health and comprehensive attention to the needs of the target group in order to transform the actions and living conditions that may have a negative influence on their health. Homelessness has significant implications for health, presenting major barriers to accessing health care. In addition, the lack of health promotion strategies and interventions makes it difficult for people in this group to make healthy choices and achieve self-care. Therefore, through the different activities of the project, these difficulties are minimised. The main activities are: individual health education interventions to raise awareness about pharmacological treatments and their importance, those focused on information, coordination and guidance to act before the COVID-19, health management and coordination, educational group activities and the design and implementation of a radio podcast. Of the aforementioned activities, it is worth highlighting the radio activity, as it is the transversal axis through which the lines that we have defined as fundamental are worked on. Through the programmes, messages on health promotion, information, guidelines, advice and topics of interest to the participants are transmitted. In addition, different radio programmes (podcasts) are created and subsequently broadcast in order to give the content a wider reach.

The general objective of our good practice is the promotion of health and comprehensive attention to the needs of people with problematic drug use and/or addictions at risk of social exclusion in order to transform the actions and living conditions that may have a negative influence on their health.

On the other hand, the specific objectives are:
1. To promote education in values, attitudes of responsibility and respect among the target people.
2. To promote self-care among the target group through the radio programmes.
3. To encourage healthy behaviour patterns in order to achieve the healthiest possible self-care and decision making.
4. To promote healthy lifestyle habits related to food and hygiene, through the radio programmes.

The results obtained from the mentioned general objective are that at least 75% of the people being served (men and women) have participated in one or more of the project's activities. On the other hand, at least 70% of the people served have improved their actions and/or living conditions that may negatively influence their health.

It is a good innovative practice when we are talking about a project that arises in an original way among the users of the resource themselves in view of the lack of spaces where they can express themselves and be heard by the society that surrounds them. As a criterion of innovation, we should highlight the method of communication that it implies for the users themselves. These are people who, in general, feel that they are not listened to or taken into account. With the radio tool, aspects related to personal self-care and health promotion are strengthened. People suffering from addictions are a group that is stigmatised and silenced. It is a responsibility to support processes by which these people can find their own space and feel that they are listened to. At the same time as for the users, for the Entity itself it is also an aspect of innovation. It involves a methodology that would be established at an integral level, changing the reality of the centre, the professionals, volunteers, users, family members and the surrounding community. With this project, awareness-raising and/or dissemination campaigns are carried out so that the project has a greater reach.

Description

The Meeting and Reception Centre (CEA) of the Antaris Association is in the Macarena District (Seville). Next to the area known as *Polígono Norte* and the Cerezo neighbourhood, a listed area of social transformation. Specifically in Avenida Doctor Fedriani 2, in the Virgen de los Reyes Home.

This centre is aimed at developing harm reduction and risk reduction programmes for people with addiction problems who are unwilling or unable to give up drug use. Interventions aimed at reducing the harm caused by addictive behaviours, as well as providing information and guidance on the consequences of consumption, less harmful forms of consumption and access to care resources prevail. Another task carried out at the centre is to supervise treatment for addictions, those derived from mental health problems, infectious and contagious diseases, sexually transmitted diseases, etc. In addition to the above, the gender perspective is always used as a diagnostic tool. This allows for a better understanding of people's situation; making visible how gender can affect their lives and the opportunities to solve problems and difficulties. The gender perspective can also be used as a strategic intervention tool, adapting the intervention to the needs and enabling a balanced distribution of resources, thus contributing to greater gender equality.

The profile of the users that make up the entity is primarily that of people at risk and/or social exclusion with addictive disorders, most of whom are homeless, active consumers and whose main objective is the reduction of harm and the incorporation into society at a minimum. To the above, we could add that they are people with a severe degree of

addiction, with significant physical and psychosocial deterioration who are also kept on the fringes of social and health networks.

It must be taken into account that in the CEA there are people with active substance use, many of them with serious mental health problems, living together all day long. The interventions of our resource are characterised by criteria of flexibility and high tolerance.

There are many shortcomings in the neighbourhood where the resource is located, such as housing, unemployment, safety, etc. The reality of this environment is complex; it is the area of the city of Seville where most of the facilities for homeless people are concentrated, so it is the transit area for those people who use these resources in one way or another.

For all these reasons, we believe it is more than necessary to intervene with the group to reduce inequalities in the health of vulnerable people and those belonging to groups with certain communicable diseases, which would ultimately increase their quality of life.

2. Type of program/service/intervention/practice

Social inclusion				
X	Stigmatization(s)			Cultural Activities
	Gender	X		Drug use in recreational settings
X	Sex workers			Educational Campaigns
X	Sex and drugs			Social participation
	Community-based experiences			Non-substance addictions
	Housing			Labour inclusion
X	People living on the streets			Rehabilitation programs
	Training			Drug consumption facilities
	Sports and recreational activities			
Legal Aspects				
	Alternative justice			Prison programs
	Legal or counselling services			Minors
	Alternative measures for imprisoned			
Policy Issues				
	Policy changes campaigns / Projects			Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects			Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs			International/Global Alliances
Other (please, specify below):				
Promotion and comprehensive care, in the field of health, aimed at groups at high risk of social vulnerability.				

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being		Goal 4: Quality Education
	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	X	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

SDG 3: This project aims to guarantee a healthy life and promote wellbeing, with health content in radio programmes, individual interventions to prevent and treat substance abuse... In addition, it works to bring people closer to the health system, thus reducing diseases (communicable and non-communicable).

SDG 10: Through actions and measures such as fighting for the social integration of people in social exclusion, support for awareness campaigns, radio activities, health education, solidarity activities, we seek to promote real and effective equality among the population in general and, more specifically, among people belonging to the addictions group, where we also fight transversally for equality among migrants, people with disabilities or dual pathology, HIV, women at risk of exclusion, LGTBI group, etc.., thus promoting the transformation towards a more egalitarian society, which, together with the efforts made by other countries in this regard, should result in less inequality in and between countries.

4. Target Groups

- **Direct Target Groups:**
  - Number: 294 people.
  - Characteristics: The profile of the people targeted is mainly that of people in social exclusion, with priority given to those with a severe degree of addiction, with significant physical and psychosocial deterioration. Added to this situation are factors that increase the vulnerability of this profile, such as

mental illness, disability, immigration and/or serious situations: victims of gender violence, victims of human trafficking and prostitution; as well as personal crises: momentary abandonment of the family home, separations, release from prison, hospital discharges, from resources with accommodation (addiction network, SM, protection centres, residential centres such as short and medium stay or voluntary shelters, flats,...), etc.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 215 people.
  - Characteristics: family members, friends of the users, community...

5. Objectives, indicators and outcomes

General Objective: promotion of health and comprehensive attention to the needs of people with problematic drug use and/or addictions at risk of social exclusion.		
Specific Goal 1: To promote education in values, attitudes of responsibility and respect among the target group.	**Results achieved:** 75% of the people served (men and women) participate in at least one of the promotion and values education activities.	**Indicators for Specific Goal 1:** All data will be disaggregated by sex. No. of individual interventions, No. of radio podcasts, No. of dissemination and/or awareness-raising activities, No. of people attended, No. of people participating in radio activities, No. of people participating in educational and/or recreational activities.
Specific Goal 2: To promote self-care among the target audience through the radio programmes.	**Results achieved:** -Four radio podcasts are produced to promote self-care among the target group. - At least 8 people participate in each radio podcast. - That four awareness-raising and/or dissemination activities are carried out.	**Indicators for Specific Goal 2:** All data will be disaggregated by sex. No. of radio podcasts, No. of dissemination and/or awareness-raising activities, No. of people attended, No. of minutes of sessions and No. of people participating in radio activities.
Specific Goal 3: To promote healthy behaviour patterns in order to achieve the healthiest possible self-care and decision making.	**Results achieved:** 75% of the people being served (men and women) participate in at least one of the activities to promote self-care and healthier decision-making healthier choices.	**Indicators for Specific Goal 3:** All data will be disaggregated by sex. No. of individual interventions, No. of interviews carried out, No. of people attended, No. of people participating in activities, No. of people participating in educational and/or recreational activities, No. of satisfaction questionnaires, No. of initial evaluation questionnaires, No. of minutes of sessions.
Specific Goal 4: To promote healthy lifestyle habits related to food and hygiene, through the radio programmes.	**Results achieved:** - Four radio podcasts promoting healthy lifestyle habits related to food and hygiene are produced. - At least 8 people participate in each radio podcast. - Four awareness-raising and/or dissemination activities are carried out.	**Indicators for Specific Goal 4:** All data will be disaggregated by sex. No. of radio podcasts, No. of dissemination and/or awareness-raising activities, No. of people attended, No. of minutes of sessions and No. of people participating in radio activities.

6. Activities

Activities Specific Goal 1	- Individual health education interventions - Educational and/or recreational group activities - Individual interventions focused on harm reduction: habits, health, consumption and sexuality. - Motivation to get tested and get back in touch with health.
Activities Specific Goal 2	- Design of the radio podcast with health promotion content. - Implementation of the radio podcast.
Activities Specific Goal 3	- Individual interventions focused on information and orientation to act before the COVID-19. - Health coordination and management - Information - Individual interventions to achieve self-care and healthy decision-making. - Individual interventions to raise awareness about pharmacological treatments and the importance of using them appropriately.
Activities Specific Goal 4	-Design of a special COVID-19 radio podcast. - Dissemination and/or awareness-raising activities in relation to healthy lifestyle habits. - Execution of the radio podcast. - Food services complemented with information on healthy lifestyle habits.

7. Assessment of the BP

We have used an active and participatory methodology in this project, as the people involved in each activity will be involved in it, with reflections, opinions and expanding their knowledge of health.

Throughout this project, the facts observed in the activities have been recorded in the registers: number of interventions, number of podcasts, distribution of materials for self-care, coordination with health resources, progress of the people participating in the activities, interviews...

The assemblies that are organised in the resource with the users and the satisfaction questionnaires are very important in our methodology (differentiated for women and men) since from them we extract a lot of relevant information for possible modifications and improvements. Likewise, the radio activities have their own evaluation questionnaires where the progress of the people during the project and proposals for improvements to be incorporated are collected.

On the other hand, the contents and achievements acquired in each activity have been interrelated and worked on constantly, both throughout the execution of the whole project and extrapolating them to their day-to-day life in making healthy decisions.

In addition, special emphasis has been placed on the development of personalised itineraries with which to get to know the specific needs of each person, in order to be able to set much more realistic objectives and adapt the methodology.

Finally, the Entity, following the measures established by the competent Administrations, has been able to adapt its activity to the situation produced by the COVID-19 pandemic by establishing a series of protective measures. As an example of these, the number of people who can access at the same time to use basic services (hygiene, laundry, food and lockers) has been temporarily reduced, the obligation to request an appointment for individual interventions (educational, social, psychological and medical), as well as the reduction in the number of people participating in the workshops, etc. This project, its methodology and planning leaves a necessary margin for changes and adaptations according to circumstances.

8. Outcomes and Outputs (in the framework of the Best Practice)

A large number of users have participated in the project, which is why the changes obtained in the users have been very positive:
- 75% of the people who attended (men and women) have participated in at least one of the activities of promotion and education in values.
- Four radio podcasts have been produced to promote the self-care of the beneficiaries.

- 8 people participated in each of the radio podcasts.
- Four awareness-raising and/or dissemination activities have been carried out.
- 75% of the people attending (men and women) participated in at least one of the activities to promote self-care and healthier decision making.
- Four radio podcasts have been produced to promote healthy lifestyle habits related to food and hygiene.

On our YouTube channel are available the different radio programmes published by ONG ANTARIS (click on the image):

The creation of this project arose from the initiative of the users of the Meeting and Reception Centre and its planning, therefore, was based on the basic premises that the people themselves had expressed. Therefore, we are talking about a project that is created from the collaborative work between the technical staff that would carry it out and the participants themselves. This guarantees a high degree of satisfaction and adaptation to the specific needs of the target population.

Considering the possibility of developing this project in other contexts, we can speak of a tool that is easy to adapt to other scenarios and care groups since, precisely, one of the keys to its successful development was the participation of the target population.

More specifically, it is a project that can generate new scenarios for the organisation that develops it, not only for the users, but also in terms of impact and visibility in the community or territory of action. As well as for other entities that work with the same objectives or intervention group, facilitating spaces for cooperation.

Furthermore, it is easy to develop initiatives of this type where the material resources required are very limited and therefore manageable.

10. Innovativeness of the Best Practice

We are talking about a project that has arisen in an original way among the users of the Meeting and Reception Centre themselves, given the lack of spaces where they can express themselves and be heard by the society that surrounds them. As an innovation criterion, it is worth highlighting the method of communication that it implies for the users themselves. These are people who, in general, feel that they are not listened to or taken into account. With the radio tool, aspects related to personal self-care and health promotion are promoted. The content of these programmes is adapted to the different profiles that participate and their interest. Precisely the question of innovation is implicit throughout the execution of the project itself. With this project, awareness-raising and/or dissemination campaigns are visualised and carried out so that the project has a greater scope.

11. Theoretical basis used for the best practice. References.

Despite the fact that the creation of the project started from the initiative of the users themselves, when designing it, other experiences carried out previously were taken into account, as well as a theoretical foundation that would support the methodology that was intended to be developed.

Speaking of similar initiatives, we can highlight the radio programme developed by another association in the field of addictions, specifically focused on prevention, called Sildavia and located in the Sevillian town of Las Cabezas de San Juan. This non-profit association has been developing for several years "Planeta joven", a radio programme broadcast on local radio where young people enjoy their own space where they can talk about their interests.

We could also highlight the programme "Onda Palmeras", developed on its own initiative by residents of the Las Palmeras neighbourhood in Cordoba, one of the areas with the highest unemployment rate in Andalusia and classified as an area of social transformation. It emerged in 2014, winning the Andalucía Joven Award and is still running today thanks to neighbourhood participation.

Focusing on certain theoretical aspects, we can highlight some important issues that have to do with aspects such as participation and its importance in today's society. As Arriba (2002) points out, individuals move from one area to another in a process in which relationships and the social environment are fundamental. Ruptures are compensated by protective networks such as the family, community or public solidarity. When all these mechanisms fail, individuals and families are precipitated into situations of strong irreversibility.

Changes must be developed from the root of the problems and solutions must be sought through life experiences, daily life and the learning present in these (Cerveira and Ribeiro, 2009). Only through one's own experiences that facilitate the awareness of the population can power relations and the structural framework in which we live be transformed.

And speaking of the lack of visibility of the target population, we can mention Bourdin (2010) where he talks about the effects of invisibility on people. It produces a psychological and moral wound that is identified with a form of violence.

Radio Workshop – Sildavia (Spain)

Organisation Data

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Brief description of mission, vision and intervention approach(es)	SILDAVIA is a non-profit association that has been working in the field of addictions and social exclusion in Las Cabezas de San Juan since 1993. Mission: • The prevention of addictions. • Integral work with people with addiction problems and people in a situation of social exclusion. • To demand, inform and raise awareness in our population about social problems in order to achieve a fairer and more egalitarian society. VISION • A reference association in our town in the field of addictions and social exclusion. • To provide children, adolescents and young people with tools that enable them to make decisions in a critical, responsible and free-way. • To improve the quality of life of people with addiction and social exclusion problems. • To guide and advise the families of people with addiction problems. • To work in a network. • To mobilise social commitment. VALUES Cooperation, transparency, independence, commitment, solidarity, self-criticism for continuous improvement.

Summary of the Best Practice

Technical Information

Title	Radio Workshop
Location	Las Cabezas de San Juan. Sevilla (España)
Level of implementation (local /regional /national /transnational /other)	Local
Execution (from – to, currently)	Froom 2.003-currently.
Resources needed for the implementation	*Economic resources*: 6.907 € a year- *Material*: A-4 paper, pens, printer toner, voice recorder and radio facilities.

The Radio Workshop works on the production of its own messages as a tool to generate spaces for reflection, communication and learning among children, adolescents and young people. It also aims to promote education in values, as well as raising awareness among these children, adolescents and young people and the community about associations and other issues of interest (gender equality, equal opportunities, consumption with/without substances, healthy lifestyle habits, etc.).

The gender perspective is a priority element, as there are gender differences that affect motivations, lack of values, perception of different behaviours, etc. These differences are taken into account in the approach aimed at boys and girls in order to reduce the gender gaps detected.

Every week, Monday and Tuesday from 16:00h to 18:00h and Wednesday from 16:00h to 17:00h, a group of boys and girls meet to work on the preparation of the radio programme "Planeta Joven". They choose the central theme, within this theme an association or public resource in the locality can be chosen, and information is gathered about its aims and the programmes it carries out. The girls and boys go out on the streets to record interviews to capture the public's perception of each week's chosen topic. In this way, it will be possible to check the level of knowledge and awareness that the population has about these issues. In the case of having a public or private entity as a guest on the programme, the representative or other members of the selected resource are contacted and invited to participate in the radio programme. With these people, the information about the resource is expanded and the interview is prepared for the weekly radio programme, which is broadcast on Wednesdays from 17:00h to 18:00h on Radio Las Cabezas (107.5 FM).

The structure of the radio programme is as follows:
- Youth Agenda: Information on local cultural, sporting and environmental activities, and motivation to participate in them, as well as weekly recommendations for books and films with values.
- Open Space: A space for reflection and debate, in which we broadcast interviews carried out in the street, interviews with public or private entities in our town or the topic chosen by the boys and girls to work on each week, always from a gender perspective.
- Musical space: Every week, songs are broadcast that have been previously selected to transmit democratic values.

In order for the radio programme to be heard by more people, prior to the broadcast it is announced on our social networks, Facebook and Instagram Sildavia Joven, and a link to Radio Las Cabezas is attached, allowing the programme to be heard online; after the broadcast, again using our social networks, the link is published so that it can be heard on tape using the iVoox application.

This workshop is being carried out in person in different contexts (Sildavia headquarters, classroom 1 of the Municipal Training Centre "Paco Puerto", streets of our municipality and Radio Las Cabezas facilities) and telematically (phone calls, individual and group video calls, WhatsApp, emails and WaveLab LE 10.0 application), due to the health crisis caused by the COVID-19. The face-to-face sessions are carried out in small groups, adopting prevention, hygiene and health promotion measures in the face of COVID-19, which ensures that they are carried out in the safest possible way.

Description

The last few decades have shown the usefulness of social commitment and awareness through citizen participation, and through voluntary-based associationism, to achieve quicker and more effective responses. Faced with a rigid social organisation, citizens, first through good neighbourly actions and subsequently supported by public and private organisations, have highlighted situations of social injustice.

It is this awareness and the confidence in the ability to have an impact that drives citizens to take the decision to invest their free time to be an active part of a necessary social change. Participating and sharing time and experience is a personal enrichment and a way of eliminating prejudices and preconceived ideas or those facilitated by our environment, which has a positive impact on society.

This activity works transversally on education in values, the acquisition of skills to help children, adolescents, young people and the community in general to develop their own abilities, reinforcing resistance to peer pressure, favouring the ability to establish non-dependent relationships, health education and, in short, all those fundamental aspects that enable people to fully develop, both personally and socially, being responsible, free and autonomous people, hence the importance of this workshop.

2. Type of program/service/intervention/practice

Social inclusion			
	Stigmatization(s)	x	Cultural Activities
x	Gender		Drug use in recreational settings
	Sex workers	x	Educational Campaigns
	Sex and drugs	x	Social participation
	Community-based experiences	x	Non-substance addictions
	Housing		Labour inclusion
	People living on the streets		Rehabilitation programs
	Training		Drug consumption facilities
x	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			
Volunteering			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	x	Goal 3: Good Health and Well Being	x	Goal 4: Quality Education
x	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	x	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities	x	Goal 12: Responsible Consumption and Production
x	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land	x	Goal 16: Peace, Justice and Strong Institutions
x	Goal 17: Partnerships						

As part of the Planeta Joven radio programme, the Open Space it is dedicated to reflection, debate, interviews with collectives, etc. It is in this space where the sustainable development goals set out above can be worked on.

Regardless of the SDG we want to work on each week, we do so through different techniques: reading stories and tales, debates and reflections on the SDGs, interviews with specific groups, whatever the technique, the aim is to raise awareness among both direct and indirect beneficiaries.

4. Target Groups

- **Direct Target Groups:**
  - Number: 30
  - Characteristics: minors, adolescents and young people who are at risk or in a situation of social exclusion, starting from a complex social, economic, family and/or personal reality. All of this is due to an accumulation of realities such as: dysfunctional family due to addiction problems, school dropout, unfavourable environment, unemployment and difficulty in accessing it, etc

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number and characteristics:
    - o Families of direct participants: 60 people.
    - o People invited to the radio programme: 100 people.
    - o People interviewed in the street: 100 people.
    - o People listening to the radio programme: as it can be listened to both live and recorded, inside and outside the locality, we do not have the necessary tools to count the audience.

5. Objectives, indicators and outcomes

General Objective: Prevent addictions using media resources, from a gender perspective.		
Specific Goal 1:	**Results achieved**	**Indicators for Specific Goal 1**
To promote the acquisition of skills, habits and values in children, adolescents and young people in situations of social vulnerability.	That all the intended participants take part in the activity.	Number of participants, broken down by gender and age.
	All persons are satisfied with their participation.	Degree of satisfaction of the participants.

	That 90% of the girls will see an improvement in gender inequalities.	Level of reduction of inequalities between girls and boys participants.
	At least 90% acquire democratic values.	Number of people who have acquired democratic values..
Specific Goal 2: To inform and raise awareness in the community about democratic values.	**Results achieved**	**Indicators for Specific Goal 2**
	That all intended participants take part in the activity.	Number of participants, broken down by gender and age.
	All participants are satisfied with their participation.	Degree of satisfaction of the participants.
	That 90% of the girls will see an improvement in gender inequalities.	Level of reduction of inequalities between girls and boys participants.
	At least 90% acquire democratic values.	Number of people who have acquired democratic values.

6. Activities

Activities Specific Goal 1	Radio Workshop: Planning, information gathering and preparation of the radio programme.
Activities Specific Goal 2	Planeta Joven Radio Programme: Broadcasting of the radio programme prepared and worked on in the Radio Workshop.

7. Assessment of the BP

A continuous internal evaluation is carried out throughout the development of the workshop, in order to allow the workshop to be reoriented and the necessary adjustments to be made, depending on the information that the application of the evaluation itself provides.

This evaluation allows us to know the real situation at any time during the workshop, as well as the level of achievement of the proposed objectives.

This evaluation is carried out by means of questionnaires, which are periodically carried out among all the people involved in the development of the activity. In addition, other evaluation techniques such as coordination meetings, assemblies, observation, among others, are also used.

8. Outcomes and Outputs (in the framework of the Best Practice)

The results of the activity are positive. Year after year, the achievement of the planned objectives is evaluated, and the results are totally satisfactory.
- 100% of the people expected participates in the activity.
- 100% of the people are satisfied with their participation.
- Gender inequalities are improved in 95% of the girls participating in the activity.
- 100% of the participants acquire democratic values.

Planeta Joven (the radio programme of this activity) was nominated by EMA-RTV for the Audiovisual Awards commemorating its 30th anniversary in the category "best programme produced by social groups" in 2014, with SILDAVIA and this activity in particular being among the three finalists in Andalusia.

Here is some evidence of the execution of the activity. Specifically, a link to our iVoox channel where every week (since the beginning of the year 2.021) we publish the Podcasts of the radio programmes, and some images taken at the Radio Las Cabezas radio station, some of them with people invited to the programme.

iVoox: https://www.ivoox.com/podcast-planeta-joven_sq_f11125851_1.html

9. Transferability

This workshop can be carried out in other contexts as long as the necessary material and human resources are available.

10. Innovativeness of the Best Practice

During the pandemic we adapted the activity to be able to continue carrying it out. Thanks to these circonstances, we have innovated and developed the use of applications that we did not previously need, such as iVoox (for broadcasting the radio programme on tape delay) and WaveLab LE 10.0 (for editing the telematic radio programmes).

11. Theoretical basis used for the best practice. References.

The SILDAVIA Association has been working in the field of drug addictions, addictions and social exclusion for 28 years, and 20 of these years it has also been carrying out prevention activities in the town of Las Cabezas de San Juan, so it has extensive knowledge of its reality, in which there are situations that are risk factors for the population at which the actions of this programme are aimed. Furthermore, this knowledge of our own reality is provided by the continuous coordination we maintain with other specific and non-specific resources in the locality, which collaborate with SILDAVIA in the transfer of information. In short, the sources used to keep updated information on the reality of our locality are: the experience of the Association in the field of drug addictions and addictions and their prevention, the educational centres (schools and institutes) and the Technical Committee for Prevention, in which we participate together with the local Addiction Treatment Centre and the Social Welfare and Youth Delegations of the Las Cabezas Town Council.

After analysing our reality, we find that there are social groups which, given a series of conditioning factors such as age, school absenteeism, race, gender, relationships between equals, certain situations of family crisis, etc., have led or may lead to a high-risk situation with drug abuse, which if not dealt with adequately, can result in permanent personal and unstructured socio-familial situations.

To these situations we must add that, as a consequence of the health and economic crisis caused by COVID-19, in the development of our work we have detected new needs in minors, adolescents and young people (loss of employment, lack of economic resources, difficulty in covering basic needs, etc.).
On the other hand, as contemplated in the III PASDA, it must be taken into account that the consumption of psychoactive substances cannot be separated from the current social context characterised by a society that makes consumption its main driving force for development, as well as the main leisure activity and use of free time.
Hence the importance of informing and raising awareness about poly-drug use and the harms and risks associated with it. The results of the sociological indicators also show the need to maintain the objective of delaying the age of onset of consumption of tobacco, alcohol and other psychoactive substances, which is why the activity includes actions aimed at achieving this objective.

From the entity we think that it is essential to continue carrying out actions aimed at the prevention of drug addiction and other addictions, understanding prevention as the set of actions that are carried out to anticipate behavioural

patterns that we want to avoid, and also as a comprehensive process, covering all aspects of the lives of children, adolescents and young people.

For this reason, the design of the activity is based on the organisation's experience in the field of addiction prevention, and we have taken into account the proposals set out in the 3rd PASDA, which are based on the experience accumulated during the development of the previous Plan and its evaluation, on the current trends observed in drug use and other addictive behaviours and on the scientific evidence based on the evaluation of the actions implemented in recent years.

Releasing moorings to grow – ASPAD (Spain)

Organisation Data

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Brief description of mission, vision and intervention approach(es)	ASPAD is a non-profit, non-denominational and apolitical association, whose function and mission are to intervene with the population of San Pablo (Seville, Spain). In addition, it is a meeting space that extends its actions to anyone with addiction problems (with and without substances) and/or at risk of social exclusion. Our interventions are developed through direct care, counselling and prevention, having as a priority promoting inclusion processes, with the application of the gender perspective. Our vision is to be a reference resource for people with addiction problems, who are in a situation of vulnerability and/or at risk of social exclusion. We want to offer opportunities for social transformation for the people we serve through capacity development, comprehensive training and empowerment. For this, we will develop innovative projects, providing quality services. We intend to build a more equitable world in which it is possible to reduce social inequalities and eliminate both the stigma and the prejudices that society has towards the group with which we work. All our work is supported by a network of entities that work in the Third Sector belonging to the Provincial, Autonomous and National Federations to help people with addiction problems.

Summary of the Best Practice

Technical Information

Title	Releasing moorings to grow
Location	Seville (Spain).
Level of implementation (local /regional /national /transnational /other)	Provincial (we not only work in our local population, but also in the Penitentiary Institutions of our province).
Execution (from – to, currently)	01 April 2021 – Currently
Resources needed for the implementation	*Economic resources*: Grant from the provincial delegation of equality, social policies and conciliation. Through the Andalusian Institute of Women, we get a grant of 21.105,20€,. *Material*: Consumable material and office supplies, like sheets of paper, pens, markers, cardstock, masking tape, etc. and information resources like different types of audio-visual material (videos, PowerPoint presentations, infographics…). *Human Resources*: We have a technical team formed by a Psychologist, a Social Worker and a Social Educator. For this program, we also needed an eventual team formed by two Workshop Monitors. One of the monitors is a self-defence master and expert in mindfulness and the other one is an artist, specialised in dance and corporal/ dramatical expression.

Our main goal is to enable the personal growth of women in various aspects, integrating the gender perspective at all times/during the whole process. To achieve this, we will have the following general objectives:

1. Offer a space for reflection and expression for women, in which they can express themselves and feel free to do so, in addition to creating a group cohesion that allows them to freely express their opinions.
2. Promote training in personal skills in women, self-knowledge and self-esteem of each participant and providing the basis so that they can deepen their personal internal work in the management of assertiveness and empathy, to increase personal tools against gender violence.
3. Develop actions that work in a general and preventive way on mental health problems and addictions, promoting healthy attitudes, with special emphasis on people who might suffer this type of problems.
4. Start a therapeutic process through art through artistic expression to achieve emotional well-being.
5. Offer individualized social advice to fill the gaps in this area.
6. Qualify women at the labour-training level so that they obtain tools to battle the labour gender gap.

The obtained results so far, show us that the different groups of women participating in the workshops are developing new social skills, which allow them to express their feelings and obtain personal growth. They are learning to feel more secure with themselves and to value their qualities. They are also finding a space where they can dedicate time to themselves and forget about the individual problems that each one carries. Finally, they are learning tools to fight gender violence and gender inequalities.

In this project, we count with 2 kinds of interventions: group and individual.

In the group interventions, we have two different workshops:

- Artistic expression. Through music, dance, painting, and corporal expression. It will help them to enhance their social abilities and the expression of their feelings. It lets them find a place to talk about their everyday problems and situations without being judged. Also, it will help them to upgrade their self-esteem levels.

- Self-defence and mindfulness. It is designed to increase their self-confidence and give them tools to fight against gender violence. On the other hand, their levels of high anxiety will decrease through meditation and relaxation exercises.

We have 4 different groups of women, two of them are located in our neighbourhood, one in the Social Intervention Centre and the last one in the Mothers Unit of the provincial prison.

Furthermore, we offer individual interventions, with women who need psychological, social or training-labour actions. Both, group and individual interventions fulfil each other, giving a more complete actuation and reinforcing their strengths.

For us, the most distinctive aspect is that we focus on the direct intervention with women at risk of social exclusion, with addiction problems, deprived of liberty, who have suffered gender violence and in the prevention of it. We try to walk in the shoes of these women to develop this project, thinking about the necessities and deficiencies that they suffer and giving them a place to grow personally and provide them with social and individual tools to empower themselves.

Description

1. Situation and Initial Context

We currently intervene with women in a situation of social exclusion (with problems of addictions, gender violence and deprived of liberty). These women make up the profile of people between the ages of 25 and 60, long-term unemployed, with the responsibilities of minor children and lacking economic resources, depending on institutional economic grants.

We live in a very masculinized world and in which the idiosyncrasy of the women we work with is plunged into a world made by and for men, which is why we consider really important to work with this group from a gender perspective and understanding the problems and stigmatizations these women carry with them.

Due to the circumstances derived from the health situation that we are currently experiencing from COVID-19, we have had an increase in women who have demanded our interventions to request various types of public subsidies.

As a result of this initial contact, we have been able to detect other emerging needs in the women we have served, these needs being mainly:

- The unemployment situation.
- Live alone with their children.
- Being a victim of gender violence, while in court.

- Lack of financial resources (some receiving aid from Social Services and / or being helped by a family member).
- During confinement that took place last year in Spain, the consumption of toxic substances showed an increase (hashish / cannabis / alcohol) and / or hypnotic drugs (barbiturates).
- Having mental health problems, often accompanied by the consumption of substances mentioned above.
- Lack of good management of social skills and low self-esteem.
- Not having social support and not being able to share their situation.
- Not having an institution that offers them personalized help for their social and economic situation.

Given these detected needs in the women we have been working with, we created this program to offer them a space for personal growth in which they can express themselves freely and create and enhance personal tools to help them to deal with the situations described. Specifically, we consider essential that women we have detected as victims of gender violence can have access to this program, since their situation is critical and they need external help to be able to face it.

2. Type of program/service/intervention/practice

Social inclusion				
	Stigmatization(s)			Cultural Activities
X	Gender			Drug use in recreational settings
	Sex workers			Educational Campaigns
	Sex and drugs			Social participation
	Community-based experiences			Non-substance addictions
	Housing		X	Labour inclusion
	People living on the streets			Rehabilitation programs
	Training			Drug consumption facilities
X	Sports and recreational activities		X	Drug abuse and prevention of gender violence
Legal Aspects				
	Alternative justice		X	Prison programs
	Legal or counselling services			Minors
	Alternative measures for imprisoned			
Policy Issues				
	Policy changes campaigns / Projects			Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects			Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs			International/Global Alliances
Other (please, specify below):				

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being		Goal 4: Quality Education
X	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	X	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

In the first place, our project pursues gender equality by working with the very specific group of women we deal with, since normally women with those characteristics receive care designed for men, the main users of resources like ours. By including the gender perspective and designing our interventions taking into account the characteristics of this group, we carry out actions that fight in favour of gender equality.

On the other hand, we seek to reduce inequalities through actions that favour the search for training and employment opportunities for the group with whom we work.

At last, but not least, we carry out actions that stimulate the achievement of personal well-being and better the situation of mental health, by giving them a space and a group they can belong to train social abilities, expression of their feelings, and in which they can learn socio-labour tools.

4. Target Groups

- **Direct Target Groups:**
  - Number: 27.
  - Characteristics: Women between 25 and 60 years old, who fulfil one or more of the following characteristics:

Long term unemployed, unstructured families, lack of financial resources, with active consumption/ abuse of one or more substances, with mental health issues, lacking social skills, low self-esteem, without a helping social network, deprived of liberty, victims of gender violence.

- ▪ **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 50-100.
  - Characteristics: Mainly, the indirect beneficiaries are the families of the women we work with, but they also can be relatives, friends or acquaintances who share most of the characteristics mentioned above: Unstructured families, lack of financial resources, long term unemployment, consumption/ abuse of one or more substances, non-substance addictions, mental health issues, lacking social skills, low self-esteem, without a helping social network.

5. Objectives, indicators and outcomes

General Objective: Create a space for reflection and expression for women, in which they can express themselves without commitment and where they feel free to do so, in addition to creating a group cohesion that allows them to freely express their opinions. Integrating the gender perspective as a transversal line.

Specific Goal 1.1: Train social skills and oral and artistic expression through group dynamics.	Results achieved	Indicators for Specific Goal 1.1
	5 group activities to work on social abilities.	Number of group activities that work on social abilities.
	6 group activities to work on the expression of the participants.	Number of group activities to work on the expression of the participants.
	27 women participated in the activities.	Number of women who participate in the activities.
Specific Goal 2.1: Provide tools to promote self-esteem and work on personal skills and emotional management.	**Results achieved**	**Indicators for Specific Goal 2.1**
	4 activities designed to improve the self-esteem of women.	Number of activities designed to improve the self-esteem of women.
	4 activities designed for working on social abilities.	Number of activities designed for working on social abilities.
	4 activities created for emotional expression.	Number of activities created for emotional expression.
	27 women participated in the activities.	Number of women who participated in the activities.
Specific Goal 2.2: Encourage the creation of personal tools that help protect against gender violence and/or help to get out of the dynamics of gender violence.	**Results achieved**	**Indicators for Specific Goal 2.2**
	4 activities made for the consecution of tools to fight against gender violence.	Number of activities made for the consecution of tools to fight against gender violence.
	27 women participated in the activities.	Number of women who participated in the activities.
Specific Goal 3.1: Carry out interventions in which mental health, addictions and/or dual pathology are taken in a preventive way for the group.	**Results achieved**	**Indicators for Specific Goal 3.1**
	12 preventive activities designed to work on mental health and/ addiction.	Number of preventive activities designed to work on mental health and/ or addiction.
	27 women participated in the activities.	Number of women participated in the activities.
Specific Goal 3.2: Implement individual psychological interventions in those cases where mental health problems and/or addictions with or without substances have been detected.	**Results achieved**	**Indicators for Specific Goal 3.2**
	12 specific interventions to work on mental health and/ or addiction.	Number of specific interventions to work on mental health and/ or addiction.
	10 women participated in individual psychological interventions.	Number of women participated in individual psychological interventions.
Specific Goal 4.1: Establish a therapeutic group relationship in which trust is increased on an accessible and attractive communication channel, which is established for women.	**Results achieved**	**Indicators for Specific Goal 4.1**
	3 therapeutic interventions through arts.	Number of therapeutic interventions through arts.
	27 women participated in the activities.	Number of women participated in the activities.
Specific Goal 5.1: Enable individual social interventions.	**Results achieved**	**Indicators for Specific Goal 5.1**
	20 individual social interventions.	Number of individual social interventions.
	10 women participated in individual social interventions.	Number of women participated in individual social interventions.
Specific Goal 6.1:	**Results achieved**	**Indicators for Specific Goal 6.1**

Train women both at a training level (ICT Management), and to undertake an active job search.	20 individual training-labour interventions.	Number of individual training-labour interventions.
	10 women participated in individual training-labour interventions.	Number of women participated in individual training-labour interventions.

6. Activities

Activities Specific Goal 1.1	Group creative expression workshop. We have worked through different group activities in which women could work on social abilities and expression, like assertiveness, group cohesion, managing emotions and feelings expression, etc.
Activities Specific Goal 2.1	Group creative expression workshop. We worked in different activities that allowed women to improve their levels of self-esteem, worked on social abilities and emotional expression.
Activities Specific Goal 2.2	Group self-defence workshop. In this workshop, they learned different tools to fight against gender violence and sexual aggressors.
Activities Specific Goal 3.1	Group mindfulness workshop. This activity was designed to offer a space in which women could manage their stress levels and start to control them, through meditation and different activities which led them on working with their own mental health and the prevention/reduction of consumption.
Activities Specific Goal 3.2	Individual psychological interventions. The psychologist offered individual space and time for the women to express themselves and work in their inner situations.
Activities Specific Goal 4.1	Group creative expression workshop. The objective was to establish a group bond that supports women in their personal situations.
Activities Specific Goal 5.1	Individual social interventions. The social worker can help these women individually with the request or applications to different benefits and all the kind of procedures which led to favour their social situations.
Activities Specific Goal 6.1	Individual training-labour interventions. The psychologist and the social educator were able to teach women about active job searching, training level and ICT management.

7. Assessment of the BP

It has been assessed internally, by initial and continuous evaluation. We have three evaluation processes, which are:
- Initial evaluation: We value the situation of the women who participate in our program and the previous knowledge that they have in this kind of activity.
- Evaluation instruments:
- Individual questionnaire of previous knowledge in each workshop. Items to evaluate: previous knowledge of the subject, importance of the workshop, willingness to participate and expectations of the workshop.
- Continuous evaluation: Continuous evaluation of each session.
- Individual satisfaction questionnaire. Items to evaluate: used materials, new knowledge acquired, understanding, professional who teach it, duration, adequacy of the facilities, group relationship and workshop in general.
- Evaluation of individual interventions. Individual satisfaction questionnaire. Items to evaluate: social care, psychological care, opinions, improvements.
- For the final evaluation, each of the participants will fulfil an individual satisfaction questionnaire. Items to evaluate: used materials, new knowledge, understanding, professional who teach it, duration, adequacy of the facilities, group relationship and workshop in general.

- Also, we will make a group interview on the satisfaction of the group and the workshop in general and a final individual interview for each woman participating in the individualized activities.

At this moment, the continuous evaluation reveals that all the women are highly satisfied with the workshops and individual interventions. Their level of self-confidence and self-esteem are growing as workshop and interventions progress, developing new social abilities and showing a feeling of group belongingness. They feel comfortable in the activities and they express it in the evaluations, which are really positive.

Also, in the Penitentiary Institutions in which we are working with women, the directive team is really satisfied with our workshops and interventions, and they have told us that this kind of program is really useful and necessary.

8. Outcomes and Outputs (in the framework of the Best Practice)

First, talking about changes in the situation of target groups, we must mention that when the program was created, it only was designed to be located in our neighbourhood, as well as we contemplated working with two groups of women (16 women in total). But finally, we can work in two Penitentiary Institutions (the Social Integration Centre and the Mothers Unity in prison), which let us meet deprived of liberty women, who urgently need a project like ours. So, finally, we have the opportunity to work with 27 fabulous women whose life circumstances have put them through really difficult situations and which have caused them to have a series of social needs that this program aims to address.

The output and results so far show us that women we work with are showing social progress in many ways. First of all, they are developing social abilities and tools that will lead them to improve their social helping network. Also, their level of confidence in themselves and self-esteem is rising, so they can take more chances in many ways that they did not dare before. Their stress levels are being reduced and it will mean less necessity of substance consumption. They have social and psychological support when needed, so they can deepen all they have learned in the workshops individually. And finally, they are learning self-defence techniques to prevent gender violence and to start to be more comfortable with their bodies.

9. Transferability

We think this project is very transferable. It can be reproduced in any other region in which there are social institutions that work with women with the characteristics and idiosyncrasy described. A multidisciplinary approach is needed in order to replicate the project, because it will give a complete development of every point in which these women require an intervention (social, psychological and educational). And also, the most important aspect to care about is the gender perspective with which the practice must be taken, because it is mandatory to have into account that these women are usually receiving different prejudices by their personal situations and they are cared for in institutions designed to work with men with this type of problem (drugs use or abuse, lack of financial resources, long term unemployed, etc).

In our current situation, this project has been designed and developed in a neighbourhood in which familiar economical incomes are very reduced, leading these women to be considered at risk of social exclusion. This situation has been worsened because of the COVID crisis, which has pushed families at risk of social exclusion into a more unstable and dangerous situation. So, in every place that these circumstances are given, this project can be transferable (in other regions of our country, or in any other countries).

10. Innovativeness of the Best Practice

The innovative characteristics of our project are not linked to the use of any digital or audio-visual tools, but it is in the way that it is designed.
Usually, social institutions work in a very masculinized way, because the majority of their users are men. So, we find masculinized social interventions as a result of being part of a mainly men problematic. So, we have created a program that helps women in exclusion situations through gender perspective application.

11. Theoretical basis used for the best practice. References.

The theory on which we have based our project connects with the II Strategic Plan for Equality of Women and Men in Andalusia (our region in Spain):
- **Reduction of gender gaps:** identify and act against the inequalities that still persist in access to and control of resources, through knowledge of the starting situation of women and men in relation to specific policies. For this, the disaggregated data will be used and their analysis with gender indicators, in order to identify their gender impact and, where appropriate, reformulate the policies, in such a way that the benefits for women and men are guaranteed equitably.
- **New agreements for a democratic and egalitarian coexistence:** the configuration of new paradigms of being a man or a woman in the society of the future that is being built in Andalusia. Establish new ways of being in society as a woman or as a man, agreeing on new agreements and models to transform our ways of doing and with-it public policies, in a way that allows women and men to reposition themselves in society and achieve a balance between work, family and personal life.

Restorative Circle – Federación Andaluza ENLACE (Spain)

Organisation Data

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Web	https://www.f-enlace.org/
Brief description of mission, vision and intervention approach(es)	The Federación Andaluza ENLACE is a non-profit organization that unites about 100 social entities in Andalusia that work on addictions and other situations of social exclusion. Mission: Articulate a meeting place for Andalusian entities that work on addictions, facilitating the creation of synergies and mutual support, accompanying them in their own development and representing their interests before public powers, society and other Third Sector organizations. View: We are a reference network in the field of addictions, recognized by the public powers, the Third Sector, educational agents and civil society, for our solid social base, our human and participatory approach, and the impact we generate with our work. Values: As an entity made up of people: • Participation. • Respect For individuality. • Gender equality. • Care. As an organization: • Confidence. • Transparency. • Plurality. As an active part of the society: • Solidarity. • Cooperation.

Summary of the Best Practice

Technical Information

Title	Restorative Circle
Location	Seville (Spain)
Level of implementation (local /regional /national /transnational /other)	Local
Execution (from – to, currently)	January-May 2020
Resources needed for the implementation	*Economic resources*: Voluntary work (30 hours approximately) *Material*: chairs and skein of wool.

The restorative circle methodology is one of the practices of the Restorative Justice paradigm. According to the Manual on Restorative Justice Programs (UN, 2006), "a restorative process is any process in which the victim and the offender, and when appropriate other members of the community affected by the crime, participate together and actively in the resolution of issues arising from the conflict, generally with the help of a facilitator".

One of the main tools of Restorative Justice, although not as well-known as mediation, is the restorative circle: the participants sit in a circle and answer questions that the facilitator asks using an object of the word as a regulator of the communication. The questions will depend on the topic to be discussed and the objectives that are raised with the completion of the circle.

MAIN GOAL: Enhance skills for coexistence and conflict resolution

SPECIFIC GOALS:

1. Improve coexistence and promote group cohesion.
2. Resolve possible conflicts derived from coexistence and participation in the different phases of the program.

RESULTS:

- Women participate and are involved in the development of the circle from the first moment.
- They highlight the importance of family and their own efforts as motivation to continue with a life without addictions.
- As for coexistence, they are quite satisfied, however, they realized that having an object of the word could help a lot in conflictive situations that sometimes occur in the home; they consider that the object of the word would be a very positive way of managing communication in those moments of tension.
- Regarding the vision of the future, they share some concern about the end of the program and the uncertainty that this generates.
- Finally, we highlight as very positive that the participants mentioned the comfort that the activity's methodology had given them to be able to feel confident during its performance, although not all of them knew each other.
- The group's assessment of the activity is very positive, and they are very grateful for the meeting opportunity offered as an exclusive space for women, and they also express the need to do this type of activity more frequently.

Description

1. Situation and Initial Context

The activity carried out is part of the Program of the Federación Andaluza ENLACE for the Promotion of the socio-labour incorporation of people with addiction problems financed by the Health Department of the Regional Government (Andalusia). One of the main objectives of this Program for the Promotion of the socio-labour incorporation of people with addiction problems is to promote the empowerment, social participation and personal autonomy of people with addiction problems. Within this main objective, the specific objective of developing mediation processes and restorative practices with people with addiction problems, especially women and others with greater difficulties for their incorporation, is planned. The good practice that is presented constitutes the activity that is carried out to achieve that specific objective.

The entity in which the circle is developed manages treatment support housing for women with addiction problems. Specifically, the intervention has been carried out in a Social Inclusion Community for women who are part of the program; the women who live in the home carry out household chores together and participate in the activities proposed by the entity.

Women with different addictions live together in the house and go through all the phases that the program foresees. In this case, a restorative circle was carried out, considering the possibility of repeating this practice periodically, depending on the degree of acceptance and success of it. However, due to the state of alarm over the Covid 19 pandemic, the experience cannot be repeated.

2. Type of program/service/intervention/practice

Social inclusion			
	Stigmatization(s)		Cultural Activities
X	Gender		Drug use in recreational settings
	Sex workers		Educational Campaigns
	Sex and drugs	X	Social participation
	Community-based experiences		Non-substance addictions
X	Housing		Labour inclusion
	People living on the streets	X	Rehabilitation programs
	Training	X	Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger		Goal 3: Good Health and Well Being		Goal 4: Quality Education
X	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure		Goal 10: Reduced Inequalities	X	Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

Goal 5: A specific intervention was carried out for women users of a resource mainly designed and organized for men.

Goal 11: Using participatory techniques such as the restorative circle for community management has a positive influence on inclusive human relationships and safe and respectful communication exchange, as well as favoring the development of a community feeling.

4. Target Groups

- **Direct Target Groups:**
  - Number: 11 women.
  - Characteristics: 9 women with addiction problems, a worker of the entity (secretary) and a volunteer of the program.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 50
  - Characteristics: partners, sons and daughters of the participating women and other people in the social inclusion community.

5. Objectives, indicators and outcomes

General Objective: Enhance skills for coexistence and conflict resolution		
Specific Goal 1: Improve coexistence and promote group cohesion.	**Results achieved**	**Indicators for Specific Goal 1**
	High level participation in the activity	Degree of participation
	High level involvement in the activity	Degree of involvement
	High level satisfaction in activity	Degree of satisfaction
Specific Goal 2: Resolve possible conflicts derived from coexistence and participation in the different phases of the program	**Results achieved**	**Indicators for Specific Goal 2**
	High level commitment to using this tool in future conflicts	Degree of commitment

Activities Specific Goal 1	Restorative circle: the participants sit in a circle and answer questions about coexistence that the facilitator makes using an object of the word as a communication regulator.
Activities Specific Goal 2	Restorative circle: the participants sit in a circle and answer questions that the facilitator asks using an object of the word as a regulator of communication. Use of this tool in case of conflicts.

7. Assessment of the BP

An internal evaluation of the intervention has been carried out after the development of the restorative circle.
The evaluation of the facilitators was very positive due to the reception that the practice carried out had had: all the participants responded respectfully and following the rules of the circle to the questions posed, considering that their participation was voluntary, and they were not obliged neither to participate in the activity nor to answer the questions.

The evaluation of the workers who had participated was also very positive, highlighting the involvement of all the women and the level of acceptance of the practice that they did not know. They themselves had verified that the activity and the type of questions had favoured a process of reflection on the questions raised. They asked for the possibility of repeating the experience.

Finally, the evaluation of the women in the Social Inclusion Community was also very positive; In the first place, they highlighted how comfortable they had felt in carrying out the unfamiliar activity; In addition, they valued very positively the use of the word object as a communication regulator due to the fact that each one knew when it was their turn to speak and express their ideas, opinions and feelings, and when it was their turn to listen to the others. companions. They all agreed that they would like to repeat the activity again.

8. Outcomes and Outputs (in the framework of the Best Practice)

Results:
- All the participating women answered the questions posed.
- The group undertook to choose an object of the word, to manage communication in moments of disagreement that sometimes occur in the house.
- Spontaneous verbalization after the completion of the circle of satisfaction with the activity carried out.
- Appreciation for carrying out the activity including only women.

9. Transferability

The practice of the restorative circle, which is part of the Restorative Justice paradigm, can be defined as an organized meeting where the participants are arranged in a circle to share experiences, needs and expectations and, if necessary, manage between all of them the consensual resolution of a conflict. It can be used as a proactive/preventive tool to promote group cohesion and generate trust in the people who are going to share activities, and also as a reactive tool to improve a problematic or conflictive situation that has already occurred.
It is, therefore, a tool that, despite having a defined structure, is very flexible and can be adapted to many different contexts and types of people. Good training and practice of the facilitator and planning of the activity (context of

application, objectives, participants, duration, etc.) can favor the application of the restorative circle tool in many areas. In addition, it can be considered as a one-off activity or as a continuous activity with an established time frame (weekly, biweekly or monthly) according to the context, needs and objectives.

10. Innovativeness of the Best Practice

The innovative aspect of the activity that is presented consists of the implementation of a restorative practice, the circle, quite unknown and little used in our social context. It is valued very positively, both proactively and reactively, for its community dimension of action and conflict coping and resolution.

Although there are experiences of restorative practices they still do not have the knowledge and dissemination they deserve, so the implementation of this activity and sharing it as a good practice is a way to contribute to its dissemination, understanding and application.

11. Theoretical basis used for the best practice. References.

The American criminologist Howard Zehr, considered the father of restorative justice, defines it as "[…] a process aimed at involving, as far as possible, all those who have an interest in a particular offense, and collectively identifying and addressing the damages, needs and obligations derived from said offense, in order to heal and amend the damages in the best possible way" (2006).

This definition, in line with the one proposed in the Manual on Restorative Justice Programs (UN, 2006), focuses on the damage caused by a conflict and its way of repairing it, referring to the social relations that have been affected by that conflict (Patiño & Ruiz, 2015). In addition, carrying out this process implies the participation of all the people involved in the conflict (Zehr & Mika, 1998) with the common objective of achieving a "satisfactory resolution to repair the damage caused and start a path towards reconciliation, healing, forgiveness, rehabilitation and reintegration" (Dhami, 2012, p.46).

The principles of this justice paradigm are responsibility, participation and reparation, that is, the implication of all the people involved in a conflict situation to favour the process of holding the parties responsible and with the aim of repairing the damage that has been generated.

In this broader frame of reference, there are restorative practices that allow this process. Among the restorative practices are family conferences, mediation and restorative circles. They allow the development of the principles of the restorative paradigm and due to their flexibility can be adapted to different application contexts (family, criminal, community, etc.).

Sex 0.0 - AOCD, Asociación Olontense Contra la Droga (Spain)

Organisation Data

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Brief description of mission, vision and intervention approach(es)	AOCD (Olontense Drug Organization) is a NGO created in 1993 in order to improve the quality of life of people with addiction problems. At the same time, we have been able to progress in the spheres of action and in the methodologies we developed. AOCD is a local organization (Gibraleón- Huelva) that has recently incorporated a wider scope(national) two years ago. We deal with all kinds of addictive problems and focus our attention in three fields: prevention, attention to demand and social and labour inclusion. We work for both the general population and those who are at risk of social exclusion. We participate in strong and well-organized alliances: • Schools: we develop several levels of preventive school projects, both in primary and secondary school. • Social scope: We are in permanent contact with all actors involved in our projects. We are also federated at a regional level in Federación Andaluza ENLACE and at a national level in UNAD. • Prisons: we have several social support projects related to restorative justice. We also have some training courses within the prison of Huelva, together with the CIS (Center of Social Inclusion) • Finally, we have a net of volunteers. We train and work with them in different projects of the organization.

Summary of the Best Practice

Technical Information

Title	Sex 0.0
Location	Gibraleón (Huelva) and Huelva, Spain
Level of implementation (local /regional /national /transnational /other)	Local
Execution (from – to, currently)	2019, 2020 and 2021
Resources needed for the implementation	Economic resources: A financing of € 60,162.96 would be necessary. Material resources: 2,075 male condoms and 1,162 lubricants.

The European Drug Report 2016 measures trends and developments in drug use in all European countries. There are only three countries in all of Europe where the prevalence of cocaine use in young people exceeds 3%, they are the United Kingdom, the Netherlands and Spain, "where the trend in prevalence has increased since 2008", according to this report. In fact, Spain is still the country where the most cocaine was seized in all of Europe, with 22 tons. If we add to this that the adulteration of drugs is increasing, as shown by different studies, such as the one presented by the Substance Analysis Report 2015 - prepared by the Energy Control program of the Welfare and Development Association with the support of the Generalitat de Catalunya- pointing out that the causes of adulteration are mainly economic, we therefore observe that consumers run, every time, a greater risk of physical and psychological damage.

Both the AOCD headquarters in Gibraleón and Huelva are located in areas with special needs. District III Marismas del Odiel is classified as a Disadvantaged Area. The percentage of the population at risk or in social exclusion is higher than in other areas of the Huelva capital. The AOCD has been working from different areas with populations at risk of exclusion (soup kitchen, food distribution, training, job orientation, psychosocial care, etc.) for more than six years.

From the III PASDA the importance of the participation of the associative movement for the development of the previous plan (II PASDA) is analysed, especially regarding the care of the most vulnerable people and with greater difficulties in accessing the therapeutic circuit and in the participation of users and users. For this reason, it states that it is particularly relevant to continue betting on the channels of cooperation with the associative movement. Non-profit associations such as the AOCD, always in coordination with the Network for Attention to Drug Dependence and Addictions, offer a series of complementary services that are essential to improve the results of interventions with people with addiction problems and with their families. being able to reach the population at risk of exclusion through other channels, who are often left out of the treatment network.

The service provided by the AOCD facilitates the rapprochement of users and their families to treatment resources, providing greater agility and flexibility in accessing them, and better internal coordination of the Network for Attention to Drug Dependencies and Addictions. The population targeted by this project presents barriers that are difficult to break in order to access the services of the standardized system. People who practice prostitution generally present similar characteristics: high geographical mobility, total time flexibility in the development of their activity, easy access to addictive substances, psychological disturbances due to stress, frustration, uprooting, etc., development of risk behaviours for your health (no use of condoms, polydrug use, etc.).

Activities:

1. Welcome interviews and surveys on health situation and preventive habits: current health situation, use of preventive means, substance use, etc.
2. HIV / AIDS Basic Information Workshops for risk reduction.
3. Workshops on health education and prevention of addictive behaviors.
4. Training Course for Health Agents (Trainer of trainers)
5. Periodic visits to the floors and clubs where prostitution is practiced for the psychosocial monitoring of the users and the distribution of preventive material.

The following workshops are held during these visits:

- Distribution of preventive means.
- Distribution of informative material.
- Safe Sex Workshops.
- Healthy lifestyle workshops, with special emphasis on the prevention of addictive behaviors.
- Infection prevention workshops, such as COVID-19.
- Psychological attention
- Legal advice
- Carrying out drug detection tests on those who demand it.

Regarding gender, we can contribute that the majority of the people are women and transsexual sex workers, who for the most part do not usually go to support services for the treatment of addictions and are doubly stigmatized, due to their condition of sex / gender and the difficulties that this entails when it comes to publicly accepting their addiction problem, as well as the social sentence of being sex workers and substance users.

That is why we have moved to work with these people in their own environment, bringing resources closer to their daily reality and supporting them in the detection and intervention of their consumption problem. During 2020 we have assisted a total of 177 people, distributed in 31 Men, 120 Women and 26 Transsexual People.

Description

1. Situation and Initial Context

The places of intervention are Gibraleón and Huelva. Gibraleón is a Huelva municipality with a population of 12,523 inhabitants (Andalusian Institute of Cartography and Statistics, data January 1, 2016), located in a privileged enclave of the province of Huelva, between the coast and the mountains, between the Countryside and the Andévalo, bathed by the Odiel river, and only 14 km from the capital. Like many other towns in the province, the town is heavily affected by the problem of drug addiction, which mainly affects a large number of young people, mostly men.

According to a Study carried out by the Municipal Drug Dependence Service of the Gibraleón City Council in 1994, the main drug problem in the municipality in the 1990s was the high number of people in the town with dependence on opiate substances, which was between 300 and 400 regular consumers. To this data should be added the considerable number of people addicted to other substances such as cocaine, cannabis, alcohol and synthetic drugs, which resulted in truly disturbing numbers of drug users in the town. After knowing the results of this study, both the local administration and the citizen movement began actions aimed at reducing the number of new drug users, and at the care of drug addicts and their families.

In 2010, the AOCD, the Olontense Association Against Drugs, carried out a Diagnosis of the drug situation in Gibraleón, which has meant an update of the data obtained in this first study in 1994, and from which the following conclusions are drawn: approximately 130 people from the locality are immersed in the rehabilitation process in the different outpatient treatment centers and therapeutic communities. There is a stabilization of the consumption of synthetic drugs and a certain trend towards stability in the consumption of cocaine, however, the consumption of cannabis maintains an upward trend, and in general a worrying decrease in the ages of initiation of the use of psychoactive substances is detected.

This problem of drug dependence has underlying consequences that are no less worrisome than the drug itself, we refer to citizen insecurity, saturation of health services and a large number of affected families, which sometimes saturate social services in search of solutions, and other times they suffer the problem in the privacy of their homes.

the AOCD works in Huelva and especially in District III. Marismas del Odiel, which require specific and concrete actions that contribute to transforming a reality that tends to remain unchanged despite the resources that work in the area. The situation in front of the labor market conditions to a great extent the rest of the aspects to be modified. The low qualification and dependency of the institutions are perceived as conditioning circumstances of the way in which unemployed people in the area face the job search process. The levels of professional qualification of the population of the area are below the average of the Huelva capital. On the other hand, precarious, seasonal or dependent employment of the administrations, the collection of unemployment, family assistance, Active Insertion Income, Extraordinary Subsidy (dependent on the SEPE) and, to finish as a last resort, the Minimum Insertion Income (managed by the Ministry of Equality, Social Policies and Conciliation) absorbs the population in a cyclical trend of subsistence from which it is difficult to get out on their own. It is necessary to articulate tools that allow to work in a personalized or closer way, with the people who have the most difficulties to make their socio-labor insertion possible.

On the other hand, we must work to improve the development of children and youth in the area, avoiding or reducing cases of absenteeism and school failure, delaying the start of drug use and the development of addictive behaviors, visualizing ways of healthy leisure and free time and promoting the acquisition of healthy lifestyle habits.

The elderly must also be trained to positively influence the academic and personal development of their children. They should improve their relationship with ICTs, learning to use them for their own benefit, whether for job search, training or to find out about leisure offers.

Following the guidelines of the Huelva Local Health Plan, it is necessary to improve the measures that are developed aimed at prevention in areas such as sexuality (especially with young people) or training in the prevention of HIV, AIDS and other STIs with people who exercise prostitution. In turn, the need for information and training of the general population on addictions, and specifically of those people who are in the process of detoxification or withdrawal, and their families, must be addressed.

2. Type of program/service/intervention/practice

Social inclusion			
X	Stigmatization(s)		Cultural Activities
X	Gender		Drug use in recreational settings
X	Sex workers		Educational Campaigns
X	Sex and drugs		Social participation
	Community-based experiences		Non-substance addictions
	Housing		Labour inclusion
	People living on the streets		Rehabilitation programs
	Training		Drug consumption facilities
	Sports and recreational activities		

Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being		Goal 4: Quality Education
X	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure		Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

4. Target Groups

- **Direct Target Groups:**
  - Number: 177
  - Characteristics: Sex workers (men, women and transsexuals)

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 708
  - Characteristics: families and friends of sex workers

5. Objectives, indicators and outcomes

General Objective: Offer comprehensive care to female sex workers through an information, training and awareness service on HIV / AIDS and other sexually transmitted infections (STIs), promoting prevention through rapid tests for HIV and other STIs and offering services psychosocial care and job orientation and facilitate knowledge of alcohol, tobacco, cocaine and poppers, their consequences, their addictive process, the risk situations of consumption and the tools to prevent their consumption in people who practice prostitution.

Specific Goal 1:	Results achieved	Indicators for Specific Goal 2
Respond to the needs for emotional support based on the mutual help of the beneficiaries and comprehensive care from the entity's professionals. **Specific Goal 2:** Favour access to existing social health resources in our community, bringing women closer to resources.	ROB1: The psychologist will attend individually and in groups, if deemed necessary for the improvement of the intervention, to all the people participating in the project who require this service, maintaining continuous monitoring and creating a relationship of help for the mitigation of problems psychosocial that the beneficiaries may have as a result of the exclusion and rejection derived from the exercise of prostitution, having special dedication to women.	IOB1:100% of the beneficiaries who request the psychological care service are cared for. 100% of the telephone calls received from the beneficiaries are answered anonymously. At least 90% of the people with whom this service is intervened will be periodically monitored.
	ROB2: The social workers will inform and advise the beneficiaries on the social health resources of the areas where they practice prostitution. In addition, for their part, the social workers will coordinate with the different resources to facilitate the referral of cases and preferential attention,	IOB2: 100% of the beneficiaries know the social health resources in their area. Social workers coordinate with social and health resources in the different localities in which they intervene.

	when possible, to the beneficiary group.	
Specific Goal 3: Identify the causes in each particular situation that maintain risk behaviors in order to offer comprehensive responses	**Results achieved**	**Indicators for Specific Goal 3**
	ROB1: Diagnosis of the health situation and preventive habits of sex workers in the province of Huelva that will allow the adaptation of the planned actions to the needs of the group.	IOB1: That at least 90% of users access the questionnaire. Conduct an individualized interview of at least 70% of the project's beneficiary population
Specific Goal 4: Encourage the use of prophylactics in all risky sexual practices, spreading the correct use of preventive means and facilitating the knowledge and skills necessary for sexual practice in safe conditions. **Specific Goal 5:** Raise awareness and equip people who practice prostitution with the necessary tools to prevent or reduce the consumption of alcohol, tobacco, cocaine and poppers.	ROB2: Maintain continuous care and monitoring of users to facilitate the care of their needs. That the beneficiaries have the preventive resources necessary to practice safe sex That people get accurate information and training on safe sex	IOB2: Maintain at least one face-to-face contact on a monthly basis with 100% of the beneficiaries. Provide 100% of the beneficiaries with sufficient preventive material. That 100% make proper use of the preventive material provided
	ROB3: Sensitize these people in relation to the problem of addictions and the consequences it can have. That people obtain accurate information and training on the substances they consume and reduce their consumption.	IOB3: That at least 50% of the people cared for become aware of the problems generated by the use of addictive substances. Inform and train 100% of the people we visit who are users of addictive substances.

6. Activities

Activities Specific Goals 1-3	A.OB1: Welcome interviews and survey on health situation and preventive habits: current health situation, use of preventive means, substance use, etc. A.OB2: Periodic visits to the floors and clubs where prostitution is practiced for the psychosocial monitoring of the users and the distribution of preventive material (prophylactics) The following workshops are held during these visits: • Distribution of preventive means. • Distribution of informative material. • Safe Sex Workshops. • Sexuality Workshops. • Healthy lifestyle workshops, with special emphasis on the prevention of addictive behaviours. • Infection prevention workshops, such as COVID-19. A.OB3: Periodic visits to the floors and clubs where prostitution is practiced for the psychosocial monitoring of the users and to provide them with information on the addictive substances that are usually most consumed by this group (alcohol, tobacco, cocaine and poppers).
Activities Specific Goal 4-5	A.OB1: We have assisted 100% of the people who request the service, with some problems with the mobility of the group, which makes it difficult to follow up the cases, although in almost all cases we have solved this difficulty by providing assistance over the phone. - We have responded anonymously to all the telephone calls received from this group that demanded psychological attention.

	- Lastly, a regular follow-up has been carried out on all the people who have been assisted through this service on an ongoing basis. If face-to-face assistance was not possible at the AOCD headquarters in Huelva, it was done by phone at least once a month. A.OB2: The informative and training sessions have allowed us to present to 100% of the users the socio-sanitary resources and the social resources that may be useful to them. The social workers who have been in charge of the development of the project have maintained constant contacts with heads of the Health Districts and with the association Women in conflict zones, another of the entities that works in the area with the group

7. Assessment of the Best Practice

In the description of the project activities, a total of 13 evaluation indicators have been detailed that will allow the establishment of an adequate evaluation system oriented towards continuous improvement in future editions of the project. These indicators are designed according to these parameters:

- Effectiveness and efficiency indicators: the expected results are compared with those obtained when executing the program, and it is classified as high, medium or low efficiency. They may be quantitative or qualitative indicators, for which tools such as: comparative reports, results statistics, etc. will be used.
- Coverage indicators: the number of final beneficiaries of the program is related to the target population of the program. It can be a quantitative indicator, that is, if we reach our total target population (227), the result for this indicator will be favourable, within the scale: unfavourable, favourable and very favourable.
- Quality indicators: evaluate the degree of satisfaction of the beneficiaries, technicians and volunteers with the project. It is obtained through surveys, personal interviews, suggestions, complaints, etc.
- Impact indicators: measures the contribution of the project to the change in the initial situation of its beneficiaries. It is rated as high, medium, or low impact. The tool to be used will be the comparison of the previous diagnosis with the study of the situation after the implementation of the project.

8. Outcomes and Outputs (in the framework of the Best Practice)

We highlight the following:
- 100% of the users contacted, during the 2020 edition, have completed the pre-evaluation questionnaires.
- 100% of the people contacted during 2020 have been interviewed individually at least once.
- We have trained 12 people as Health Agents.
- The development of the project has made it possible to improve the capacities and abilities for the prevention and reduction of risk behaviours of 100% of the users (a total of 17 people: 7 women, 2 men and 8 trans) of the project.
- We have provided preventive material (male condoms and lubricants) both to the users of the project and to some of their club or flat mates who have not been our users during this year.
- Our entity is convinced that training and information are the methods that offer the best results to reduce HIV infections or other STIs. Therefore, when delivering the preventive materials, we offer an explanation on their proper use. 100% of the people who have been supplied with preventive material have been informed in relation to their use, utilization, as well as to dispose of them.
- The informative and training sessions have allowed us to present to 100% of the users the social health resources and the social resources that may be useful to them.
- We have helped 89 of the people served to prepare their resumes. Here we must consider that among the people served in 2020 are people who had already been our users in previous years and with whom this activity had already been carried out.
- We have assisted 100% of the people who request the service, with some problems with the mobility of the group, which makes it difficult to follow up the cases, although in almost all cases we have solved this difficulty by providing assistance over the phone.

- More than 50% of the people cared for have become aware of problems generated by the use of addictive substances.
- All the people with whom we have worked in the project have been informed and trained in relation to addictions and prevention, and those who have shown to be consumers have been informed about consumption reduction and harm reduction.

9. Transferability

In order to be able to replicate the Best Practice elsewhere, it would be necessary to have the financial resources (human and material) to carry it out, since it is a project that only requires the personnel and material to execute it, to make a previous diagnosis of the workers. of sex and substance use in the specific context in which you want to transfer.

10. Innovativeness of the Best Practice

When direct contact with people has not been possible due to COVID-19, we have accessed them through the APP's and contact websites, as well as we have followed up through video calls and phone calls.

11. Theoretical basis used for the best practice. References.

According to the data provided by the III Andalusian Plan on Drugs and Addictions (PASDA), the reading of the prevalence of consumption in the general population in Andalusia shows a situation of stability for most of the substances, with certain nuances that below Are detailed. Regarding tobacco consumption, the percentage of people who have stopped smoking and that of those who have never smoked has been practically stable since the mid-1990s. Variations are detected mainly in relation to daily and occasional consumption of this substance. Between 2005 and 2007 there was an increase in occasional consumption, accompanied by a reduction in daily tobacco consumption, the percentage of occasional smokers in 2007 was at its highest figure (9.7%) since the beginning of the series " The Andalusian Population in the Face of Drugs". However, in 2009, this trend was broken, with daily tobacco consumption increasing to 35.2% and occasional use falling again (5%). The increase in daily consumption continued in 2011 (36.1%) and occasional use stabilized (5.4%), while the percentage of people who claimed to quit tobacco increased by three percentage points (16.7%).

The European Drug Report 2016 measures trends and developments in drug use in all European countries. There are only three countries in all of Europe where the prevalence of cocaine use in young people exceeds 3%, they are the United Kingdom, the Netherlands and Spain, "where the trend in prevalence has increased since 2008", according to this report. In fact, Spain is still the country where the most cocaine was seized in all of Europe, with 22 tons. If we add to this that the adulteration of drugs is increasing, as shown by different studies, such as the one presented by the Substance Analysis Report 2015 - prepared by the Energy Control program of the Welfare and Development Association with the support of the Generalitat de Catalunya- pointing out that the causes of adulteration are mainly economic, we therefore observe that consumers run, every time, a greater risk of suffering physical and psychological damage.

The SAMPAS's Point of Care - ASBL Réseau Hépatite C-Bruxelles (Belgium)

Organisation Data

Contact Details	*Name and Surname*: François Poncin *Charge*: Coordinator *Email*: francois.poncin@stpierre-bru.be
Organisation Name	ASBL Réseau Hépatite C - Bruxelles
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Email	info@reseauhepatitec.be
Web	https://reseauhepatitec.be
Brief description of mission, vision and intervention approach(es)	Created in 2005, the non-profit organisation Réseau Hépatite C – Bruxelles is active across the Brussels region in the fields of awareness, prevention, harm reduction and support care for all people infected or likely to be infected with the hepatitis C virus. It seeks to promote a concerted and global approach toward hepatitis C elimination and works in collaboration with a wide range of partners to better prevent, inform and manage hepatitis C-related difficulties. This is done in particular by supporting front-line workers in the development of screening and by offering overall support to infected people to facilitate their access to HCV treatment and general care. The network focuses on people who use drugs (PWUD) and the vulnerable populations in general (undocumented people, homeless people, people in precarious situations, etc.).

Summary of the Best Practice

Technical Information

Title	The SAMPAS's Point of Care (SAMPAS = Service d'Accompagnement Mobile de Promotion de l'Accès aux Soins).
Location	Brussels, Belgium
Level of implementation (local /regional /national /transnational /other)	Regional
Execution (from – to, currently)	January to December 2020
Resources needed for the implementation	415.000 € Medical diagnostic equipment (RDTs, Fibroscan®, Cepheid GeneXpert®), bicycles (including an electric cargo bike to transport the equipment).

The main objective is to promote access to HCV-specific care for vulnerable people.
This means access to screening, harm reduction, up-to-date information on treatments, complete check-up of the liver disease and treatment and cure of HCV. Our team works at all levels of access to care to enable treatment for as many patients as possible.

It should be noted that in Belgium, treatment can only be provided in a hospital, which makes access even more difficult for people in precarious situations.

It should also be noted that in order to promote access to screening, we are doing a great deal of work to support front-line teams in order for them to carry out more screenings of their beneficiaries.

Quantitative results obtained:
- Number of outreach sessions completed in 2020 : 103
- Number of patients screened (RDTs) : 105
- Number of Fibroscan® carried out : 41
- Number of Cepheid® carried out : 14 (from November 17 to December 31)
- Number of treatments induced in 2020 : 70
- Number of patients cured (out of the 70 who got treatment): 40 (+28 still in treatment on December 31)

Qualitative results :
- Cure of HCV: better quality of life.
- Reduction in risk-taking linked to consumption: fewer infections following support care and treatment.
- Reaffiliation in the global care system and management of other related pathologies (psychiatric, addictive and physical health).
- Expansion of the psychosocial support network and impact on the quality of life: housing, administrative rights, etc.

Field activities:
The "best practice" developed here only targets the "point of care" outreach activity which is integrated into a wider and more complete system (see description in the introduction).

The outreach activity is carried out via recurrent stand-by duty services in Brussels front-line structures specialising in the support care of addiction amongst the vulnerable population.
For these stand-by duty services, the team is equipped with a complete mobile medical apparatus, a real "point of care": RDTs, a Fibroscan® and a Cepheid Genexpert®, coupled with its expertise in addictology, psychiatry and hepatology.

The frequency of our visits depends on their needs:
- Once a week in two sterile consumption material exchange counters.
- Twice a month in 4 medical centers providing Opioid Substance Treatment.
- And punctually in 3 rehabilitation structures and in prison.

Our team is composed of 4 nurses, 1 social worker, 1 psychologist/coordinator, 1 hepatologist, 1 field coordinator and 1 general coordinator.

Reaching out to the users by meeting them in their living and care areas or at sterile consumption material exchange counters with state-of-the-art medical equipment in order to offer a complete diagnosis and check-up of of the liver disease makes it possible to (re-)hook the patients into the care system and to bring them more easily to HCV treatment by removing many of the barriers to accessing this specialised care. The clear and rapid medical and diagnostic information as well as the meeting with our care support team allows to start a motivation and an alliance between the patients and the professionals to build a care pathway with them and to ensure its continuity. From screening to treatment, through complete check-up, therapeutic alliance and care support for compliance with treatment, the system is intended to be comprehensive, global and adapted to each particular situation.

Innovative aspect:
- Mobility: mobile diagnostic tools and electric cargo bike to move around the city with our medical equipment
- Outreaching
- Case management
- Networking
- Multidisciplinary team with expertise in addictology, psychiatry and hepatology.

Description

Progress in the care and support of patients with hepatitis C has been considerable since the arrival of new antiviral treatments. This therapeutic revolution makes it possible to consider the elimination of the disease. This is now the goal set by the World Health Organisation (WHO) for 2030 which was unthinkable ten years ago. This is nowadays medically possible.

Hepatitis C is now considered an infectious disease and no longer a liver disease, and the challenge of treatment is not only individual but also perceived as an element of prevention. This change is profound: active drug users and patients with psychiatric comorbidities can now be treated and cured with very few side effects, regardless of the stage of liver fibrosis. Not only can we do this medically, but we must if we hope to meet the targets set by the WHO. This is a public health issue.

Indeed, as all the publications emphasise, this objective will only be achieved if the groups particularly affected by this infection are screened and treated. These target groups are essentially PWUD and people detained in prisons. And the observation is that they still benefit too little from these therapeutic advances. We are confronted with insufficient screening and the phenomenon of the "cascade of care", with the loss of patients at each stage between screening and the start of the treatment.

In 2019, our non-profit created a specialised drug addiction service called SAMPAS (stands for Service d'Accompagnement Mobile de Promotion de l'Accès aux Soins). It's team consists of nurses, a social worker, a hepatologist, a general coordinator and a field coordinator.

The SAMPAS's mission is to offer all people with the virus personalised care support that significantly improves their compliance in the various stages of the hepatitis C recovery process (from screening to complete post-treatment recovery). In addition to its care support mission, SAMPAS offers multidisciplinary consultations in hospitals as well as "outreach" consultations and diagnosis.

The consultations take place at the CHU Saint-Pierre hospital in Brussels, offering appointment slots with a hepatologist and the care support team who are exclusively dedicated to (ex)PWUD and other vulnerable groups, in order to facilitate access to hospital care and guarantee access to antiviral treatment.

On the other hand, the SAMPAS team carries out outreach activities, through recurring stand-by duty in the Brussels front-line structures specialised in the care support of substance abuse amongst vulnerable population.

For the "point of care" outreach service, the team is equipped with a complete mobile medical apparatus: RDTs, a Fibroscan®, and a Cepheid Genexpert®. Reaching out to PWUD by meeting them in their living areas, care facilities or at sterile consumption material exchange counters with state-of-the-art medical equipment in order to offer a complete diagnosis and complete check-up of the liver disease makes it possible to (re-)hook patients into the care system and to bring them more easily to HCV treatment by removing many of the barriers to accessing this specialised care. The clear and rapid medical and diagnostic information (only possible thanks to our complete mobile medical apparatus) as well as the meeting with our care support team allows to start a motivation and an alliance between the patients and the professionals to build a care pathway with them and to ensure its continuity. From screening to treatment, through complete check-up, therapeutic alliance and care support for compliance with treatment, the system is intended to be comprehensive, global and adapted to each particular situation.

The challenge today is to screen and treat people who have been left on the margins of our healthcare system. Meeting the public health objective set by the WHO therefore requires us to rethink the provision of care in order to improve access to care for vulnerable populations.

There are many obstacles to overcome in our healthcare system and they are often difficult to overcome when people are living in precarious situations and are also addicted to one or more illicit substances. Working on all the social determinants of health, from the right to housing, to affiliation to care and social income, is therefore the essential element in the care and support of patients with hepatitis C today.

Treating all citizens affected by hepatitis C is essential on an individual and collective level and is "cost effective". There is therefore a convergence of health care, human rights and economic interest. This is documented and demonstrated by the body of scientific literature.
Furthermore, our clinical practice teaches us every day how the prospect of curing hepatitis C amongst our vulnerable patients can be a positive and rewarding experience with a global impact on the patient that goes beyond the treatment of the viral disease. Indeed, for some patients, this constitutes an entry into care and other somatic treatments are continued (dental, pneumological, cardiological, etc.). Moreover, for some, this return to caring and care for the body is an important therapeutic lever with positive consequences on consumption, allowing the subject to regain a certain balance with regard to both the consumption of illicit products and alcohol.

2. Type of program/service/intervention/practice

	Social inclusion			
	Stigmatization(s)			Cultural Activities
	Gender	X		Drug use in recreational settings
	Sex workers			Educational Campaigns
X	Sex and drugs			Social participation
X	Community-based experiences			Non-substance addictions
	Housing			Labour inclusion
X	People living on the streets	X		Rehabilitation programs
X	Training			Drug consumption facilities
	Sports and recreational activities			
	Legal Aspects			
	Alternative justice	X		Prison programs
	Legal or counselling services			Minors
	Alternative measures for imprisoned			
	Policy Issues			
X	Policy changes campaigns / Projects			Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects			Development Cooperation
X	Coalitions, federations of drug users or organisations working in the field of drugs			International/Global Alliances
	Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being		Goal 4: Quality Education
	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	X	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

Reduction of social inequalities

- Access to care for vulnerable groups by adopting an outreach approach: by going to them in their living environments, in their primary care institutions, in prison.
- Increasing access to care and specialised medicine by collaborating with frontline organisations, hospitals and prison.
- Re-affiliating this population to hospital care through mobile care support (case management) and from the "point of care".
- Work on the empowerment of these patients and thus increase their capability to navigate the care systems.

Health improvement

Facilitate access to diagnosis and treatment of hepatitis C = 2 impacts

1. At an individual level:
   Cured individuals, improved health status, reduced medical complications from hepatitis C (liver cirrhosis, cancer), reduction of deaths related to this disease

2. On a collective scale :
   -Decrease in infections and contamination in communities where the virus is circulating.
   -Improved the communities' health
   -Public health policy objective met

4. Target Groups

Direct Target Groups:
- Number: 191 = number of people seen at the « point of care » stand-by duty who were not yet known by our service.
- Characteristics: PWUD, people detained in prisons, people who lack access to healthcare

5. Objectives, indicators and outcomes

General Objective:		
Specific Goal 1:	**Results achieved**	**Indicators for Specific Goal 1**
	Identify people with HCV antibodies.	Number of positive screenings.
	Support and manage people with antibodies towards check-up	Number of referrals to our support service.
	Empowerment of the partner's teams concerning the screening	Percentage increase in screening in partners institutions.
Specific Goal 2:	**Results achieved**	**Indicators for Specific Goal 2**
	Carry out the complete check-up (blood test, PCR test, Fibroscan® test).	Number of examinations carried out. Number of people with a complete assessment for starting the treatment.
Specific Goal 3:	**Results achieved**	**Indicators for Specific Goal 3**
	Start of treatment process and recovery.	Number of people who : - started treatment. - completed the treatment - are cured after treatment

6. Activities

Activities Specific Goal 1	As part of the "point of care" stand-by services in Brussels front-line structures specialised in substance abuse amongst a precarious population, screening is offered to the "target public" and is reinforced in the partner teams. We offer : - Screening by RDTs in outreach. - training and empowerment of front-line teams in relation to screening, particularly by RDTs. - monitor screening activities in front-line centres, identify those who have been screened and those who still need to be screened
Activities Specific Goal 2	For the "point of care" stand-by service, the team is equipped with a complete mobile medical apparatus: RDTs, a Fibroscan®, and a Cepheid Genexpert®. The "point of care" enables a diagnosis and a complete assessment to be carried out in "outreaching" in order to facilitate access to HCV treatment for the "target public". In Belgium, treatment is currently covered by social security in its entirety. The only condition is to do a check-up with a Fibroscan® and a blood test (hepatic workup and Fibrotest® + viral load and genotype). The "point of care" allows us during the 1st meeting to : 1) Confirm the presence of the virus in people who test positive for antibodies (PCR by Cepheid Genexpert®). 2) Measure the viral load directly with the Cepheid® device. 3) Measuring the fibrosis of the liver (assessment of the state of the liver) with the Fibroscan®. 4) Finally, a blood test must be run to determine the genotype of the hepatitis C virus and to evaluate various markers that provide information on the state of the liver and on the person's general state of health.
Activities Specific Goal 3	From the "point of care", access to treatment is facilitated through our consultations and through our "tailor-made" care support (see introduction). This allows us to re-engage patients with the specialist care system by removing many barriers. The clear and rapid medical and diagnostic information and meeting with our care support team help to create motivation and an alliance between patients and professionals to build a care pathway with them and to ensure continuity. From screening to treatment, through complete check-up, therapeutic alliance and support for

	compliance with treatment, the system is intended to be comprehensive, global and adapted to each particular situation. This is done with **increased mobility and availability** of our team if the situation requires it (telephone contacts + visits to the patient's place of living, reminders of appointments, etc.) And **"tailor-made" care support** to ensure optimum compliance with the treatment (during the treatment, finding accommodation for homeless people who wish to do so, regular visits and weekly delivery of the treatment for certain patients whose compliance is compromised due to fragile psycho-social conditions, etc.). Once the patient has been cured of hepatitis C, support may still be necessary for other health problems (liver cirrhosis, cancer, hiv, psychiatry, etc.).

7. Assessment of the BP

Our program has not been subject to external evaluation.
We monitor our activities internally with our own tools:
- To evaluate the "point of care" activity, we use a form filled in by the health worker during the appointment with the patient to collect data (see annex 1).
- All our care support and treatment data are compiled for each patient in a computerised medical record.

Based on the results obtained through the "Point of Care" program, we observe that our system makes it possible to reach a large number of people who have no knowledge of the infectious risks associated with the hepatitis C virus.

Access to testing is insufficient in care and harm reduction programs. Our program allows us to reinforce existing programs related to screening and access to care. Finally, thanks to this program, we can provide access to antiviral treatment and hospital care for a large number of patients excluded from the system.

The care and harm reduction programs recognise the added value of the partnership we have initiated with them through the implementation of our Point of Care" program in their institutions. We offer an additional service offer to these institutions that responds to certain needs of their target group that they do not know how to address.

For the target public, the "Point of Care" program provides direct access, at their place of care, to information on infectious risks, screening for Hepatitis C and HIV infectious diseases, medical examinations to diagnose a potential problem with the liver, and finally, tailor-made support in hospital care for Hepatitis C treatment but also for any other health problem requiring follow-up in hospital.

8. Outcomes and Outputs (in the framework of the Best Practice)

Not applicable – No data available

9. Transferability

This "point of care" program is entirely adaptable to other contexts.
It consists of being able to externalize specialised care, care outside of the hospital, to offer diagnostic tools and multidimensional expertise in the places where the "target groups" are located in order to facilitate their (re-)entry into the traditional healthcare system by removing the obstacles to its access for vulnerable groups.

This type of program requires :
- human resources: nurses, social workers, doctor, etc.
- medical equipment: RDTs, Fibroscan®, Cepheid Genexpert®, laptop.
- mobility: cargo bicycle or van

10. Innovativeness of the Best Practice

Not applicable to our program.

11. Theoretical basis used for the best practice. References.

Hepatitis C is transmitted through blood. There is no vaccine, but it can be cured. This disease mainly affects people who use drugs (PWUD- 41%), people detained in prisons (15%), men who have sex with men and people in psychiatric facilities (5%).

In Belgium, the seroprevalence of hepatitis C in the general population is 0.22%. In Brussels, the prevalence of hepatitis C amongst drug users is 41%, in Europe this prevalence is between 35% and 75%.

References:
1. Low hepatitis C prevalence in Belgium: Implication for treatment reimbursement and scale up. Lizroth et al BMJ Public Health (2019).
2. MCDDA. Drug-related infectious diseases in Europe: update from the EMCDDA expert network. Lisbon: EMCDDA; (2019).
3. Prevalence of HCV among people who inject drugs in Brussels—a respondent-driven sampling survey: Van Baelen et al. Harm Reduction Journal (2020).
4. Harm reduction and viral hepatitis C in European prisons: a cross-sectional survey of 25 countries: Bielen et al Harm Reduction Journal (2018).
5. Prevalence of HIV, hepatitis B, and hepatitis C in people with severe mental illness: a systematic review and meta-analysis E. Hughes The Lancet psychiatrie 2016.

Training project on the use of technologies in vulnerable groups in emergency settings – Poveda Asociación (Spain)

Organisation Data

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Brief description of mission, vision and intervention approach(es)	MISSION Poveda Association is a non-governmental, non-profit, socially recognized entity that provides comprehensive care in the area of addictions, designing comprehensive and flexible treatments, in a process of continuous training of professionals. APPROACH Develop different programs to respond to the problem of addictions, adapting treatments to people and promoting social integration with the aim of being more effective and efficient in managing our resources. We incorporate innovation, technological and environmental aspects. In the developed projects within the framework of our Therapeutic Community, we want to achieve the best interventions for users, families and society, in the field of addictive disorders and dual pathology, from a gender perspective so that recovery opportunities are equivalent and let's obtain the maximum degree of health, satisfaction and integration, with safe and short efficient treatment options that have an impact, maximize benefits and are sustainable. We focus on the needs of our end customers, beneficiaries, allies, team, partners, funders and referrals. We adapt programs from the best possible care, based on available evidence and knowledge to achieve the best results in people and society. We publish our results on social media: (https://www.facebook.com/AsociacionPoveda/ https://pruebapoveda.wordpress.com/).

Summary of the Best Practice

Technical Information

Title	Training project on the use of technologies in vulnerable groups in emergency settings.
Location	Groups in Therapeutic Community weekly in Mairena del Alcor, Seville.
Level of implementation (local /regional /national /transnational /other)	Regional
Execution (from – to, currently)	January 2021-Currently
Resources needed for the implementation	*Economic resources*: 5.800 € *Material*: Among the material resources we acquired 8 laptops. A classroom, equipped with tables, chairs, blackboard, papers, pens.

The main objective of this project is to improve the competencies and skills related to the technological area of people who use drugs; therefore, they will know how to defend a minimum of digital competences for a better adaptation and reinsertion in the labour and social field. This project aims to develop and implement a digital classroom to improve autonomy and employability through digital skills training.

To contribute through a basic computer workshop specialised and quality knowledge, adapted to diversity, so that the opportunities for recovery are real and equivalent between men and women and to obtain the maximum degree of self-esteem, satisfaction and social integration, with projects that have an impact, maximise benefits and are sustainable.

The Covid-19 pandemic had a negative impact, worsening the employability and social situation of many users, which has led to them not knowing or enjoying the appropriate technological devices with which to interact in times of pandemic or adapt to working life (with an increase in teleworking and a lack of the necessary skills). Moreover, it has reduced and hindered the social network of the users.

In our centre, we work in an interdisciplinary way, in different areas (medical, psychological, educational, social...). We have a multidisciplinary, committed and ethical work team with 30 years of experience to apply our knowledge and strengths and to achieve evident improvements, with the active participation of these people and other health and social agents, such as trainees and volunteers.

The main objective of the treatment goes beyond the achievement and maintenance of abstinence, re-educating and socialising in values, facilitating the processes of personal and social maturity, so that they acquire the necessary resources and tools to improve their quality of life and personal wellbeing.

The de-addiction process will consist of a multi-component programme. Among the latest innovations, we have included the digital classroom to improve autonomy and employability, through training in digital skills, providing through a basic computer workshop, specialised and quality knowledge, adapted to diversity, so that the opportunities for recovery are real and equivalent between men and women. Training in new technologies for the search for employment: administrative skills (making photocopies, scanning, sending a fax...), office skills (handling different programmes such as Word, PowerPoint, etc.), surfing the internet (Facebook, Instagram...), writing a CV and a cover letter, using entertainment websites (such as YouTube, Spotify...), managing personal documentation (bizum, digital certificate, online banking...).

Results:
- Direct beneficiaries: 40
- Men: 28
- Women: 12
- Average score in the item of the overall assessment of the workshop in the personal satisfaction questionnaires above 3 out of 4 (both men and women). From the other items, areas for improvement.

1. Situation and Initial Context

Because of the importance of minimising the digital divide in Spain in order to alleviate the social fracture, which has worsened since the beginning of the pandemic. We need to introduce the most excluded groups to technology. Digital training is necessary to tackle inequality.

After detecting the shortcomings of our users in digital knowledge and skills, we thought about how to provide basic knowledge related to new technologies and digital skills. we saw the need to improve in this area among other things because it was demanded by our users. A survey was carried out to determine the level of each user in different areas, with the help of volunteer staff and trainees, and the total was then divided into three groups: basic, intermediate and advanced.

Due to the presence of unemployment and low qualifications is high among people in treatment for addictive disorders, due to the fact that they have been withdrawn from the labour context for a long time (due to active consumption, stay in centres, prison admissions...) with differential characteristics in men and women.

The lack of resources and skills necessary for employability are the main problems to overcome. Therefore, this project is focused on improving the quality of the resource and service provision.

2. Type of program/service/intervention/practice

	Social inclusion			
	Stigmatization(s)	X	Cultural Activities	
	Gender		Drug use in recreational settings	
	Sex workers		Educational Campaigns	
	Sex and drugs	X	Social participation	
	Community-based experiences		Non-substance addictions	
	Housing	X	Labour inclusion	
	People living on the streets	X	Rehabilitation programs	
x	Training		Drug consumption facilities	
	Sports and recreational activities			
	Legal Aspects			
	Alternative justice		Prison programs	
	Legal or counselling services		Minors	
	Alternative measures for imprisoned			
	Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions	
	Human Rights and drugs campaigns / projects		Development Cooperation	
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances	
	Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger		Goal 3: Good Health and Well Being		Goal 4: Quality Education
x	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy	x	Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	X	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

The lack of technological and digital training is one more reason for social exclusion, by promoting this training in the rehabilitation periods of addictive disorders, we promote equal opportunities for women and men with and without disabilities. Providing simple knowledge and resources that facilitate personal well-being and quality of life (for example, by being able to interact through social networks in periods of confinement or pandemic, by acquiring this knowledge.

Making an initial diagnosis to establish different levels, respecting the differences and individually tutoring the learning to adapt to the needs and rhythms of each one. We have gender training and an Equality Plan.

4. Target Groups

- **Direct Target Groups:**
  - Number: 35
  - Characteristics: People with addictive disorders, with a low cultural level and a high level of unemployment.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: 90
  - Characteristics: This improvement has impacts on the individual's family and community life, as they are no longer digital illiterate. It also helps them in order to function better in life and in their social relationships.

5. Objectives, indicators and outcomes

General Objective: acquire a minimum basic knowledge and technological skills that improve the well-being, the quality of life and the knowledge and skills of our users and that affects their self-esteem (it contributes to modify their competences, their level of training and employability, and their self-esteem because of the acquired competences, and all this allows them to integrate better in society).

Specific Goal 1:	Results achieved	Indicators for Specific Goal 1
Acquire knowledge mainly of Word and, for advanced levels, of other programmes.	Write a document.	Number of papers written by workshop participants.
	Saving and filing a document in	Type of folders (creative writing, book

	folders.	summaries, behavioural change records...).
	Knowing how to use the maximum of tools within the application.	Number of applications that different user groups know how to use.
Specific Goal 2: Basic skills and specific techniques to face a job interview, develop a CV and cover letter.	**Results achieved**	**Indicators for Specific Goal 2**
	Preparing a CV	Number of users who finish the workshop with a completed curriculum.
	Making a Cover Letter	Number of users who finish the workshop with the cover letter done.
	Moulding through role-playing of a job interview	Results of the brainstorming (at the end of the workshop): increased confidence level when facing a job interview.
Specific Goal 3: Understand how social networks work and which ones can be useful to them.	**Results achieved**	**Indicators for Specific Goal 3**
	Use of Facebook	Number of users using Facebook and other platforms
	Use of LinkedIn or other related platforms.	Numbers of users using employment-related platforms

6. Activities

Activities Specific Goal 1	Writing a document, saving and filing a document in folders, knowing how to use as many tools as possible within the application For the basic level group: Write a document in word changing fonts, bold, underlined, save a document in a folder on the computer or pen drive. Make the email
Activities Specific Goal 2	Preparing a CV, writing a cover letter, role-playing a job interview, etc. The group of intermediate and higher level: The beneficiaries will carry out the curriculum, the cover letter and as a group they will do a role-playing simulating a job interview.
Activities Specific Goal 3	Using Facebook and LinkedIn or other related platforms for job-seeking. Beginning level beneficiaries will learn how to use YouTube, Spotify, Facebook Intermediate and higher-level groups: Beneficiaries will learn to scan a document, send a fax, which is a digital certificate, make a money transfer using by phone, interviews and conferences via skype, and use zoom. Instagram, Twitter and LinkedIn.

7. Assessment of the BP

Currently it has not been evaluated externally, but we carry out an internal evaluation as follows:

1 Pre-test.
To assess the initial level of users in digital and technological communication skills and the needs or motivations of each person to structure the levels into three groups.

2 Post-test.
To assess the satisfaction with the workshop of the beneficiaries and the knowledge acquired.

3. Annual telephone follow-up
To assess the practical applicability, if the acquired learning has served them, what they have used it for (leisure, work, etc. and, if they have contributed to improving their quality of life.
Conclusions to be drawn: this project is pertinent and relevant due to the fact that the level of the population is very low. It is an expectation demanded by the participants. The importance of the knowledge acquired.

8. Outcomes and Outputs (in the framework of the Best Practice)

The 2021' edition ended, and results achieved are as follows:

Beneficiaries reached: Initial group Men 6 Women2
Degree of satisfaction 80%

Beneficiaries reached group intermediate
Degree of satisfaction 95%

Beneficiaries reached group higher level:
Degree of satisfaction 100%

Areas for improvement: Spend more time in the workshop, two days a week. Have computers in your free time to advance further. Have more individualized tutoring.

9. Transferability

These actions require a classroom with 8 computers, trainers and continuous training in these techniques. *Pre-test* when entering the group for the first time, on the knowledge and use of this type of techniques and *Post-test* after 3 months, when the participation in the group ends, on the knowledge and use of the techniques.
In the team meetings, people's evolution is discussed.

10. Innovativeness of the Best Practice

1. Systemic approach understanding that we are all part of a system and the impact that the actions of some have on others, assuming an overall vision that encourages interaction, participation of people, entities and coordination. How do I begin reflective, trying to provide skills and tools for life and resilience skills. Learning while having fun, if possible dedramatize and work on positive thinking and humor, enjoyment skills, as well as responsibilities.
2. Internment in specialised centres to treat addictions should not paralyse other areas of people's lives, such as employability, study and relationships.
3. New learning experiences and digital accompaniment, due to the difficulties in incorporating new knowledge of our groups and the lack of trainers. Volunteers and trainees have collaborated.
4. Learning current knowledge that is innovative for them because they have been outside reality and have not had educational opportunities. To take advantage of the recovery time in detention to acquire the skills that will help them in their subsequent social reintegration.
5. Helps to improve executive functions in users with cognitive disorders. Neuroscience teaches us that in certain disorders the prefrontal part of the brain that organises information does not work well, which is why it is difficult for them to focus and learn. Tutoring them and adapting to their levels allows for personalised learning.
6. They help to improve social networks in times of isolation and to carry out operations online, so that their knowledge and employability improves.
7. It allows us to adapt to their technological and communication difficulties in times of pandemic.

11. Theoretical basis used for the best practice. References.

Establishment of clear and well-defined objectives in the individualized program, aimed at improving communication and new technologies in the psychosocial rehabilitation processes of beneficiaries with addictive disorders

Various group techniques, focused on the acquisition of Skills to improve resilience, training, communication and interpersonal relationships.

"New technologies and social exclusion. A study on the possibilities of ICTs in the fight for social inclusion in Spain" Pedro Jose Cabrera et al.

"Manual of good practices for the creation of intervention alternatives aimed at the drug-dependent population in a situation of social exclusion" Izaskun Sarabia

12. Additional Information

In a context marked by a health, economic and social crisis derived from previous situations and enhanced by the Covid-19 pandemic, addictive disorders and the high presence of unemployment and low qualification, it is high in people in treatment due to addictive disorders, because they have been removed from the context for a long time formative-labour (due to active consumption, stay in centres, income in prisons ...) with differential characteristics in men and women.

It is one of the greatest challenges that healthcare managers and professionals who work in the addiction field will have to face in the coming years, with differential characteristics in men and women, and with a high prevalence of unemployment, low cultural level and little knowledge of office automation and the use of digital tools.

This project aims to influence the importance of minimizing the digital divide in Spain to alleviate the divide social, aggravated since the beginning of the pandemic. We have to introduce in what technological to the most excluded groups. Digital training is necessary to address inequality, which has been exacerbated in the pandemic due to the lack of resources of vulnerable groups to relate due to the lack of digital skills. It is social and collaborative learning to maintain connectivity and adapt individualised content groups.

We aim for 40% of users to introduce technological and digital skills into their daily lives. It improves treatment and integration in the therapeutic community, as they are busy, learning useful things and making the most of their time, especially at times when, due to the evolution of the pandemic, outings are suspended.

The workshops are carried out sequentially, focusing on better training and practice. Final questionnaire of satisfaction and knowledge acquired, description of evidence and identification of areas for improvement.

We have had to improvise because we do not have trainers specialised in this area and because of our inexperience.

The entity needs a higher level of training and specialisation. Training adapted to diversity. Adjusting to the new times Allows users to play a greater role in their processes of change and facilitate social incorporation processes.

TRIP (Mobile and Fast Checking of psychotropic substances) – Modus Vivendi (Belgium)

Organisation Data

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Brief description of mission, vision and intervention approach(es)	Modus Vivendi implements, for the benefit of drug users and with their participation, actions and reflections aimed at harm reduction (AIDS, hepatitis, STDs, overdoses, bad trips, social isolation, etc.). Modus Vivendi has been operating a drug checking service for more than twenty years in Belgium. It's presently the only drug checking service in Belgium. Our service is intended for drug users only; they can have their drugs chemically analysed and receive personalized information and advice. As a harm reduction tool, drug checking carries values. This results inter alia in considering drug users to be responsible adults capable of self-determination, who should at any moment feel free to accept or refuse the help offered and who have their say on its modalities. Moreover, the service falls within a peer-based intervention framework: the team includes social workers, operational technicians but also volunteers, i.e. (former) drug users who enrich the project with their unique perspective. Since 2011, the service is provided once a week at a fixed point in downtown Brussels and at the *Esperanzah!* festival.

Summary of the Best Practice

Technical Information

Title	TRIP (*Testing Rapide et Itinérant de produits psychotropes* / Mobile and Fast Checking of psychotropic substances)
Location	Brussels
Level of implementation (local /regional /national /transnational /other)	Regional
Execution (from – to, currently)	Currently
Resources needed for the implementation	*Economic resources*: Subsidy by the Brussels Region *Material*: one drug checking machine (FTIR), drugs measurement material, one tablet for the questionnaire …

The TRIP project was created in 2018. This mobile drug checking service pursues the following main objectives:

- Improve the accessibility of the drug checking service through outreach. The goal is twofold: provide the service in low-threshold services and next to clubs.
- Reach marginalized or otherwise stigmatized communities, i.e., public of low-threshold services and MSM.
- Improve our knowledge of the drug market in Brussels.
- Form or strengthen partnerships with other harm reduction organizations.
- Improve collective security and health by identifying particularly dangerous products and launching early warnings, including for products (e.g. heroin) that are generally not brought for analysis by our usual beneficiaries (i.e. recreational drug users).
- Share our expertise and train partners in drug checking.

Main results:

- X drug checking permanences ;
- X drugs analysed ;
- X drug users from low threshold services and MSM.
- X partnership agreements concluded.
- X early warnings from drug checking TRIP.
- X social workers trained for drug checking.

Summary of activities:

The implementation of the project in these different places was based on more than 20 years of experience in testing at the drop point, Modus Fiesta, with a public of drug users from the party scene. However, we had to adapt to the different realities of other places and different groups of drug users.

- Recruitment of chemist with half time work.
- Meeting with partners of the partner associations.
- Market study for the acquisition of a drug checking machine most suited to different places and public => mobility, speed and accuracy of the results. Study carried out with the support of the European network Newnet;
- Acquisition of drug checking machine: FTIR from Bruker.
- Meeting with the municipal public authorities.
- Presentation of the project within the partners teams.
- Agreement of the project between Modus Vivendi and the partners (schedule, site, data collection, data sharing, training, referent workers, etc.).
- Creation of a training module for drug checking counseling for social workers.
- Immersion of the Modus Vivendi drug checking team within the various non-profit organizations to meet the public and workers, and to get to know the configuration of different sites.
- Training in FTIR analysis for all social workers at Modus Vivendi.
- Presentation and demonstration of analysis techniques used (FTIR and colorimetric) for workers and public.
- Creation of project communication towards workers in different places.
- Creation of specific communication aimed at different audiences.
- Adapt the user questionnaire form to various publics.
- Training of the referent social workers of the project within their association.
- Adaptation of the service's hours of service according to the number of visitors to the needle exchange point, for example.
- Work on the reliability of the new technique, FTIR, in partnership with the public health institute, using complementary technique with the CGMS.
- Quarterly meeting with partners to adjust the project.
- *At the harm reduction material exchange counter for the low-threshold public, the service offered once a week, on Mondays from 6pm to 8pm, we are aiming for extended service time.*
- *ChemSex permanence: the service is offered once a month, on the 3rd Wednesday of the month.*

Description

1. Situation and Initial Context

Baseline of the problem:
No accessibility of drug checking services for different groups of drug users, such as more vulnerable drugs users or those who don't identify as being part of Modus Fiesta's target audience.

Implementation of the project:

Outreach: implementation in the associations who work with these publics.

This project is set up in the multicultural and economic context of the Brussels Capital Region.

2. Type of program/service/intervention/practice

Social inclusion			
x	Stigmatization(s)		Cultural Activities
	Gender		Drug use in recreational settings
	Sex workers		Educational Campaigns
x	Sex and drugs		Social participation
	Community-based experiences		Non-substance addictions
	Housing		Labour inclusion
x	People living on the streets		Rehabilitation programs
	Training		Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being		Goal 4: Quality Education
	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	X	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

Goal 10: Reduced inequalities:

Allow more insecure users or those suffering from social exclusion to have access to the drug checking service. Indeed, this type of service was offered for more than 20 years to party goers and users of stimulants in general (XTC, cocaine…).

4. Target Groups

- **Direct Target Groups:**
  - Number:
- Characteristics: Reach marginalized or otherwise stigmatized communities, i.e., public of low-threshold services and MSM.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number:
  - Characteristics: social workers in the different partner associations who are training for counselling in drug checking

5. Objectives, indicators and outcomes

General Objective:		
Specific Goal 1: Improve the accessibility of the drug checking service through outreach. The goal is twofold: provide the service in low threshold services	**Results achieved**	**Indicators for Specific Goal 1**
	18 drug checking permanences/ 3 months => 2020	Number of drug checking permanences
	24 people who have analysed or have been made aware of the project.	Number of drug users from low-threshold services and MSM
	3 partnership agreements concluded	Numbers of partnership agreements concluded
	8 socials workers trained	Numbers of social workers trained in counselling of drug checking
Specific Goal 2: Improve collective security and health by identifying particularly dangerous products and launching early warnings, including for products (e.g., heroin) that are generally not brought for analysis by our usual beneficiaries (i.e., recreational drug users).	**Results achieved**	**Indicators for Specific Goal 2**
	13 drugs analysed	Number of drugs analysed
	0 early warnings	X early warnings from drug checking TRIP.

6. Activities

Activities Specific Goal 1	• Meeting with partners of the partner associations. • Meeting with the municipal public authorities. • Presentation of the project within the partner teams. • Agreement on the project between Modus Vivendi and the partners (schedule, site, data collection, data sharing, training, referent workers, etc); • Creation of a training module for counselling drug checking for social workers. • Immersion of the Modus Vivendi drug checking team within the various non-profit organizations to meet the public, workers and know the configuration of different sites. • Presentation and demonstration of analysis techniques used (FTIR and colorimetric) for workers and public. • Creation of project communication towards workers in different places. • Creation of specific communication aimed at different audiences. • Adapt the user questionnaire form to various publics. • Adjustment of the service's hours of service according to the number of visitors to the needle exchange point, for example. • Quarterly meeting with partners to adjust the project.
Activities Specific Goal 2	• Market study for the acquisition of a drug checking machine most suited to different places and publics => mobility, speed and accuracy of the results. Study carried out with the support of the Newnet European network • Acquisition of the drug checking machine: FTIR from Bruker. • Training in FTIR analysis of all social workers at Modus Vivendi. • Work on the reliability of the new technique, FTIR, in partnership with the public health institute using complementary technique with the CGMS.

7. Assessment of the BP

There has been no evaluation currently, just monitoring.

8. Outcomes and Outputs (in the framework of the Best Practice)

We shared this experience in a TEDI (Trans European Drugs Information) guideline. It will be published at the end of the year.

9. Transferability

To be considered:
- The legal context of the country: the authorizations to transport psychotropic products, for example, or whether harm reduction is recognized as an approach to promote health towards the public of drug users.
- Financial means: whether the project can be subsidized and at what level, to be able to buy expensive equipment such as the analysis machine.

10. Innovativeness of the Best Practice

What is innovative in the Belgian context is the implementation of the drug checking service in a harm reduction association like low-threshold services for a more marginalized public. And this with an FTIR analysis system.

Innovative/distinctive aspects of the practice

The innovation of this project is:

- to offer this service to a low-threshold public at harm reduction material distribution sites, as well as to a public of men who have sex with men during CHEMSEX, by being present within associations working with these publics.
- to adapt this service to these publics and to train the social worker teams of these associations.
- most European drug checking services offer this service in the party scene.
- to work with the partners.

11. Theoretical basis used for the best practice. References.

References:

- Tupper KW, McCrae K, Garber I, Lysyshyn M, Wood E, Initial results of a drug checking pilot program to detect fentanyl adulteration in a Canadian setting, *Drug and Alcohol Dependence* (2018), https://doi.org/10.1016/j.drugalcdep.2018.06.020
- Measham F. City checking: piloting the UK's first community-based drug safety testing ('drug checking') service in two city centres. Br J Clin Pharmacol. 2020

Underaged, overlooked & Bridging the Gaps – AFEW (Ukraine)

Organisation Data

Contact Details	*Name and Surname*: Iryna Nerubaieva *Charge*: Project Manager *Email*: iryna.nerubaieva@afew.org.ua
Organisation Name	AFEW Ukraine
City and Country	Kiev, Ukraine
Email	
Web	http://afew.org.ua/en/afew-ukraine/
Brief description of mission, vision and intervention approach(es)	Established in 2001, International Charitable Foundation "AIDS Foundation East-West" (AFEW) is a non-governmental humanitarian public health organization. AFEW-Ukraine is part of the International Network of independent organizations based in Eastern Europe and Central Asia, within the broader network of AFEW organizations in the Netherlands, Kazakhstan, Tajikistan and Kyrgyzstan. The mission of AFEW Ukraine is to improve access to and the quality of social and health services for adolescents, people who use drugs, sex workers, and people living with HIV, among others. This is achieved through evidence-based and innovative approaches, supporting active regional and international exchange of experiences, and capacity building of both governmental and non-governmental organizations.

Summary of the Best Practice

Technical Information

Title	Underaged, overlooked & Bridging the Gaps.
Location	Ukraine
Level of implementation (local /regional /national /transnational /other)	Poltava, Kharkiv, Donetsk, Odesa, Kyiv, Kirovohrad, Chernivtsi
Execution (from – to, currently)	2011 - 2021
Resources needed for the implementation	*Economic resources*: The "Bridging the Gaps"project costs about 250.000€ annually. The "Undertake, Overlooked"project costs around 280.000€ annually. *Material*: *Human Resources*: The project Bridging the Gaps counts with five management staff supporting the service delivery organizations in the different locations. The project Underage, Overlooked, counts with 11 management staff supporting the service delivery organizations. At least other 160 staff work at the implementing partners. Among them are local project coordinators, social workers, psychologists, physicians, drivers, and youth leaders. *Economic resources*: The "Bridging the Gaps"project costs about 250.000€ annually. The "Undertake, Overlooked"project costs around 280.000€ annually.

AFEW's Youth Program aims at improving the quality of services for adolescents who use drugs in big cities and rural areas of Ukraine. To achieve so, they offer counselling, HIV & STI testing, condoms, safe leisure activities, and leadership capacity building.

The project's services are offered at three levels, In the first and lowest-threshold level, clients receive a basic package of services including counselling - covering topics such as safer drug use, reproductive health and STIs, and human rights -, HIV & STI's testing, condom provision, promotion of safe leisure activities, and syringe distribution (on request, but syringe exchange is not provided), among others.

If participants in the programme want to make more significant changes in their lives, they are invited for a case management program (second level) where an individual plan of actions is developed. This may last for six months to one year. Finally, for those who desire and are willing to quit or reduce drug use, rehabilitation programs are available. Outpatient rehabilitation programs for youth are available in two Ukrainian cities.

The projects have been successful in developing and implementing accessible and comprehensive harm reduction services for youth both in big cities and rural areas in Ukraine. In parallel, the projects have supported the development of leadership and advocacy capacity of adolescents in the region, as well as supporting the development of skills among services providers. Next to this, the projects have contributed to improve policies and procedures to overcome barriers to access to HIV prevention, treatment and support services.

As a result, injected drug use and drug use in general has been reduced among the participants, and the activities have directly impacted the improvement of adolescents' knowledge on HIV, STIs TB, SRHR, and safer behaviours.

Description

1. Situation and Initial Context

Ukraine has the highest prevalence of HIV in Europe with an epidemic concentrated among vulnerable groups, particularly people who inject drugs. It is estimated that approximately 350,000 people inject drugs in the country, out of which the estimated prevalence of HIV is 22.6%, and for Hepatitis C is 63.9%[24]. In 2006, the average age of initiation into injecting in Ukraine was 18 (varying from 12 to 20). For 16% of males and 37% of females, their first drug experience was through injecting[25]. When compared to other countries from Eurasia, Ukraine has a better harm reduction response. By the end of 2020, 2.380 NSPs were available in the country, along with 215 OST clinics. Ukraine is also one of the two countries with peer distribution of Naloxone in the region. Even though not officially, the country provides drug checking through reagent test kits at festivals and nightlife settings. Since 2019, it has the first harm reduction site in the region (Sumy), allowing drug use on its premises

AFEW Ukraine started working with young people who use drugs in 2011, during the program *"Bridging the Gaps: Health and Rights for Key Populations."* A needs assessment conducted by the project showed that there was a gap regarding services for adolescents who use drugs. An important reason for the gap was the lack of funding, as most donors do not support harm reduction services for young people who use drugs. Further, stigma against young people who use drugs was observed both from education and health care professionals.

The first targeted programs for adolescents with experience of drug use began to appear only in the 2000s. AFEW Ukraine started working with young people who use drugs in 2011, during the program *"Bridging the Gaps: Health and Rights for Key Populations."* A needs assessment brought further evidence for the gap regarding services for adolescents who use drugs. An important reason for the gap was the lack of funding, as most donors do not support harm reduction services for young people who use drugs.

In 2017, the *"Underage, overlooked: Improving Access to Integrated HIV Services for Adolescents Most at Risk in Ukraine"* project started. Instead of covering only more extensive urban areas, the new project also included remote areas, where services for young people who use drugs are scarce. 'Under-aged overlooked' assists young people who use drugs in seven oblasts (regions) and 29 sites in Ukraine.

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[24] Consult http://afew.org.ua/en/research5/
[25] Adolescents are defined, according to the WHO, as people from 14 to 19 years old.

2. Type of program/service/intervention/practice

Social inclusion			
X	Stigmatization(s)	X	Cultural Activities
X	Gender	X	Drug use in recreational settings
	Sex workers	X	Educational Campaigns
X	Sex and drugs	X	Social participation
X	Community-based experiences		Non-substance addictions
	Housing		Labour inclusion
	People living on the streets		Rehabilitation programs
X	Training		Drug consumption facilities
X	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services	X	Minors
	Alternative measures for imprisoned		
Policy Issues			
X	Policy changes campaigns / Projects	X	Alliances of non-profit organisations and institutions
X	Human Rights and drugs campaigns / projects	X	Development Cooperation
	Coalitions, federations of drug users or organisations working in the field of drugs	X	International/Global Alliances
Other (please, specify below):			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being	X	Goal 4: Quality Education
X	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	X	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
X	Goal 17: Partnerships						

4. Target Groups

- **Direct Target Groups:**
  - Number: 8.101 unique participants.
  - Characteristics: Adolescents aged 14 to 19 who use drugs, and their sexual partners, in small towns and villages of the seven oblasts of Ukraine. Most of the young people partaking AFEW Ukraine projects are not dependent on drugs. More than 70% of the participants live at home, generally with their families. The others live either in a dormitory or with friends. Only 4% live in shelters, orphanage or the street. Around half of the participants use multiple drugs, usually alcohol and cannabis, combined with other substances.

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number: -
  - Characteristics: family members, social and health professionals

5. Objectives, indicators and outcomes

General Objective: The overall goal of "Underage, overlooked: Improving access to integrated HIV services for adolescents most at risk in Ukraine" is to help reduce HIV infection among adolescents with drug use experience and their sexual partners by improving access to quality HIV prevention, treatment and support services in rural/small localities in Ukraine.		
Specific Goal 1:	**Results achieved**	**Indicators for Specific Goal 1**
To improve access to HIV prevention and harm reduction services among adolescents who use drugs and their sexual partners by introducing innovative youth-friendly outreach models	Accessible services for YWUD	8101 unique participants received at least a basic package of services within the project
		All adolescents who became clients of the project received access to a wide range of services, including HIV testing, counselling on HIV/TB/STI/SRHR/rights protection and drug use, access to

		condoms, social support services, and referrals.
		Teenagers reported that they have learned that there is a place where they can seek help.
	Inclusion of the harm reduction activities in education structures	The education structures invite NGOs more often now to provide lectures and run activities. The project has had requests from several small cities to bring its activities.
	Reduce injecting drug use in some adolescents, and some adolescents reduced drug use in general.	Number of participants that reduced the injection of drugs and the use of drugs, in general.
Specific Goal 2: To build the capacity of nine community-based organisations to extend and deliver quality services to adolescents who use drugs and their sexual partners.	**Results achieved**	**Indicators for Specific Goal 2**
	Service providers were trained on the specificities of working with YWUD	Social workers and psychologists from all project teams underwent basic training during a five-day event
		36 participants that provide services to YWUD were trained on modern forms of work with young people
	Good practises on how to work with YWUD were shared among service providers	33 service providers and local administrations, had the opportunity to share experiences and best practices within 9 exchange visits between different cities and towns of the project sites
		The first Conference for and about teens "Through virtual to real" was held, which consolidated all the best practices in working with adolescents
	Quality and comprehensive services for YWUD were developed	About 300 organizations in 7 oblasts of Ukraine joined regional partner networks to strengthen work with adolescents and provide comprehensive services
Specific Goal 3: To improve current policies and regulations to address structural barriers to access to HIV prevention, treatment and support services in the regions.	**Results achieved**	**Indicators for Specific Goal 3**
	Collaborated with stakeholders to create specific services for young people who use drugs.	Agreement with local authorities for the social contracting of prevention services
		Provision of interactive training services on preventing drug use and risky behavior at the expense of the local budget
		Developed a draft rehabilitation program for adolescents who have developed dependence on psychoactive substances which has become part of the state program for work with adolescents
		Permission to implement a program for 57 the prevention of risky behavior among adolescents, which became part of the local youth program
	Raised awareness on the importance of creating specific services was raised and such services were created	Many participants said that it was due to this project that the very existence of such a target group as adolescents who use drugs first came to the spotlight for authorities.
	Raised awareness on the phenomenon among the wider community	NGO partners of the project carried out prevention events to raise awareness among the general population
	Involvement of adolescents as active subjects, and not just objects of re-education	72 teenagers from among the clients of the project were trained in leadership and advocacy

		Developed an online course "All you need to know to ensure human rights of adolescents in Ukraine"

6. Activities

Activities Specific Goal 1	**Outreach** - Social media - Staff provides prevention information and education materials and invites people to join the youth centres. - Street actions/ events, in schools, vocational schools, places for training, and other public events. - Hotline - Focal points **Low-threshold level** The projects use a three levelled approach to service, which starts with the low-threshold level, to facilitate the access to services. This includes: - Individual counselling on drug usage/safer sex/HIV/TB/STIs/Hepatits/SRHR/human rights etc by social workers and psychologists - Interactive lectures and group counselling on drug usage/safer sex/HIV/TB/STIs/Hepatitis/SRHR/human rights etc - HIV and STI's testing - Condoms provision - Promotion and organization of safe leisure activities, with activities such as sports, or a cine club to discuss movies. - Promotion of leadership, which also involves training youth in communication and goal setting. Such skills help youth change their lifestyle and adopt safer behaviours in terms of drug use and safe sex. **Second and third levels** - Case management. After counselling, if participants want to make more significant changes in their lives, they are invited to join a case management program (second level), where an individual plan of actions is developed. This can last for one year or two. - Drug treatment. For those willing to quit or reduce drug use after case management, rehabilitation programs are available in two cities in Ukraine.
Activities Specific Goal 2	**Coordination** -Focal points/ Coordinators of the sites -Phone and Online Support **Counselling** - On drug usage/safer sex/HIV/TB/STIs/Hepatits/SRHR/human rights etc by social workers and psychologists **Recreational activities** - Common actions/ Events at sites - Volunteering **Advocacy** - Building partnerships of youth centres providers - Work with regional decision makers - Roundtables/ Training
Activities Specific Goal 3	**Advocacy** - Work with regional decision makers, through partaking the Drug policy and HIV prevention coordination committee, on the local level. The committee typically gathers once per quarter to discuss problems in terms of services and policies. - Specialists of regional NGOs were trained in advocacy practices and implemented gained skills both on their project sites and on the level of their regions **Youth's Advocacy** - The youth leaders (YWUD who join the leadership training) partake in the prevention coordination committee. Youth leaders may also partake official meetings on behalf of

	their community and be asked to give feedback to local strategies and action plans developed by the coordination committees or municipal administration. - Once a year, AFEW Ukraine organizes a meeting with all coordinators from partner NGOs from different cities in Kyiv. The most active young leaders are also invited. - Youth facilitators also participate in local events or national conferences and get special training on presenting themselves. - On the ground, youth leaders can partake project planning and make primary contacts in youth centres.

7. Assessment of the BP

The project "Underaged, Overlooked" has produced two analytical reports in 2019 and 2021. The goal of the studies was (1) to research the changes in risk behaviours regarding sexual contacts and drug use among adolescents who use drugs and their sexual partners within the project's adolescent network in rural areas/small towns in Ukraine; (2) to describe the changes on adolescents' access to health and social services and the impact of the project on such changes. The research follows an explorative mixed-methods design, which includes (1) desktop research of available data, (2) quantitative and qualitative data collection (mapping, surveys and focus groups); (3) and a data consolidation and analysis process.

The results of the final study convincingly demonstrated that the project has had a positive impact on improving the access of adolescents who use drugs and their sexual partners to HIV prevention services, and on strengthening the capacity of all implementing partners; provided a positive example of a comprehensive model of prevention work in small settlements, contributed to development of a positive experience of overcoming barriers in adolescents' access to services for HIV prevention, treatment and support at the local level, even in conditions of insufficient development of the necessary infrastructure; drew public attention to the problems of adolescents who use drugs at the national and local levels and laid the foundations for future work with them.

8. Outcomes and Outputs (in the framework of the Best Practice)

The projects have contributed both to structural achievements and changes in the lives of young people who use drugs in Ukraine. Several improvements were noted in terms of changes in young people's lives, from increased health care and safer drug use patterns to broader changes involving improved communication skills and self-confidence. Also, the parents of clients have seen improvements as their children became more able to communicate with them and avoid conflicts openly. The teachers also noticed that the project participants are more confident and can stand in front of the class without much fear.

The projects have contributed both to structural achievements and changes in the lives of young people who use drugs in Ukraine. The increased partnerships are another achievement at the structural level. Next to this, the project has been able to evidence how public policy should single out a group of adolescents (10–19 years) as an age group requiring special attention; the necessity to include a group of adolescents (inter alia, adolescents at risk) in the system of monitoring and evaluation of the Ukrainian national response to the HIV epidemic; the importance of strengthening the organizational, technical and human resources of organizations that work with adolescents; develop a system of effective referral of adolescents in accordance with their medical and social needs and psychological characteristics; providing focused prevention services that meet the needs of adolescents according to their belonging to a certain risk group, as well as take into account their age, gender and socio-economic characteristics; work with specialists and teachers; advanced training of specialists who provide services to adolescents at risk; involvement of adolescent leaders and development of regional networks of adolescent leaders; availability and quality of medical services and harm reduction programs.

The projects Underaged, Overlooked & Bridging the Gaps developed by AFEW Ukraine have been selected as a good practice example in the publication "Harm Reducion Services for Young People Who Inject Drugs", published by Youth LEAD, Youth RISE and Y+, with the support from the Global Fund Community Rights Gender - Strategic Initiatives.

9. Transferability

Enabling environment

The success and effectiveness of the project largely depend on policies at the national and regional levels, with the direct interest and support of central authorities being the key to success in Ukraine's cultural environment. In many countries legal barriers to work with adolescents who use drugs. For example, people below 18 years of age need parental consent for any medical services or to receive any services at school or other state organizations.

In the particular case of Ukraine, the social services provided by the Civil Society Organizations, or any other non-governmental organization are a "blind zone" as long as the adolescent is 14 years or older. Since in AFEW services they are not obliged to ask for IDs, the CSOs ask about age, but young people can say they are 14 or older and

receive counselling. CSOs also inform adolescents that they ahe services for parents.

Stigma

It is still commonplace to encounter stigma against young people who use drugs, both from education and health care professionals. At schools, teachers and psychologists might deny that pupils from their schools use drugs or have sex. Fearing that, if they admit these behaviours, they may be punished for not having provided *"proper prevention"*. In health care services, stigma may lead to denying assistance to young people who use drugs or breach confidentiality when they talk about drugs, sex, or pregnancy.

A recommendation to other providers willing to work with young people who use drugs is to sensitize and educate youth service providers, parents, educators and health professionals to reduce stigma and increase respect and space for young people's voices and needs.

Leisure Alternatives

The needs of adolescents are much greater than the prevention and formation of a healthy lifestyle, and this is important to consider for the development of attractive and sustainable services. Therefore, in order to work effectively with such adolescents, it is necessary to have partner organizations that can help/provide advice in employment and career guidance/retraining/obtaining a profession, as well as to develop low-threshold attractive leisure activities.

Respect for Youth Voices and their needs

The first step to replicate this practise is to give the opportunity to young people to express their needs. Since young people are often considered to not be fully grown human beings, capable of having opinions and making their own decisions, not infrequently services end up assuming what is best for them. If matching the service to the group's needs and context variables is already important in any other project, tailoring the service to young people is even more essential to earn their trust and engagement on it.

Building the leadership of young people and mobilizing young people who inject drugs to participate in discussions actively and defend their rights is paramount. Only with youth participation will the needs of young people who inject drugs stand a chance to be met.

10. Innovativeness of the Best Practice

The staff of the project itself is youth-friendly, providing low threshold services and focusing on young people's needs. Examples are their approach to identification. By providing an identification care, bringing parents along, or being recorded, like in state organizations, adolescents are registered as troubled young people, influencing their lives. As a response, real names, as well as documents, or the presence of parents or other adults are not requested in the project's services, which make them more accessible.

Additionally, the service providers also adapt to local needs and possibilities. In big cities, projects count with youth centres where young people can receive various services. In remote areas, the work is brought by a mobile unit or staff (from the bigger centres) moving through public transport. The above mentioned first level of services is provided in these areas. In these remote areas, face-to-face communication with clients happens once per week or once per two weeks. To guarantee more frequent contact, the staff keeps in touch through online platforms like Instagram accounts and chat groups. In the big cities, youth centres' reputation is considered so good that young people mostly bring their friends to the centres or are redirected to them from other services. Outreach work is less needed in these areas.

In the remote areas, face-to-face communication with clients happens once per week or once per two weeks. To guarantee more frequent contact, the staff keeps in touch through online platforms like Instagram accounts and chat groups. In the big cities, youth centres' reputation is considered so good that young people mostly bring their friends to the centres or are redirected to them from other services. Outreach work is less needed in these areas.

AFEW Ukraine started to actively involve young people in the project in 2016 through the "School of Leaders". The school aims at developing adolescents' leadership skills and takes up to three or six months. Participants get training and are invited to participate in different activities: planning of projects, staff meetings, changes to services, discussion of problems, and monitoring the quality of services. They can perform short feedback interviews with clients or monitor services from AFEW's partnership network for the monitoring. This may involve going to a medical institution that provides HIV testing to check the quality of counselling and testing itself, whether young people are asked for parental consent, or if doctors demonstrate a stigmatizing attitude towards youth. Based on the monitoring results, it is possible to discuss with partners and plan adjustments to their practice. The youth leaders are also very actively involved in advocacy.

On the ground, youth leaders can partake project planning and make primary contacts in youth centres. They are essential resources, especially when clients come in a non-voluntary basis, referred from the juvenile police probation agency. Together with peer counsellors, youth leaders help to build up a trustworthy relationship, and making these clients feel comfortable and at ease in the centre.

Harm Reduction

Harm Reduction refers to strategies, principles and practices dedicated to minimizing the negative health, social and legal impacts associated with drug use, drug policies and laws. As such, harm reduction is a social justice movement, grounded in human rights, pragmatics and the meaningful engagement of people who use drugs. Harm reduction calls for a non-judgmental, non-stigmatizing and non-coercive access to care and support.

Person-Centred Services

Person-centred services focus on responding to the needs, preferences and values of a given individual or community. As such, they understand that there is no universal application of a protocol or messaging and, instead, meet people "where they are at".

The staff members of Underaged, Overlooked & Bridging the Gaps are trained with special counselling techniques, and they have established networks of referral with other youth services, such as youth-friendly clinics, psychologists, lawyers, or free-of-charge human rights organizations. Another example of a person-centred approach is the development of information materials that are easy to read, access to services free of charge, or flexible working hours both physically and online, via the social networks that adolescents use or the phone.

Peer Involvement

Underaged, Overlooked & Bridging the Gaps engages, involves and supports the leadership of adolescents in the development, implementation and evaluation of policies, services and programmes that affect them. Through the "School of Leaders", AFEW Ukraine supports the capacity building of adolescents by providing training and facilitating their meaningful participation in service meetings, monitoring and evaluation of the programmes, services and institution they have contact with, as well as facilitating their inclusion in advocacy activities. An example of this is the participation of adolescent representatives in the Regional Councils on HIV/AIDS, TB and Drug Use, as well as in other policy making practices for a on a local level.

Organisation Data

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Organisation Name	Asociación Costarricense para el Estudio e intervención en Drogas (ACEID)
City and Country	Santa Ana, Costa Rica
Email	info@aceidcr.org
Web	www.facebook.com/aceidcr
Brief description of mission, vision and intervention approach(es)	The Costa Rican Association for the Study and Intervention on Drugs (ACEID) is a non-profit organisation made up of a group of professionals from the fields of social sciences, medicine, law, education, artists and activists interested in the transformation of drug policies and social violence in Costa Rica towards a human rights approach. To this end, five main areas of work have been established: research, awareness raising and training, advocacy, communication and intervention. In addition, there is a team of collaborators who advise on specific projects that the Association implements, such as security, gender, human rights of migrants, minors and work with LGBTIQ people, among others.

Summary of the Best Practice

Technical Information

Title	Values and preferences for self-administered Hepatitis C testing among cocaine/crack users in Costa Rica
Location	Costa Rica
Level of implementation (local /regional /national /transnational /other)	National
Execution (from – to, currently)	3 months (2020)
Resources needed for the implementation	*Economic Resources*: funded by the International Network of People Who Use Drugs (INPUD) *Material resources*: questionnaires and educational material *Human Resources*: one coordinator y two interviewers

In 2020, ACEID participated in a multi-centre research study on the use of self-administered Hepatitis C tests in people who use drugs and sex workers. In our case, the study was conducted with people who use drugs, specifically cocaine and crack, with an intersectionality approach. The study focused on exploring risk behaviours for Hepatitis C transmission, as well as values and preferences for self-administered Hepatitis C tests. The results show that there is very little knowledge about this virus, as well as a lack of institutional interventions to prevent it, yet there is a high valuation of the use of self-administered screening tests. In-depth interviews and participatory action research are important strategies to collect information from vulnerable populations, especially people who use cocaine and/or crack. It is worth noting that the collection and analysis of the information was carried out by people who use drugs, showing the importance of generating knowledge from and for the communities.

Description

1. Situation and Initial Context

International scientific literature has shown that there are risks of Hepatitis C transmission through sharing paraphernalia, especially if people have nostril sores from cocaine use or mouth sores from smoking crack cocaine.

There is little information on the prevalence, prevention and treatment of viral hepatitis in Costa Rica. There are technological advances aimed at preventing and treating these infections that are not being taken advantage of.

Research on Hepatitis C has never been carried out on people who use drugs in Costa Rica. Even less has it been carried out by the same population of substance users who have the capacity to carry out this type of study.

2. Type of program/service/intervention/practice

Social inclusion			
	Stigmatization(s)		Cultural Activities
	Gender		Drug use in recreational settings
	Sex workers		Educational Campaigns
	Sex and drugs		Social participation
X	Community-based experiences		Non-substance addictions
	Housing		Labour inclusion
	People living on the streets		Rehabilitation programs
	Training		Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			
	Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
	Human Rights and drugs campaigns / projects		Development Cooperation
X	Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):			
Research			

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	x	Goal 3: Good Health and Well Being	x	Goal 4: Quality Education
x	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure	x	Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land	x	Goal 16: Peace, Justice and Strong Institutions
x	Goal 17: Partnerships						

4. Target Groups

- **Direct Target Groups:**
  - Number: 49 (18 men / 18 women / 13 trans women)
  - Characteristics: Cocaine and crack cocaine users who participated in the research.

- **Indirect beneficiaries (*i.e., family, community*): NA**

- Number:
- Characteristics:
    - People working or involved in civil society associations who participated in the group interviews.
    - Family members or close relatives of those who participated in the individual interviews.

5. Objectives, indicators and outcomes

General Objective:		
Specific Goal 1: To measure values and preferences of self-applied Hepatitis C tests in cocaine and/or crack cocaine users.	**Results achieved**	**Indicators for Specific Goal 1**
	- Low awareness of Hepatitis C among drug users. - Good acceptance of the use of self-administered diagnostic tests. - Stigma and discrimination hinder access to information and care.	Answer to each question posed
		Results report
Specific Goal 2: To explore risk behaviours for Hepatitis C transmission among cocaine and/or crack cocaine users in Costa Rica.	**Results achieved**	**Indicators for Specific Goal 2**
	- People with many sexual partners and who share drug paraphernalia are referred to as the most at-risk populations. - Little or no health sector interventions to prevent and provide early care for Hepatitis C. - Sharing of paraphernalia is very common, especially among crack users.	Answer to each question posed
		Results report
Specific Goal 3: Provide recommendations to prevent and treat Hepatitis C among people who use cocaine and/or crack cocaine.	**Results achieved**	**Indicators for Specific Goal 3**
	- Provided digital and printed risk and harm reduction information to people who use drugs. - Outreach to most vulnerable drug users.	Recommendations developed
		Results report

6. Activities

Activities Specific Goal 1	Data collection through individual interviews and focus groups. Qualitative data analysis through inductive analysis methods. 15 people were interviewed virtually due to the pandemic. 2 group interviews were conducted with the participation of 6 people in each.
Activities Specific Goal 2	Data collection through individual interviews and focus groups. Qualitative data analysis through inductive analysis methods. Two participatory workshops were held with 7 participants in each.
Activities Specific Goal 3	Delivery of information on risk and harm reduction associated with Hepatitis C transmission in people who use drugs. Digital, print and verbal media were used to reach all people.

7. Assessment of the BP

As this was a research project, no evaluation of the activities was carried out. The report resulting from the research is the main product of the research. This good practice has also been submitted to the VIII Edition of the RIOD Good Practice-Oriented Experiences, so it is expected to receive an assessment by the end of 2021.

8. Outcomes and Outputs (in the framework of the Best Practice)

The main results have to do with the production of hitherto non-existent information on the knowledge and situation of people who use drugs in Costa Rica in relation to the hepatitis C virus. It is also to present the voice and the reality of people who use drugs in Costa Rica, making visible situations of stigma and discrimination. How these situations affect diagnosis, access to treatment and health care services.

Another result is that health services in Costa Rica do not develop Hepatitis infection prevention strategies for people who use drugs. There is a need for more awareness raising and training of people who use drugs about the risks of Hepatitis C transmission. Health care teams should respectfully approach vulnerable people by actively listening and offering the necessary tests to assess cases of Hepatitis and other STIs.

9. Transferability

It is necessary:
- To have a team specialised in issues related to substance use and sexually transmitted and blood-borne infections.
- To have direct contacts with people who use drugs and organisations that work with them.
- To have financial and technical support from international specialists for the analysis and presentation of the results.

10. Innovativeness of the Best Practice

This is research by and for communities and key populations, specifically by and for people who use drugs.

It is the first time in Costa Rica that we have worked with populations at risk of Hepatitis C, such as sex workers, transgender women and men who have sex with men who are substance users.

In-depth interviews and participatory action research are important strategies to collect information from vulnerable populations, especially people who use cocaine and/or crack.

The work was coordinated with civil society organisations of people with HIV, transgender women and those working with people living on the streets.

A convenience sampling was carried out in order to create a snowball effect. Informed consents were signed by all participants.

11. Theoretical basis used for the best practice. References.

Participatory-Action-Research

According to Fals Borda (2008, p. 3), participatory research can be defined as "an experience necessary to progress in democracy, as a complex of attitudes and values, and as a working method that gives meaning to praxis in the field".

It is not only a research methodology but at the same time a philosophy of life that makes its practitioners sentient people. Therefore, participatory action research seeks to fully incorporate the participants as protagonists of the study, not only in the collection of information, but also in processes of critical reflection, with the aim of promoting the social and political changes necessary to improve their living conditions, which is why this methodology differs from others within the qualitative approach.

Participatory action research promotes the integration of knowledge for collective action, since it encourages participants to become involved, to know, interpret and transform the reality under study, through actions that they themselves propose as alternative solutions to the problems identified. The main interest is to generate definitive and profound changes and transformations. Therefore, transformation and emancipation are the guiding principles of this methodological option.

www.aide-alcool.be – Le Pélican (Belgium)

Organisation Data

Contact Details	*Name and Surname*: Emilia Bogdanowicz *Email*: bogdanowicz.e@lepelican-asbl.be
Organisation Name	Le Pélican
City and Country	Brussels, Belgium
Email	bogdanowicz.e@lepelican-asbl.be
Web	www.lepelican-asbl.be
Brief description of mission, vision and intervention approach(es)	Our mission 1° to welcome and inform any individual confronted, personally or as a member of his or her entourage, with a problematic consumption of or dependence on alcohol, gambling, drugs and/or psychotropic medications. 2° to offer psychological support as an alternative and/or complement to medical and psychiatric care. 3° to conceive actions of rehabilitation (professional, social, cultural, familial,...) and to propose individual interviews with users who wish to start a process of rehabilitation. 4° to prevent/reduce the damage caused by the use of psychotropic substances or by the excessive use of gambling and to limit the risks of relapse related to; 5° to raise awareness among young people, relay adults, professionals and the general public through animation workshops media and other interventions (on request) 6° to help the business community to implement an effective and adequate alcohol prevention policy in the workplace 7° to respond to specific needs via online help (www.aide-alcool.be and www.joueurs.aide-en-ligne.be). Our vision and interventional approaches We work: - with different psychological referents: motivational interviewing, systemic therapy, humanistic therapy (Carl Rogers), cognitive behavioural therapy. - with different modalities: online, face to face, group, individual. - based on the goals of the person or group of people.

Summary of the Best Practice

Technical Information

Title	www.aide-alcool.be
Location	Online
Level of implementation (local /regional /national /transnational /other)	Transnational
Execution (from – to, currently)	From 2012 to present.
Resources needed for the implementation	*Economic resources*: - Creation of a website: minimum 50.000 euros. - Maintenance, update, hosting, server costs of a website: minimum 5.000 euros per year. Job-related expenses: Psychologist and site/team manager *Material*: each psychologist must have a computer and a reliable internet connection.

Main goal

To improve accessibility to alcohol-related care:

- To propose a complementary tool to existing services in terms of helping people facing difficulty with their alcohol consumption, or their relatives
- Reach a public that does not want to, or cannot, go to traditional health care centers (disability, lack of financial means, feeling of shame, fear or guilt)

Main results obtained

The information collected allows us to conclude that, in using online help, **we reach a public different** from the public who come to addiction treatment centers.

We observe:

- 55% of women,
- people aged from 18 to 70 years old,
- 50% with a higher degree (university or not),
- 70% who are employed,
- 50% who have never talked about their consumption to any professional.

Since 2012, the year the site was created, we have observed an average of :

- 900,000 website visits,
- 35,000 online consumer tests (AUDIT, WHO)
- 1,200 registrations for the "Selfhelp" program
- 500 registrations to the "Psychological Online Help" section
- 1,000 to 1,200 online consultations (1,700 in 2020)
- 350 other requests for help on our contact email address

In 2018 we published a study looking at follow-ups conducted online between 2012 and 2017 (Bogdanowicz & Belmont, 2018). The results showed that after 12 weeks, people who received specialized online help, via appointment-based chat sessions, changed their drinking habits and experienced fewer alcohol-related health problems. These results are consistent with those of other teams using online help in this area (for a review, see Sundström et al. 2017).

Program beneficiaries significantly reduced their substance use. Within the first 6 weeks of support, significant changes were observed and are maintained until the end of the 12 weeks.

Our results also allow us to conclude that it is possible to establish a satisfactory therapeutic relationship in internet-based interventions, as it has been previously demonstrated in other studies (Ferwerda et al., 2015; Hohl et al., 2010; Knaevelsrud & Maercker, 2007; Cook & Doyle, 2002).

Summary of the activities

Two different services have been created: Information and Online Support.

These services, which are complementary, aim to promote personal autonomy and are based on a "stepped care" model. Depending on their own needs, people can obtain information, evaluate and analyze their own consumption or motivation using online tests; or exchange with other people in the same situation (forums); take part in a support program based on the classic tools of behavioral and cognitive therapies.This program can be done alone (online self-help part), or accompanied by a psychologist (online psychological support part).

During the online psychological support, one appointment per week is scheduled, by chat (without sound or video), for one hour, always with the same psychologist, for 3 months. In addition, people who drink or who have questions about a relative's alcohol consumption can ask their questions via a contact email address linked to the website. A psychologist on the team answers all questions and requests made through this channel. These services are free and anonymous.

Innovative/distinctive aspects of the practice

Online help in mental health is still very rare in French-speaking countries. In the belgian addiction sector, we actually are the only French-language initiative that offers free and anonymous online help with a specialized psychologist.

Description

1. Situation and Initial Context

Worldwide, alcohol consumption is an etiological factor implicated in over 200 diseases and injuries (World Health Organization, 2014). Within the European Union, 11.8% of the total number of deaths are alcohol-related (Shield, Kehoe, Gmel, Rehm & Rehm, 2012). Belgium is particularly concerned since in 2015, the Federal Center for Health Care (KCE) reported that one in 10 Belgians (over 15 years old) has a problematic alcohol consumption (Mistiaen et al., 2015).

To address this, the development of online help as a new therapeutic approach, integrated and complementary to the diversity of existing care, is one of the new possible resources that has proven to be successful (Andersson, Carlbring & Lindefors, 2016; Carlbring, Andersson, Cuijpers, Riper & Hedman-Lagerlöf, 2018). This alternative also meets new expectations for health care. Indeed, more and more people are using the internet to search for health information, and/or to get in touch with a health professional . It is a medium that makes it possible to offer earlier interventions (Hohl, Berger, Bergström, Andersson & Caspar, 2010) and to close the gap between the demand for mental health care and the actual supply (Lal & Adair, 2014).

Online help expands the range of possibilities, creating new ways of helping, accompanying and/or informing, while sharing some characteristics with traditional approaches. However, online help is neither intended to replace traditional face-to-face approaches, nor to respond to all situations.

In this regard, various studies and meta-analyses (for a review, see Andersson, 2016) have sought to compare online interventions to traditional ones. They all conclude on the many advantages of online interventions: the dissemination of information on a large scale (psycho-education), the possibility of approaching a public that does not (yet) come to traditional help centers thanks to its flexibility (location, schedule), its ease of access (requiring only a computer and a connection), and a limitation of costs (no displacement) for example. Furthermore, the results show that a strong and satisfactory therapeutic alliance is possible during online interventions and that a minimum therapeutic contact (once a week) allows to improve the adherence to the treatment and the effectiveness of the intervention.

With regard to alcohol use, several randomized clinical trials (Blankers, Koeter & Schippers, 2011; Cunningham, 2012; Cunningham, Wild, Cordingley, van Mierlo & Humphreys, 2009; Postel, de Haan & De Jong, 2010; Riper et al., 2008; Schaub et al, 2018) and several meta-analyses (Riper et al., 2011; Rooke, Thorsteinsson, Karpin, Copeland & Allsop, 2010; Sundström, Blankers & Khadjesari, 2017; White et al., 2010) have highlighted the value of online interventions for an issue that is a major public health problem.

Indeed, whether it is in the context of alcohol (abuse, binge-drinking or dependence), information and care for people questioning their consumption and/or feeling the need to change it, are essential.

However, only a minority of people affected by this problem finally enter the classic care circuit. Indeed, Kohn, Saxena, Levav and Saraceno (2004) have shown that excessive alcohol consumption is the mental health problem with the largest "treatment gap" (proportion of people who need treatment but do not get it. For alcohol: 78.1%), compared to other mental disorders (schizophrenia and other psychotic disorders: 32.2%; depression: 56.3%; dysthymia: 56.0%; bipolar disorder: 50.2%; panic disorder: 55.9%). The same observation was made in the Belgian population for which Bruffaerts, Bonnewyn and Demyttenaere (2007) also reported a median delay of 18 years between the onset of the disorder and the first treatment that the individuals received. The KCE researchers (Mistiaen et al., 2015) concluded that this "treatment gap" would be linked, on the one hand, to factors specific to consumers such as shame, fear of being stigmatized, the desire to remain anonymous, or ambivalence to change, which are characteristic of this population. On the other hand, contextual factors such as the absence of a specialized structure nearby, the difficulty to access a help center outside working hours or to travel. Finally, this gap can be explained by the normalization of alcohol consumption in our societies today.

2. Type of program/service/intervention/practice

Social inclusion			
X	Stigmatization(s)		Cultural Activities
X	Gender		Drug use in recreational settings
	Sex workers		Educational Campaigns
	Sex and drugs		Social participation
X	Community-based experiences		Non-substance addictions
	Housing		Labour inclusion
	People living on the streets		Rehabilitation programs
	Training		Drug consumption facilities
	Sports and recreational activities		
Legal Aspects			
	Alternative justice		Prison programs
	Legal or counselling services		Minors
	Alternative measures for imprisoned		
Policy Issues			

Policy changes campaigns / Projects		Alliances of non-profit organisations and institutions
Human Rights and drugs campaigns / projects		Development Cooperation
Coalitions, federations of drug users or organisations working in the field of drugs		International/Global Alliances
Other (please, specify below):		

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	x	Goal 3: Good Health and Well Being		Goal 4: Quality Education
	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure		Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land		Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

Since 2012, with the support of Belgian authorities, a website - www.aide-alcool.be - has been made available to French-speaking people in Belgium. It offers information and care support with an approach integrated in a continuum of prevention - care - risk reduction. It is based on a "stepped-care" model in which each intervention is adapted to the health needs of the beneficiaries.

Depending on their respective stage of the change process (Prochaska and DiClemente, 1983), users of the online support can find the help corresponding to their needs. They can gradually progress from lighter interventions (getting information or assessing one's alcohol consumption) to more complex interventions (online change assistance program, in autonomy or with a psychologist). The online support is based on autonomy and active participation ("empowerment"). It aims to improve the quality of life and, in focusing on the individual's personal resources and skills, to restore his/her ability to make decisions and control his/her own life. The objective of the online support is to offer a complementary alternative to the classic care circuit and to address people whose motivation to change is fragile and who are not yet actively seeking care. These people can get information and help in their own community, from a reassuring place (usually their own home) and at the time they need it. This allows them to gradually learn about all the stages of change and to move forward step by step towards it. The site allows us to reach people who do not come to traditional health care centers thanks to the offer of anonymous and free care and information available 24 hours a day.

4. Target Groups

- ▪ **Direct Target Groups:**
  Anyone who questions about his/her alcohol consumption, needs information, or wants to test himself/herself compared to the current consumption recommendations. Anyone willing to change his/her drinking behaviour.

- ▪ **Indirect beneficiaries (*i.e., family, community*):**
  Anyone who questions the alcohol consumption of a relative (partner, child, parent, friend, colleague, etc.), and needs information about alcohol consumption.

5. Objectives, indicators and outcomes

General Objective: To propose a complementary tool to existing services in terms of helping people facing difficulties with their alcohol consumption, or the alcohol consumption of a relative, as well as to reach a public that does not want to, or cannot, go to a traditional health care center (handicap, lack of financial means, feeling of shame, fear or guilt).		
Specific Goal 1:	**Results achieved**	**Indicators for Specific Goal 1**
To offer a complementary alternative to traditional face-to-face consultation, through online information and support tool	Per year, psychologists conduct an average of 1200 online psychological support (1700 for the year 2020 due to the health situation of COVID 19) In our study (Bogdanowicz & Belmont, 2018), we were able to observe that the program beneficiaries significantly reduced their consumption. within the first	1. To Offer quality online support 1.1 Ensure the psychological follow-up of the consultants: Number of chats performed Average number of chats per follow-up Assessment of qualitative evaluations by participants.

	6 weeks of support. Significant changes are objectified and changes were observed and maintained until the end of the 12 weeks.	Long-term impact of online help (follow-up evaluation, 6 months and one year after the program)
	We receive 200 to 250 emails each year. It can be a request for information or help/information for himself/herself or a relative, a technical problem, etc. Each of these emails is answered individually and personally.	1.2 Respond to requests for help received by email via the general email box of the site Number of emails/messages received and sent
	In each association the meetings/intervision take place once a week. The meetings between associations are now held more punctually but the exchanges between associations by email and telephone are almost daily.	1.3 Sharing experiences and reflections of the psychologists' team of the website aide-alcool - Number of intra-association intervisions - Number of inter-association intervisions - Number of supervision sessions - Number of intra-association meetings - Number of inter-association meetings - Number of coordination meetings
	All psychologists working at www.aide-alcool.be continue to participate in trainings, study days, etc.	1.4 Continue education of online therapists - Number of trainings - Topics of trainings - Number of attendances at study days, conferences, congresses or symposiums
Specific Goal 2: To reach people who are less inclined to turn to traditional help services	**Results achieved**	**Indicators for Specific Goal 2**
	The number of interventions per year is very limited. There are no complaints from people using the site. Recently we have made an update to continue to ensure the security of the data. A new update in 1 to 2 years is again planned to continue.	1. To guarantee anonymous and free help
		1.1 To Keep the site up to date on security - Number of security updates to the site - Number of messages explaining how to maintain anonymity on the site - Number of security complaints from beneficiaries - Number of contacts with the webmaster regarding data security issues.
	In 2020, in 21% of cases, our beneficiaries requested shifts outside of traditional help center hours (i.e., before 9 a.m., evenings from 6 to 9 p.m., or Saturday mornings). It should be noted that for this year 2020, the requests for follow-up in shifted hours were less important because of the periods of confinement.	2. Offer appointment times outside of traditional center hours - Number of appointments made outside "office hours", before 9am and after 6pm
Specific Goal 3: Website management: Guarantee the functioning and the update of the website	**Results achieved**	**Indicators for Specific Goal 3**
	All these indicators have been rare (example: forum moderation	1.Manage the technical aspects of the website:

	only once a year maximum, very occasional technical bugs, etc.)	Number of forum moderations Number of contacts (email, phone, bug reports) Number of maintenance meetings with the webmaster Number of remarks for improvements submitted to the webmaster Number of modifications made to improve the site Number of emails received and resolved concerning technical problems on the site
	The newsletter is sent 4 times a year (formerly 12 times a year). The other indicators are done when the psychologists have free time or when published research requires an update of the website.	2 Animate the website : Number of page updates made Number of new pages created Number of news posted on the site Number of articles posted on the blog Number of newsletters sent out. Number of press reviews done

6. Activities

Activities Specific Goal 1	**To offer an alternative to the traditional face-to-face consultation, through the provision of an online information and support tool:** 1. Offering quality online support 1.1 Ensuring the psychological follow-up of the consultants: • Assembling a team of psychologists competent in this type of support • Conducting interviews by chat • Replying to messages 1.2 Responding to requests for help received by email via the general email box of the site 1.3 Sharing experiences and reflections between the psychologists • Intervisions between psychologists on the site www.aide-alcool.be • Supervisions with professionals in the field 1.4 Continuing education of online therapists: • Intervisions between psychologists on the site www.aide-alcool.be • Supervisions with professionals in the field • Participation in trainings on online helping • Participation in training on addiction management • Participation in congresses, conferences and study days on the same themes
Activities Specific Goal 2	**To reach people who are less inclined to turn to traditional help services:** 1. Guaranteeing anonymous and free help • Keep the site up to date regarding data security 2. Offering appointment times outside of traditional center hours • Schedule appointments before 9am and after 6pm
Activities Specific Goal 3	**Website management:** 1 Maintaining the functioning and updating the website 1.1 Manage the technical aspects of the website: • Forum Moderation • Bugs Management • Contacts with the webmaster • Follow-up and statistics analysis • Help with difficulties encountered by participants 1.2 Animating the website: • Bibliographic watch • Updating the contents and the online help program • Writing contents and news

We evaluate, internally only, the results obtained each year.
The framework of our operational and intervision meetings and the figures collected on the site allow us to ensure a continuous evaluation process which is based on the analysis of the users' behaviour and the data collected:

1° Number of visits and registrations
Our Flemish counterpart www.alcoholhulp.be (which exists since 2008) is a first reference point.
We monitor the number of visits and registrations month by month and compare the results to their results.

2° Analysis of visitor behaviour
We monitor the behaviour of visitors on a regular basis via the statistics obtained on the site. This allows us to identify how they use our site and how they have access to it. This allows us to adapt our promotional tools according to the observed results.

3° Evaluation of our target audience
The information from our database, especially the characteristics of the people who register for online counselling (age, gender, level of education, geographical origin, etc.) allows us to identify our target audience and to confirm that www.aide-alcool.be offers a service that meets our objectives in terms of target audiences.

4° Feedback from the participants
The evaluation questionnaires filled in by the participants at the end of the online support program confirm their interest in using such a tool (use of the logbook and the different exercises and texts proposed, etc.), and the interest of such an approach: more than 90% consider that this program is a good approach for their alcohol problem. Moreover, for 86% of them, their quality of life has improved.

5° Clinical consultations
The exchanges during the team meetings show that a real relationship of trust, based on collaboration and mutual respect, is established during the online exchanges. As in a face-to-face interview, the analysis of the request, carried out during the first exchanges, gives way to a work on the representations around alcohol consumption and to the implementation of concrete and personalized behaviour modification strategies.
In addition, the analysis of situations in intervision/supervision has led to some adaptations (management of messages between interviews, management of suicidal crisis situations, etc.).

6° The meetings with different actors in the field and professionals in the sector have made it possible to highlight the originality of this approach and its usefulness in the current care circuit. For the latter, www.aide-alcool.be is perceived as a complementary tool, allowing both to occupy in a constructive way the waiting time of people registered on a waiting list in the classic help services, but also to approach people who do not usually go to these care centers.

8. Outcomes and Outputs (in the framework of the Best Practice)

We have not submitted to another best practices call, yet. We have already presented the site at several forums such as the Addiction and Society forum in October 2018 in Brussels.

9. Transferability

Yes, this action would work well in another context. In our opinion, the conditions are:
- The population has to have access to the internet (via smartphone, tablet or computer).
- The workers in charge of the psychological follow-ups should be specialized in the treatment of addictions, should be comfortable with multimedia tools, with written language and with the practice of online psychological interviews.
- The team should collaborate with a competent webmaster

10. Innovativeness of the Best Practice

Our interviews are **anonymous and free** and conducted **by chat only,**. This is the only initiative of this kind in French-speaking Belgium.

www.aide-alcool.be provides the general public with a tool that presents the effects and risks of alcohol consumption in a clear and synthetic manner. The online help is aimed at people whose motivation to change is fragile and who, for the most part, are not yet actively seeking treatment. These people can get information and help in their own community, from a safe place (usually their own home) and at the time they need it. This allows them to gradually learn all the steps of the change and to progress step by step towards a sustainable change in their consumption habits.

To meet the needs identified, the www.aide-alcool.be website was designed and built according to a stepped-care model that proposes a hierarchy of services adapted to the health needs of beneficiaries and that progresses from

simple interventions (e.g., information and self-assessments) to more complex interventions (e.g., online change support program, in autonomy or with a psychologist).

- Step 1: Inform yourself or a relative about the effects and risks of alcohol use, or about the different possibilities for helping people with alcohol dependence + assess and analyze your alcohol use or motivation to change, through the provision of online tests.
- Step 2: Follow an automated change program ("Selfhelp") that can be carried out independently (monitoring consumption with a logbook, decision-making tools, analysis and evaluation of results and relapse prevention)
- Step 3: Follow a change program (monitoring of consumption with a logbook, decision-making tools, analysis and evaluation of results and relapse prevention) with the guidance of a psychologist specialized in addictions, via online consultations (weekly chat sessions, by appointment, lasting 1 hour, for 3 months).
- Step 4: Refer beneficiaries to the traditional care pathway, if necessary (e.g., outpatient follow-up in a specialized service or inpatient withdrawal).

Through the online help program, our work philosophy is based on models and methods from behavioral and cognitive therapies (B.C.T.) and motivational interviewing.

The beneficiaries of the online help program are invited to set their own goals (moderation or abstinence). We support them in this path by guiding them in an awareness of their problem behaviors, in reinforcing their motivation to change and in experimenting with coping strategies.

11. Theoretical basis used for the best practice. References.

Our approach is based on findings from the scientific literature in this area of research. Several randomized clinical trials (Blankers, Koeter & Schippers, 2011; Cunningham, 2012; Cunningham, Wild, Cordingley, van Mierlo & Humphreys, 2009; Postel, de Haan & De Jong, 2010; Riper et al., 2008; Schaub et al, 2018) and several meta-analyses (Riper et al., 2011; Rooke, Thorsteinsson, Karpin, Copeland & Allsop, 2010; Sundström, Blankers & Khadjesari, 2017; White et al., 2010) have highlighted the efficacy of online help for heavy drinking.

In addition, one study looked at the program as offered on AlcoholHelp, via our Flemish counterpart, Alcoholhulp (Vanderplasschen & Reculé, 2014). This study objectified the effectiveness of the approach (both in terms of quantities consumed and in terms of self-reported somatic and mental complaints). These results were confirmed in a study conducted by our team that was recently published in a peer-reviewed scientific journal (Bogdanowicz & Belmont, 2018).

Concerning the work of the psychologists during the online psychological interviews, the basic theoretical references are cognitive-behavioral therapies and motivational interviewing (Miller and Rollnick). All psychologists are also trained in psychotherapy (CBT, Rogerian, systemic, or analytic).

12. Additional Information

It is very important for us to maintain a high level of validity and credibility for www.aide-alcool.be. Therefore, we have been taking steps to obtain the HON code certification for the www.aide-alcool.be website for several years.

HON is a non-governmental organization, internationally known for its pioneering work in the field of online medical information ethics, including the establishment of its code of ethical conduct, the HONcode.

HONcode certification is a moral commitment based on a code of ethics that guides Web site managers in implementing fundamental mechanisms to provide quality, objective and transparent health information tailored to the mission and audience of the site. Transparency of a site enhances the usefulness and objectivity of the information and the publication of accurate data.

Youth in Dialogue: Youth and Drugs Policies and Programmes – UNAD (Spain)

Organisation Data

Contact Details	*Name and Surname*: Lola Capdepón Balaguer *Charge*: Programme Manager *Email*: lola.capdepon@unad.org
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Brief description of mission, vision and intervention approach(es)	The Addictions Network-UNAD, founded in 1985, is a non-governmental, non-profit organization that intervenes in the field of drug addictions and the problems derived from them. It includes more than 250 entities that share some minimum criteria of organization and action. Mission UNAD is the meeting place for social entities that work for the rights of people affected by the problem of addictions and other factors of social exclusion, and from which the participation and cohesion of the associative movement is promoted, as well as the adaptation to the changes of the environment. Vision UNAD is a network of reference entities in the field of addictions with a clear, shared and well-known ideological position and which channels the demands of its social base to influence public policies in favour of social justice.

Summary of the Best Practice

Technical Information

Title	Youth in Dialogue: Youth and Drugs Policies and Programmes
Location	Spain
Level of implementation (local /regional /national /transnational /other)	Regional, National
Execution (from – to, currently)	Ongoing
Resources needed for the implementation	*Economic resources*: Approx. 11.000€. *Equipment*: meeting room, conference room, office equipment. *Human Resources*: project technician, project management, international drug policy officer, communicator, intern in social media management.

The project Youth in Dialogue: youth and drug policies and programmes, originally funded by the Erasmus + Programme, aims to promote social dialogue between decision-makers in youth and drug policy and young people, as well as to foster youth participation in democratic life.

To this end, young people from different Autonomous Communities are trained in leadership and social participation so that they can express their opinions and make proposals for innovation in youth and drug policies and programmes. They are also trained on the subject of youth and drug policies and programmes in order to offer them the opportunity to debate and talk about them with the people in charge. Finally, we try to provide decision-makers with key information from one of their target populations, young people, about their actions.

The first major action of the project was to create a working committee whose members were under 30 years of age, professionals and/or volunteers of the UNAD network. Thus, an open call was launched to the entire network and a selection process was carried out under pre-established objective criteria.

The second major action of the project was to train and support the working committee #jóvenesUNAD on advocacy. In this way, the commission met 4 times in person and between meetings online, always with the support of UNAD's technical team. During these meetings, the young people received training sessions on drug policies at state and international level, advocacy and communication / advocacy. On the other hand, they analysed the national drug strategy and jointly elaborated a series of recommendations about it, always from their point of view as young people and as professionals of the third sector. Finally, they made recommendations on five themes: prevention, harm reduction, care, gender and non-substance addictions.

The third major action of the project was to design and launch an online consultation to all young people (up to 30 years old) who are part of the UNAD network. The aim of this consultation was to know the opinions of the young people who participate in the drug network about:

- How they perceive the relationship between the third sector and the public administration.
- How much do they know about the current drug policy and what opinions do they have about it? Particularly with regard to measures aimed at children and young people.

Finally, a dialogue seminar was held between young people from the UNAD network and drug policy makers at both regional and national level. In this seminar the #jóvenesUNAD commission presented its recommendations, the drug policy makers had the opportunity to give them feedback and 30 other young people from the network were able to participate in the debate. Apart from the young people who were able to follow the seminar in streaming and send their questions via Twitter.

Description

Situation and Initial Context

UNAD, as a network of Spanish NGOs, plays a fundamental role as an interlocutor between organized civil society and the central and decentralized State, both at the political level and at the technical level of the Public Administration.

Why did we want to carry out this project?

Because there is a need for the youth of the UNAD network to actively participate in the process of innovation and updating of drug and youth policies in Spain, especially at the key moment when the project was implemented, since it was when the Drug Action Plan 2013-2016 and the Youth Action Plan 2014-2016 were ending and it was necessary for young people to dialogue with decision-makers and thus take their opinions into account when designing, implementing and evaluating the new Action Plans.

What problem did we identify?

There are two main problems that are ultimately two sides of the same coin. On the one hand, there is a lack of participation of young people at the political level in the field of youth and drugs. On the other hand, youth and drug policies have not taken into consideration the perspective of young people when being designed and implemented, at least not in an effective way. The result is policies and programmes of intervention with young people in the field of addictions that have been failing for years, especially in the case of prevention programmes. This affirmation is defended by the available bibliography, we highlight for example the article "Evaluation of Drug Addiction Prevention Programmes" published by INJUVE, which mentions the failure of drug prevention interventions with young people in schools and highlights the fact that no evaluations of the results of these policies and programmes are carried out, only process evaluations that do not provide the necessary information to adjust and improve them.

What solution did we propose to address the problem?

This happens because there is a lack of adequate communication between both parties where the views of young people are channelled. Although it is true that opinion surveys have been carried out with young people in the past, it has been proven that these are not a sufficient source of information to design effective and efficient prevention, risk reduction and harm reduction programmes with young people. That is why we present this project to create a meeting place (seminar) between youth and decision-makers to establish a dialogue between both parties.

To make the space effective and efficient, the following strategy was proposed:
- To begin with, launch an online consultation that would reach a large number of young people.
- To create a small working group of young people who, before the seminar, would work on the themes to be discussed.
- To count on the participation of key people in the day of dialogue. That is to say, those responsible for drug and youth policies from different administrations (local, regional, state) and willing to debate.

2. Type of program/service/intervention/practice

Social inclusion					
	Stigmatization(s)			Cultural Activities	
	Gender			Drug use in recreational settings	
	Sex workers		x	Educational Campaigns	
	Sex and drugs		x	Social participation	
	Community-based experiences			Non-substance addictions	
	Housing			Labour inclusion	
	People living on the streets			Rehabilitation programs	
X	Training			Drug consumption facilities	
	Sports and recreational activities				
Legal Aspects					
	Alternative justice			Prison programs	
	Legal or counselling services			Minors	
	Alternative measures for imprisoned				
Policy Issues					
x	Policy changes campaigns / Projects			Alliances of non-profit organisations and institutions	
	Human Rights and drugs campaigns / projects			Development Cooperation	
	Coalitions, federations of drug users or organisations working in the field of drugs			International/Global Alliances	
Other (please, specify below):					
Youth participation in policymaking on drugs and addictions.					

3. Sustainable Development Goals (SDGs)

	Goal 1: No Poverty		Goal 2: Zero Hunger	X	Goal 3: Good Health and Well Being		Goal 4: Quality Education
	Goal 5: Gender Equality		Goal 6: Clear Water and Sanitation		Goal 7: Affordable and Clean Energy		Goal 8: Decent Work and Economic Growth
	Goal 9: Industry, Innovation and Infrastructure		Goal 10: Reduced Inequalities		Goal 11: Sustainable Cities and Communities		Goal 12: Responsible Consumption and Production
	Goal 13: Climate Action		Goal 14: Life Below Water		Goal 15: Life on Land	X	Goal 16: Peace, Justice and Strong Institutions
	Goal 17: Partnerships						

4. Target Groups

- **Direct Target Groups:**
  - Number and Characteristics:
  - 7 young people participate in the work commission #jóvenesUNAD.
  - 101 young people attended the day of dialogue with those responsible for drug and youth policy. 36 attended in person and 65 by streaming.
  - 285 young people participated in the online consultation "Drug Policies and Programmes".
  We did not add up the total number of beneficiaries because it is possible that there are young people who participated in the online consultation and also in the dialogue day, so we would be duplicating beneficiaries (the online consultation was anonymous).

- **Indirect beneficiaries (*i.e., family, community*):**
  - Number and Characteristics:
  We consider that the whole population has benefited indirectly, as it has managed to influence the new national drug strategy, whose measures are aimed at the general population as well as at specific population groups. However, this may be too diffuse and generic, so we are going to quantify the UNAD network as the indirect population, i.e. the UNAD network:
    - Professionals: 5,098 (1205 men and 3893 women).
    - Volunteers: 2,723 (1023 men and 1700 women).

5. Objectives, indicators and outcomes

General Objective: to promote social dialogue between decision-makers in youth and drug policy and young people. And to encourage the participation of young people in democratic life.		
Specific Objective 1	Results obtained	Outcome indicators 1
To train and qualify young people from different Autonomous Communities in leadership and social participation so that they can express their opinions, transfer proposals for innovation in youth and drug policies and programmes.	7 young people from different CCAA are trained in drug policies (3 hours) and spokespersonship (2 hours). In addition, they have constituted themselves as the #YoungUNAD Working Commission, from which they transfer their opinions and proposals for innovation about the current drug policy. It should be said that the #YoungUNAD commission has transcended the project and once it has finished it continues to function. They met 4 times in person.	No. of young people participating Number of meetings held Number of hours of training given
Specific Objective 2: To inform and train young people on the topic of youth and drug policies and programmes. And to offer them the opportunity to debate and dialogue about it with the responsible persons.	Results obtained By means of a dialogue seminar with drug policy makers, 101 young people (36 in person and 65 by streaming) got to know the National Drug Strategy and were able to talk to 5 drug policy makers and youth policy makers about it. In the evaluation of the day, the attendees rated all the technical items above 64% (degree of satisfaction).	Indicators for outcome 2 Number of young people attending the day Number of policy makers attending the conference No. of young people following the day in streaming. Degree of satisfaction of those attending the conference.
Specific Objective 3: To provide decision-makers with key information from one of your target populations, young people, about your actions.	Results obtained 5 decision-makers from INJUVE and PNSD were able to discuss with 101 young people involved in social addiction entities about "Youth and Drugs Policies and Programmes". Apart from that, the administration has an online consultation in which 285 young people have given their opinions about the current drug policy and the relationship between the third sector and the public administration.	Outcome indicators 3 No. of young people responding to the consultation

6. Activities

Activities Specific Objective 1	Holding the 1st meeting of the Working Commission #jóvenesUNAD: in this meeting the young people got to know each other and made their own work plan for the year. In addition, in this session we had the participation of an official of the National Plan on Drugs from the department of international relations. He trained the young people on current drug policies and how they are structured at regional, state, European and international level.
	Holding the 2nd meeting of the Working Commission #jóvenesUNAD: in this working session we had the assistance of UNAD's communication manager, journalist and writer. She trained the young people in communication and spokespersonship. In addition, the commission designed the program of the day of dialogue with policy makers and their interventions for it.
	Holding the 3rd meeting of the Working Commission #jóvenesUNAD: in this session the commission continued to prepare its interventions for the day of dialogue with those responsible for drug policy. This meeting coincided with the celebration of the UNAD Assembly so that young people could attend it and better understand the functioning of the network.
	Holding the 4th meeting of the Working Commission #jóvenesUNAD: in this session the commission assessed and evaluated their work throughout the year. They also discussed the continuity of the group in 2018. It is important to note that the commission has transcended the project and despite having ended the funding continues to be active.

Activities Specific Objective 2	The main activity under this objective was the preparation, holding and evaluation of a dialogue seminar between young people from the UNAD network and drug and youth policy makers.
	This day was attended by 5 people in charge of different regional and state administrations. And 101 young people, 36 in person and 65 following the event in streaming.
	The conclusions of this conference were requested by the National Plan on Drugs to be used as a source of input in the design of the New National Drug Strategy that comes into force in 2018.
Activities Specific Objective 3	The main activity of this objective was the elaboration of an online consultation on drug policies and programmes addressed to youth of the UNAD network.
	This consultation is a key source of information for drug and youth policy makers because it allows them to get first-hand feedback from young people on the measures they adopt in the field of drugs and specifically target them.
	Having information about your target population is critical to redesigning current drug policies and programmes so that they are more effective.
	Both the online consultation and the conclusions document of the dialogue day served as a source of information for the administration in the elaboration of the new national drug strategy.

7. Assessment of the BP

In this project we have used the following evaluation tools:

COMMISSION #jóvenesUNAD:

1. The participants of the #jóvenesUNAD commission evaluated the results of their Work Plan in their last face-to-face meeting of the year.
2. Apart from that, each young person of the commission together with the technical team of UNAD elaborated their Youthpass (European certificate in which they can describe everything they have done in the project and the competences they have acquired. Youthpass supports the reflection on one's own non-formal learning process and personal results).

Although issuing the Youthpass certificate is not compulsory, we felt it was a useful tool for both us and the young people.

DIALOGUE DAY:

3. UNAD provided an evaluation questionnaire of the dialogue day to all those who attended. The form was answered by 71.43% of attendees.

Both the logistical and technical aspects of the day were evaluated. An evaluation report was drawn up with the results obtained. This is done for all events organized by UNAD.

4. This day also produced a report that included both the recommendations put forward by the commission #jóvenesUNAD and the interventions of policy makers, attendees... and general conclusions reached.

DRAFT:
5. UNAD prepared the final report on the technical and economic justification of the project.

As we have already explained in other sections of the form, in our evaluation of the project we highlight two major milestones:
- That the #jóvenesUNAD commission has transcended the project and despite the end of external funding from the Erasmus+ programme continues to be active.
- That the public administration requested the products of the project to be used as a source in the design of the new national drug strategy. And it took into account the #jóvenesUNAD commission as a focus group in the aforementioned strategy design process.

8. Outcomes and Outputs (in the framework of the Best Practice)

We highlight three main results:
- Result 1: 7 young people from different CCAA are trained in leadership, social participation and spokespersonship. In addition, they have constituted themselves as the #YoungUNAD Working

Commission, from which they transfer their opinions and proposals for innovation with regard to the current drug policy. It should be said that the #YoungUNAD commission has transcended the project and once it has finished it continues to function.

- Result 2: through a dialogue seminar with drug policy makers, 101 young people (36 in person and 65 by streaming) got to know the National Drug Strategy and were able to talk to drug policy makers and youth policy makers about it.
- Result 3: 5 decision-makers from INJUVE and PNSD were able to discuss with 101 young people involved in addiction social entities about "Youth and Drugs Policies and Programmes". Apart from that, the administration has an online consultation in which 285 young people have given their opinions on the current drug policy and the relationship between the third sector and the public administration.

Although this is an advocacy project and not a training project per se, two documents were produced:
1. Document of recommendations and conclusions drawn from the day of dialogue between young people and those responsible for drug and youth policies.
2. Report of the online consultation of opinion on "Drug policies and programmes" addressed to young people of the UNAD network.

9. Transferability

The experience is fully transferable, given that it is a practice organised by a civil society organisation in contact, collaboration and participation with young people. Although the openness of institutions to discuss the formulation and implementation of drug and addiction policies may vary in each country in Europe or Latin America, we believe that it is an exercise that can be replicated in any context, both to influence institutions and to build proposals from civil society and youth.

10. Innovativeness of the Best Practice

For UNAD this project has involved several innovative elements, which had never been addressed before in the organization:

1. Firstly, the use of ICT as a tool to increase the number of people benefiting from the project. Thanks to ICTs, the number of young people who participated in the dialogue with drug policy makers tripled (the event was streamed, and participation was facilitated by twitter).
2. Another innovative element was the dissemination of the project's actions. For the first time we spread the actions of the project not only through the web and social networks of UNAD but also via whatsapp. To start with this, we recorded a video in which the commission #jóvenesUNAD introduced itself. This product had no cost and nevertheless offered great results.
3. It is the first time that UNAD runs a specific project for the youth of the network and it does so with a clear focus on training and empowering them as future leaders. This project was born out of a need detected in the network, which was the lack of involvement of young people in politics. Although they are very participative in volunteering and community issues, there is a lack of interest in learning about policies and their impact on society, the channels to influence them, etc.
4. The recommendations proposed by the #jóvenesUNAD commission regarding the National Drug Strategy have been incorporated by the National Plan on Drugs as an input source/focus group in the design of the Strategy that came into force in 2018. This is a direct result of the project, UNAD youth have managed to influence the design of the new National Drug Strategy. Especially their proposals on gender and non-substance addictions.
5. Creation of an own space for the youth of the UNAD network (Youth Commission), a place where they can meet, express their opinions, exchange knowledge and have a political impact.

12. Additional Information

More information about the #youthUNAD Commission: https://www.unad.org/comisiones/jovenes/