ehra
eurasian harm reduction association

Components, Arguments, Criteria of Quality Harm Reduction Services

Applying principles to practice

Introduction

The tool Components, Arguments, Criteria (CAC) of quality harm reduction services has been developed in response to a strategic priority of Eurasian Harm Reduction Association.

The tool provides a framework for assessment of the capacities of harm reduction service providers to run high quality harm reduction services and for planning respective changes. Developed as a practical guidance on how to apply the EHRA Position on Harm Reduction Quality, it looks into the organizational capacity, staff capacity, client work, and partnerships from the point of view of the five key principles of harm reduction quality: respect for the dignity and acceptance of people who use drugs; community engagement; reaching people who use drugs in their diversity; responsiveness to clients' needs; and target setting based on local health and social specifics.

These principles are explained and supported with examples based on the studies on harm reduction programs that have been recently published in peer-review journals. These examples are not meant to draw a comprehensive picture of harm reduction services but rather to serve as illustrations of harm reduction response in different places of the world and to inspire harm reduction practitioners to go beyond conventional HIV prevention services and explore the needs of underserved client groups and ways to address these needs. For a detailed description of harm reduction services and scientific evidence behind them please see the Implementing Comprehensive HIV and HCV Programmes with People Who Inject Drugs: Practical Guidance for Collaborative Interventions by UNODC and Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations by WHO.

The audience of the tool is primarily harm reduction practitioners: outreach workers and managers, staff of both community-led and governmental service providers. State officials responcible for harm reduction programs implementation and international donors may also will find this tool useful to their work, to understand the complexity and richness of harm reduction and to plan their investments accordingly. While the original intent is to reach the audience in Central and Eastern Europe and Central Asia, it can be also used in other regions.

COMPONENTS, ARGUMENTS AND CRITERIA

1. Respect for the dignity and acceptance of people who use drugs

What does this mean?

Harm reduction starts with the respect of people who use drugs and acceptance of their values, choices, and lifestyles. People who use drugs are respected in harm reduction programs as individuals that act independently and make their own free choices.

In practical terms, this means that clients are to be fully informed about their health, social support, and/or legal support options and possible consequences of their choice. It's for them to decide which way to go - to start or stop opioid substitution treatment, to apply or not for a social protection scheme, to enter/attend or not psychological support/sessions, to go to a shelter or not.

This also means that all staff of harm reduction programs should speak and act respectfully when communicating to all of their clients and also when talking about people who use drugs with other stakeholders.

Why is this important?

By definition, harm reduction programs meet people where they are, "*working with people without judgment, coercion, discrimination, or requiring that they stop using drugs as a precondition of support*" (HRI). Thus, respect for the dignity and acceptance of choices of people who use drugs is a defining principle of harm reduction. But this goes beyond harm reduction. In general, respect for client values and informed choice is an ethical standard and patient right for all health services. No diagnostics or treatment should be initiated without the informed consent of the client.

[LAW AND POLICY] The United Nations Committee on Economic, Social and Cultural Rights recognizes that the right to health is fulfilled only if essential services are nondiscriminatory, scientifically sound, gender-sensitive, culturally appropriate, noncoercive, humane, and respectful (General Comment 14).

[SCIENCE] *A systematic review conducted in 2012 and summarizing evidence from 55 studies, indicates consistent positive associations between patient experience, patient safety and clinical effectiveness for a wide range of disease areas, settings, outcome measures and study designs. It demonstrates positive associations between patient experience and self-rated and objectively measured health outcomes; adherence to recommended clinical practice and medication; preventive care (such as health-promoting behaviour, use of screening services and immunization); and resource use (such as hospitalization, length of stay and primary-care visits).*
Doyle C, Lennox L, Bell D. A systematic review of evidence on the links between patient experience and clinical safety and effectiveness. BMJ Open. 2013;3:e001570

[SCIENCE] A mixed methods study of an US-based HIV clinic that provided harm reduction-informed services defined six principles of harm reduction and generalized them for use in healthcare settings with patients beyond those who use illicit substances. The principles include humanism, pragmatism, individualism, autonomy, incrementalism (any positive change demonstrated by the patient is a step toward improved health; positive health changes often can take months or years to achieve), and accountability without termination (patients were seen as being responsible for their own health choices and outcomes but were never "fired" from care). Hawk et al. , 2017

Criteria:

- Staff receives training and support on non-judgemental attitudes to people who use drugs, acceptance of the choices of their clients and other ethical issues
- All clients are informed about their rights, about the full range of available services and conditions in an easy-to-comprehend way
- The organization's commitment to the dignity and human rights of people who use drugs is promoted among stakeholders/partners
- The commitment to respect the values and choices of people who use drugs is reflected in the organization's policies

How to apply it to practice?

	Tools
Staff capacity	● Training on harm reduction values and principles for new staff ● Staff supervision and follow up sessions on client's agency
Work with clients	● Leaflets/posters explaining clients' rights and staff responsibilities ● Informed consent forms for service uptake
Work with partners	● Sensitization sessions for partner organizations on the agency of people who use drugs
Organizational capacity	● Organizational declaration of the commitment to respect values and choices of people who use drugs in organizations policies

2. Responsiveness to clients' needs

What does this mean?

Responsiveness to the clients' needs means *knowing* the needs of various client groups and how they change in time, *offering* specific services to address these needs, where possible, and *navigating* clients through external health and social support systems to help them get access to

services that a harm reduction program can't provide.

For many people who use drugs a harm reduction program becomes the first service setting where they can disclose their drug use and get the support they need. Their needs go beyond clean syringes or HIV testing and may include various commodities (such as naloxone or pregnancy tests), services (such as a lawyer or dealing with mental health issues), and support in complex situations, for example in a case of domestic violence. These needs can be divided into three big groups: health, social and legal.

Examples of health needs	Examples of social needs	Examples of legal needs
HIV testing, diagnostics and treatment Viral hepatitis testing, vaccination, diagnostics and treatment Tuberculosis diagnostics and treatment COVID-19 testing, vaccination and treatment Drug dependence treatment Overdose management Mental health support Sexual and reproductive health needs	Education/vocational training Employment Housing Parenthood Access to social protection Protection from domestic violence …	Support in case of criminal charges for drug possession Support in case of charges for the risk of HIV transmission Restoring parental rights Dealing with the fines for drug use or sex work …

Needs change over time, sometimes in a rather unpredictable way. When the COVID-19 pandemic began, new needs emerged: masks and other PPE, access to COVID testing, advice on the vaccination, etc. During the lockdowns, many harm reduction had to reorganize their work in order to maintain contact with clients who, in a pandemic and quarantine situation, needed syringes, condoms, and testing no less than before. In addition to this, harm reduction programs helped with getting access to social support during lockdowns or directly provided food packages. To respond to COVID-related changes so quickly, harm reduction programs had to be flexible and be able to reprogram their budgets (EWNA, 2021).

Why is this important?

People who use drugs face barriers in access to health and social services and legal aid. These barriers result from stigma, criminalization, and poverty. Both personal experiences of denial of services because of drugs and perceived stigma discourage people who use drugs from accessing health and social services. The criminalization of drug use forces people to hide from state-based services even in emergency situations, for example in case of overdose. Financial barriers affect access not only to expensive services such as hiring a lawyer but also to relatively inexpensive commodities such as hand sanitizers or antibiotics for STI treatment.

Because of the trust from the community of people who use drugs and a deep understanding of the needs and barriers they face, harm reduction programs are an ideal place to provide all kinds of services or to refer clients to trusted external providers.

In addition to that, the willingness and ability to address a wide range of needs, directly or through navigation in the local health and social system, help harm reduction programs increase their client base and also gain support from a wide range of local stakeholders.

[SCIENCE] *An interview-based study that engaged 120 clients of a large harm-reduction program in New York City, showed that harm reduction outcomes can be traced in the following areas of the life of people who use drugs:1) making money; 2) getting something good to eat; 3) being housed/homeless; 4) relating to families; 5) getting needed programs/benefits/services; 6) handling health problems; 7) handling negative emotions; 8) handling legal problems; 9) improving oneself, and 10) handling drug-use problems. The study concluded that harm reduction and other programs serving people who drugs and other marginalized communities should not rely on institutionalized, provider-defined solutions to problems in living faced by their clients. (Ruefi, Rogers, 2004).*

[SCIENCE] A literature review that explored the association between harm reduction strategies and sexual and reproductive health and was published in 2022, has found that preventing sexually transmitted infections, early/unwanted pregnancies, and violence are the most important results harm reduction programs could provide for sexual and reproductive health. (Sansone et al. 2022)

[SCIENCE] A narrative approach-based study of the Caledonian shelter in South Africa was organized to explore the role of harm reduction in an emergency response to homelessness by triggered by COVID-19 lockdown. With approximately 2000 people at the shelter at its peak, the numbers exceeded the percieved demand. The Community Oriented Substance Use Programme prioritied OST and COVID-19 screening over generalist healthcare to manage withdrawal and contain tension and anxiety. Key lessons learnt were the importance of communicating with people directly affected by emergencies, the value of using methadone to reduce harms during emergencies and the imperative of including OST in essential primary healthcare. (Marcus et al. 2020)

Criteria:

- The organization has trained staff that provides direct support on a wide range of health issues or navigates clients to get health services through other providers
- The organization has trained staff that provides direct support on mental health issues or navigates clients to get health services through other providers
- The organization has trained staff that provides direct support on a wide range of social issues or that navigates clients to get social support through other providers
- The organization has trained staff that provides direct support on a wide range of legal issues or that navigates clients to get legal support through other providers
- Services/services packages are revised on a regular basis and include interventions and commodities that clients identify as their priority

- The organization works with a wide health and social system institutions and groups on the municipal level, including governmental, NGO, and community stakeholders (referral net)
- The commitment to address the needs of people who use drugs in a comprehensive way is reflected in the organizational plans/targets

How to apply it to practice?

	Tools
Staff capacity	• Trained staff to provide direct support (or through the navigation through parterns' services) on a wide range of health issues • Trained staff to provide direct support (or through the navigation through parterns' services) on a wide range of mental health issues • Trained staff to provide direct support (or through the navigation through parterns' services) on a wide range of social protection and social support issues • Trained staff to provide direct support (or through the navigation through parterns' services) on a wide range of legal issues • Regular staff training on addressing emerging clients' needs
Work with clients	• Service package is revised on regular basis and include interventions and commodities that clients identify as their priority • Dedicated informational materials on health, mental health, social and legal issues that clients identify as their priority • Regularly updated system of referral to health, social support and legal specialists/clinics • Services provided by external partners are monitored for their quality (based on client's feedback) • Pilots of new approaches and tools to address health, social and legal needs
Work with partners	• Working relations with various health and social system bodies on the municipal level • Client referral agreements with health professionals, communicable diseases clinics, mental health and drug treatment centers • Client referral agreements with social protection services, shelters, housing services and vocational/educational institutions • Agreements with pro bono lawyer, human rights defenders

	and other legal services
Organizational capacity	• Organization's plans/targets address various health, social and legal needs of people who use drugs and don't limit its work to narrowly defined health issues • Organigram/staff job descriptions reflect the commitment to address health, social and legal needs of people who use drugs

3. Reaching people who use drugs in their diversity

What does this mean?
There is no 'typical drug user'. People of all genders, ages, ethnicities, and sexual orientations use drugs and may need harm reduction services. In addition to that, people use different types of drugs, have different patterns of drug use and need different services packages. One size doesn't fit all. Reaching people who use drugs in their diversity means that harm reduction programs not only allow all of these various groups to access services but plan to reach them with targeted services and monitor how many of them have been reached and gained the support they needed.

Having no age-related restrictions (that is allowing clients younger than 18 years old to access services) is not enough to have quality youth-friendly harm reduction services. In addition to that, it should include outreach directed specifically at young people who use drugs, counseling for young on access to education and return to school for out-of-school young people, and other services.(WHO 2015, HIV AND YOUNG PEOPLE WHO INJECT DRUGS)

Another example is women's access to opioid substitution treatment (OST). In EECA there are usually no formal restrictions to women to access OST but the numbers of women who get this treatment are significantly lower compared to men. The reasons for this are a low level of information among OST programs staff and among the community about OST effects on pregnancy, fear of breaches on confidentiality and possible limitation of parental rights, OST-related costs, etc.

To be gender-sensitive, an OST program will need to consult with women who use drugs on specific barriers they face in accessing OST; recruit women who use drugs as peer navigators; educate the staff on OST and pregnancy and on working with women who use drugs; adjust service provision to address those barriers; set target indicators to reach more women; pilot new approaches to make the service attractive for women, and monitoring their success and failures (UNODC A practical guide on interventions addressing the needs of women who inject drugs.)

Why is this important?
Reaching people who use drugs at their diversity helps to address *intersectionalities*. Double and triple grounds of stigma occur due to belonging to a certain ethnic group, HIV-positive status, mental health issues, previous incarceration, etc. This results in harsh discrimination in health and social services and huge barriers to social integration and preserving or improving one's health.

[GLOBAL GUIDENCE] "Intersectional discrimination happens when two or multiple grounds operate simultaneously and interact in an inseparable manner, producing distinct and specific forms of discrimination". The definition of Council of Europe

The negative effects of intersectionalities on people who use drugs are well documented. Women who use drugs face double stigma and discrimination related to gender and to drug use, which leads to the deprivation of their social rights, access to health and social support, and limitation of parenting (Kontautaite, 2018, Matyushina, 2020). Significant numbers of gay men use drugs (up to 30%), face drug-related stigma which becomes a crucial barrier to accessing healthcare and PrEP, and have almost three-time higher rates of HIV than gay men who do not use drugs. The PLHIV Stigma Index 2.0 shows that people living with HIV that use drugs face higher levels of discrimination in healthcare settings and of social exclusion (GNP+, 2022, currently a draft). Quality harm reduction programs working in partnership with other community-led organizations can become a gateway to health and social services for all these groups of people.

[SCIENCE] In Sydney, a city with high rates of drug use among gay and bisexual men, ACON provides a multi-dimensional response to 'chemsex': direct client services support for individuals seeking to manage or reduce their use; health promotion activities that support peer education; partnerships with research institutions to better understand cultures of chemsex; and policy submissions that call for drug use to be approached as a health, rather than a criminal, issue. The approach speaks the language of Party and Play subcultures; employs culturally relevant terminology and imagery; uses content designed, created, and delivered by peers; and operates within a pleasure-positive, harm-reduction, and community-led framework. These interventions have led to increased service uptake, strong community engagement, robust research partnerships, and the recognition of GBM as a priority population in relevant strategies. (Stardust et al., 2018)

[SCIENCE] A qualitative study that recruited 93 young adults aimed to explore their perceptions of rapid fentanyl test strips to overdose prevention. Of the 81 (87%) participants who returned for follow-up, the majority (n = 62, 77%) used at least one FTS, and of those, a majority found them to be useful and straightforward to use. Positive FTS results led some participants to alter their drug use behaviors, including discarding their drug supply, using with someone else, and keeping naloxone nearby. Given the high level of acceptability and behavioral changes reported by study participants, FTS may be a useful harm reduction intervention to reduce fentanyl overdose risk among this population. (Goldman et al., 2019)

[SCIENCE] A study conducted in St. Petersburg that was based on the data 4 semi-structured interviews with the NGO staff and 301 cases of web outreach work with PWUD demonstrated that web outreach work is a convenient tool for delivering some harm reduction services to PWUD either partially or completely online and for recruiting new clients including hard-to-reach PWUD that avoid attending offline facilities. (Davitadze et al. 2020)

[SCIENCE] In 2020 a systematic review was carried out to explore how living in a rural area shapes the risk for opioid-related harm. The findings explore how rurality shapes the risk environment for opioid-related harms through four environment influences: (1) economic conditions, including economic transition and deindustrialisation that has occurred in many rural areas, and the high levels of economic distress experienced by rural residents; (2) physical conditions, including a lack of infrastructure and recreation opportunities, larger geographic distances, and limited transportation; (3) social conditions, where social networks could be both protective but also amplify risk through a lack of knowledge about treatment and risk *behaviors*, a lack of anonymity and *stigmatization* of people who use opioids in rural areas; and (4) policy conditions including limited coverage and availability of harm reduction and drug treatment services, and *stigmatizing* service provider practices. (Thomas et al., 2020)

Criteria:

- The staff is trained on service provision targetting young people, women, gay men, trans* people, refugees, and other groups with specific needs
- Among staff, there are people with diverse identities and experience to work with varoius groups of people who use drugs
- There are special package services for women, young people, LGBTI, refugees, and/or other groups
- The organization is building relations with other groups that work with women, young people, LGBT, refugees, ethnic communities, etc.
- Organizational plans/targets include reaching groups of people who use drugs that are left behind and face intersectionalities

How to apply it to practice?

	Tools
Staff capacity	● Diversity of staff ● Recruitment of representatives of sub-groups of PWUD that have been left behind as service staff/advisers ● Staff training on gender-sensitive harm reduction ● Staff training on addressing the needs of young people

	• Staff training on chem-sex and working with LGBT communities
Work with clients	• Service package adjusted for various subgroups of people who use drugs (women, young people, etc.) • Dedicated informational materials for various subgroups of people who use drugs • Pilots of new approaches and tools to reach underservered groups of PWUD
Work with partners	• Developing relations with organizations that provide services for women, young people, LGBT, migrants, ethnic communities, etc. • Developing relations with organizations working on human rights and gender
Organizational capacity	• Organizational plans/targets include reaching people who use drugs in their diversity and/or welcoming people who use drugs of all genders, ages, ethnicity, sexual orientations, etc. • The organizational strategy includes situation analysis from intersectional lenses and activities aimed at addressing intersectionalities

4. Engagement of people who use drugs in service planning, implementation, and quality assurance

What does this mean?

Engagement of people who use drugs in harm reduction means organized and systematic participation of clients in service planning, provision of services, and feedback for clients on the service quality.

Such engagement can take various forms. Many services are *led* by people who use drugs. In other cases, the organization that provides harm reduction services is an NGO that is not led by the community but has in its decision structure a harm reduction team or unit led by people who use drugs. In the case of state-run clinics, such as the majority of OST clinics in CEECA, other forms of community engagement can be applied: community advisory boards, recruitment of community representatives as staff or consultants, regular client satisfaction surveys, community-led monitoring of services, and others.

[GLOBAL GUIDANCE] Is the organization led by people who use drugs?

Not all NGOs are community-led. There are international NGOs (such as MSF or Red Cross) and community-based organizations that provide harm reduction or other services for key populations. These NGOs may engage people who use drugs as staff or volunteers, hire them as managers of harm reduction units or invite them to be board members. Such forms of engagement are important and help increase service quality but they do make these NGOs *community-led*.

According to the UNAIDS definition, the following criteria should be respected to be community-led:

-The majority of the organization's governance structure is comprised of individuals who identify as people who use drugs.
-The majority of the leadership, staff, spokespeople, and volunteers of the organization or network are themselves people who use drugs.
-The majority of the clients, members, or constituents of the organization or network are people who use drugs.
-The organization or network has one or more mechanisms for holding itself accountable to the communities of people who use drugs.

Why is this important?

Harm reduction is based on the leadership of people who use drugs and can reach its goals only if it's integrated into community systems. While health professionals, social workers, psychologists and lawyers are instrumental to the provision of a wide range of high-quality services, people who use drugs are the core of harm reduction, setting its targets, developing new tools and services, creating the demand for harm reduction and defining its quality.

[GLOBAL GUIDANCE] *Organizations led by people who use drugs have played a central and creative role in the HIV response in many parts of the world, even in the most repressive environments. Community empowerment has been key to this success. Community empowerment refers to a process of enabling groups or communities of people to increase control over their lives. It means more than the involvement, participation or engagement of communities in pre-existing or new programmes: it implies community ownership, and action that explicitly aims at social and political change. Community empowerment addresses the social, cultural, political, and economic determinants that affect health and seeks to build partnerships with other sectors in finding solutions.* UNODC IDUIT

[GLOBAL GUIDANCE] *According to the Global AIDS Strategy End Inequalities. End AIDS for 2021-2026, 80% target for service delivery for HIV prevention programs for key populations and women to be delivered by community-, key population- and women-led organizations. This means that 80% of harm reduction services should be led by people who use drugs by 2026 and that 80% of harm reduction services for women should be led by women who use drugs.*

[SCIENCE] *A scoping review conducted in 2021 has found compelling evidence on the comparative advantage of peer- and community-led HIV responses. This includes improved HIV-related knowledge, attitudes, intentions, self-efficacy, risk behaviors, risk appraisals, health literacy, adherence, and viral suppression; improvements in HIV service access, quality, linkage, utilization, and retention resulting from peer- or community-led programs or initiatives; structural level changes, including positive influences on clinic wait times, treatment stockouts, service coverage, and exclusionary practices*. Ayala et al

Criteria:

- People who use drugs are being informed about service quality standards, the full spectrum of services guaranteed by national laws, and international recommendations
- People who use drugs/with drug use experience are recruited as staff and provide services
- The organization regularly organizes clients' needs assessments, the results of which are used for planning
- Clients regularly fill in satisfaction surveys or CLM, the results of which are used to improve service quality
- People who use drugs in their diversity participate in the service evaluation on a regular basis (beyond client satisfaction surveys or CLM)

How to apply it to practice?

	Tools
Staff capacity	● People who use drugs are recruited as staff, consultants and/or advisors
Work with clients	● Information leaflets for clients on service quality standards, the full spectrum of services guaranteed by national laws, and international recommendations ● Regular clients' needs assessments, the results of which are used for the planning of organization's work ● Regular client satisfaction surveys ● Community-led monitoring ● Service evaluation on a regular basis (beyond client satisfaction surveys or CLM)
Work with partners	● Sensitization sessions on the engagement of people who use drugs in service provision for a wide range of partners ● Support to community-led monitoring of partners' services for people who use drugs

5. Target setting and sustainability

What does this mean?

Harm reduction programs often use coverage targets to plan their work. A coverage target is how many people who use drugs are going to be reached with service during a certain period of time. For example, how many women who use drugs will get sexual and reproductive health counseling annually or how many clients released from prisons will be referred to vocational training and supported with housing.

[GLOBAL GUIDANCE] Global AIDS targets related to people who use drugs and harm reduction to be reached by 2025

-90% of people who inject drugs have access to comprehensive harm reduction services integrating or linked to hepatitis C, HIV, and mental health services.
-50% of people who inject drugs and are opioid-dependent should be covered with opioid substitution therapy.
-80% of service delivery for harm reduction programmes to be delivered by organizations led by people who use drugs.
-Less than 10% of countries possession of small amounts of drugs by 2025.

These are global targets. They need customization to local settings.

While harm reduction programs share the same principles, they are implemented in very different health, social and legal contexts. There are common issues for CEECA - for example, the very high prevalence of hepatitis C - but there are also a lot of differences. HIV prevalence among people who inject drugs varies from 0.2% in Czechia to 51.4% in Estonia (Key Populations Atlas https://kpatlas.unaids.org/dashboard), making the referral to HIV treatment and counseling on HIV treatment adherence essential harm reduction services in Estonia.

[GLOBAL GUIDANCE] HIV and HCV programmes must be sensitive to the diversity of cultures of people who inject drugs and respond to different drug use patterns and the needs and priorities of the local drug-using community. What it means to be a part of this community varies considerably according to social class, ethnicity, language, gender and race. Drug laws disproportionately affect the most margin-alized and oppressed sectors of the drug-using community: in different settings these may be women, ethnic minorities, migrants and mobile workers, men who have sex with men, sex workers, prisoners, transgender people, the young or the poor. Intervention goals need to remain aligned with the needs of people who inject drugs, even if these change over time. UNODC IDUIT

Donors - both governmental agencies or global donors such as the Global Fund - are usually interested in quite specific targets related to their main goals. These can be: reaching a certain percentage of people who inject drugs with HIV testing, or a certain percentage of people released from prisons continuing tuberculosis treatment, or providing cash transfers to families with children living under the poverty line. These targets become a foundation for agreements between

harm reduction programs and funding agencies. But it doesn't mean that donors are the ones who should decide on the scope and reach of harm reduction programs.

Rather than that, target setting for harm reduction programs is at the crossroads of local needs, agendas of funding agencies, and also the capacity of harm reduction programs to implement various services.

Why is this important?

Externally-set targets may have a negative influence on the quality of harm reduction service provision because they limit the focus of work to one disease (such as HIV) or even one service (such as the distribution of syringes). Sometimes they are interested only in a very specific segment of people who use drugs: for example, they want to fund OST only for people living with HIV. This can be justifiable from the perspective of the donor but for a harm reduction program, this would violate the principle of *responsiveness to clients' needs*.

Donors also tend to set high coverage targets. This can motivate service providers to reach significant numbers of clients with a minimal package of services or to reach 'low hanging fruit' and leave clients with special needs, such as women or LGBT people who use drugs. For a harm reduction program, this would violate the principle of *reaching people who use drugs in their diversity*.

Having multiple donors with diverse interests helps harm reduction programs adhere to their principles and be sustainable. Harm reduction programs can increase their sustainability if they build their plans and funding proposal based on local demographic and health statistics, results of clients' needs assessments, documentation of organizational outputs (*what has been delivered to clients*), outcomes (*what has positively changed in clients' lives in as that results*), and impact (*how this improves the overall health and social situation on the city level*).

Criteria:

- The organization regularly analyzes health, social and legal needs of its clients and diverse client groups and uses this analysis to set measurable service targets
- The organization reports on the reach of its targets beyond donor reports, to gain the acknowledgment of its achievements among the community, governmental and other stakeholders
- The organization engages with diverse donors to be able to address the full range of clients' needs

How to apply it to practice?

	Tools
Staff capacity	• Staff training on the monitoring and target setting • Staff training on working with various donors

	● Staff for fundraising
Organizational capacity	● Sustainability strategy based on crossroads of local needs, organizational capacity and funding landscape ● Fundrasing plans
Work with clients	● Using the analysis of clients' health, social and legal needs to set measurable service targets ● Systematic documentation positive outcomes (what has positively changed in clients' lives)
Work with partners	● Public reports on organization's activities (beyond donor reports) ● Reaching out to new funding mechanisms as part of consortiums with other service organizations

SELF ASSESSMENT TOOL

Answers per question with a color scheme for the quality readiness profile
RED - this doesn't relate to our work
YELLOW - this is yet not the case but we are willing to develop our capacity on this
GREEN - we are working on this and are willing to develop more capacities
PURPLE (EHRA colors) - we are proud of how it work and are willing to share our tools with others

Respect for the dignity and acceptance of people who use drugs

1. Staff receives training and support on non-judgemental attitudes to people who use drugs, acceptance of the choices of their clients and other ethical issues
2. All clients are informed about their rights, about the full range of available services and conditions in an easy-to-comprehend way
3. The organization's commitment to the dignity and human rights of people who use drugs is promoted among stakeholders/partners
4. The commitment to respect the values and choices of people who use drugs is reflected in the organization's policies

Responsiveness to clients' needs

5. The organization has trained staff that provides direct support on a wide range of health issues or navigates clients to get health services through other providers
6. The organization has trained staff that provides direct support on mental health issues or navigates clients to get health services through other providers
7. The organization has trained staff that provides direct support on a wide range of social issues or that navigates clients to get social support through other providers
8. The organization has trained staff that provides direct support on a wide range of legal issues or that navigates clients to get legal support through other providers
9. Services/services packages are revised on a regular basis and include interventions and commodities that clients identify as their priority
10. The organization works with a wide health and social system institutions and groups on the municipal level, including governmental, NGO, and community stakeholders (referal net)
11. The commitment to address the needs of people who use drugs in a comprehensive way is reflected in the organizational plans/targets

Reaching people who use drugs in their diversity

12. The staff is trained on service provision targetting young people, women, gay men, transgender people, refugees, and other groups with specific needs
13. Among staff, there are people with diverse identities and experience to work with varoius groups of peope who use drugs
14. There are special package services for women, young people, LGBTI, refugees, and/or other groups

15. The organization is building relations with other groups that work with women, young people, LGBT, refugees, ethnic communities, etc.
16. Organizational plans/targets include reaching groups of people who use drugs that are left behind and face intersectionalities

Engagement of people who use drugs in service planning, implementation, and quality assurance

17. People who use drugs are being informed about service quality standards, the full spectrum of services guaranteed by national laws, and international recommendations
18. People who use drugs/with drug use experience are recruited as staff and provide services
19. The organization regularly organizes clients' needs assessments, the results of which are used for planning
20. Clients regularly fill in satisfaction surveys *or* CLM, the results of which are used to improve service quality
21. People who use drugs in their diversity participate in the service evaluation on a regular basis (beyond client satisfaction surveys or CLM)

Target setting and sustainability

22. The organization regularly analyzes health, social and legal needs of its clients and diverse client groups and uses this analysis to set measurable service targets
23. The organization reports on the reach of its targets beyond donor reports, to gain the acknowledgment of its achievements among the community, governmental and other stakeholders
24. The organization engages with diverse donors to be able to address the full range of clients' needs