



ORRELATION

EUROPEAN NETWORK
SOCIAL INCLUSION & HEALTH



**Bridging the gap
between Policy and Practice**
Country Snapshots

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Colophon

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Introduction

The economic crisis has had serious impact on the willingness of local and national governments to invest in social and health services, particularly when it comes to the provision of services for marginalised groups. Various partner organisations of Correlation have reported serious budget cuts and they consequently have had to downsize their services.

Taking these policy developments into account, we cannot take for granted the current level of service provision and expect it to keep improving. As a consequence, many service providers might feel the need to become more active on the political level and to intensify the dialogue with policy makers and decision makers. This also means that service users and service providers have to become more outspoken, defending certain rights, standing for those who are in need. And while we have seen that the general public in most European countries has become less interested in politics in the past decade, we may have reached a turning point which could lead to a new engagement and politicization within the field of public health.

Correlation has been addressing various issues on the policy level during the last couple of years. At the Correlation seminars and training sessions in 2010 and 2011 we have organised policy dialogue sessions, targeting Hepatitis C, Peer Support, Harm Reduction and e-health. Various local and national policy makers have participated, exchanged information and discussed relevant issues with practitioners, researchers, activists and community members.

In June 2011, Correlation and EATG organised the HIV/AIDS Policy Dialogue Seminar 'Breaking the barriers, bridging the gap' in Brussels, which included a session in the European Parliament. This event brought together representatives from the HIV community, practitioners, activists and national and European policy makers, involved in shaping the future response to the HIV/AIDS epidemic in Europe. The Correlation/EATG policy recommendations were presented in the European Parliament and participants started to discuss how to use these recommendations and advocate for a policy change at the European and national level.

The next major event of Correlation will be the Conference 'Getting out of the margins; changing realities and making the difference', which will take place from 12-14 December 2011 in Ljubljana, Slovenia. The Conference is organised with support of the Slovenian Ministry of Health and the Clinic for Infection Diseases and Febrile Illness, University Medical Centre Ljubljana.. More than 200 service providers, community members, researchers, activists and policy makers will come together and discuss health and social policies targeting marginalised and vulnerable groups.

This newsletter contains a broad range of contributions. We have asked various partner organisations to give a snapshot overview of the developments in their country, focusing on the consequences which national and local policies have on the group of marginalised and vulnerable people.

In addition we will give you more detailed information on the various Correlation events and activities. As always, we hope that this newsletter will inspire and stimulate you in your daily work and future cooperation with other European partners.

Katrin Schiffer & Eberhard Schatz
Correlation Team

Policy Support within Correlation – bridging the gap between policy and practice experiences and lessons learnt

Katrin Schiffer (Correlation Network)

When Correlation I started its activities in 2005, we already stated that improving the health and social situation of marginalised groups requires more than just the commitment of service providers. From the very beginning we were closely cooperating with community members, peer workers, researchers and activists. We have also approached policy and decision makers, but soon we realised that this group of stakeholders was a different cup of tea.

Although there seemed to be interest and commitment among policy makers, we did not manage to create sufficient impact at the policy making level. This was one of the reasons why we decided to put more emphasis on policy issues within Correlation II.

Policies, policy-making and influencing policies is one of the major priorities within Correlation II. Based on the experiences of Correlation I, we realised that there is a huge gap between the practical and the political level. Both sides of the fence, the practitioners – such as service providers and service users – as well as the policy makers lack knowledge and information. Policy makers know little about the reality and the problems that drug users have to face every single day. They don't know the barriers that have to be overcome when it comes to the provision of services, they are not aware of how drug users are being treated within services or institutions, nor of the fatal consequences exclusion and marginalisation can have.

On the other hand, it needs to be assumed that practitioners often lack information on how policy making works and what exactly drives policy makers. Policy makers and politicians don't base their decisions purely on rational considerations – such as evidence or best practice examples. They have to deal with multiple factors. Decisions have to be 'sold' to the political constituency. Political alliances must be taken into account. As a consequence, information has to be 'translated' for policy makers - less scientific, specifically focusing on the needs of the policy makers, with a direct link to concrete action. Influencing policies requires strategic approaches, being aware of the political context, the short time frames and the possible windows of opportunity.

Therefore, if we really want to change policies and realities, we need to invest more time and energy in the process of policy making. For this purpose Correlation II has created a specific policy unit, which supports the different work packages of Correlation in transferring the outcomes and main messages of their work to the policy making level. The policy unit operates on various levels:

- The policy unit distils relevant policy issues from the field of Hepatitis C, HIV, Outreach, Peer Support and e-Health and will summarise them in policy briefs, which will be published in the beginning of 2012. Accordingly

the policy briefs will be disseminated to relevant stakeholders and policy makers on national, European and international level.

- The policy unit organises and facilitates Policy Dialogue Meetings (PDM's) between policy makers, practitioners, community members and researchers in order to stimulate the exchange of ideas on particular issues.

All Correlation II events were combined with PDM's, which resulted in a meeting in Budapest, Prague and Padua. In addition Correlation and EATG have organised a European PDM in June, in which we presented the short list of policy recommendations on HIV/AIDS to national and European policy makers in the European Parliament in Brussels.

PDM's should be seen as a long term investment, intended to be continued on a regular basis. After having organised various sessions, we are now able to promote the PDM as a useful and effective tool to promote evidence- and practice informed policy making. We assume that local, national and European policy makers agree that it is essential to involve civil society and other experts, when it comes to the development of effective responses.

We have evaluated the various PDM's and all participants appreciated the usefulness and added value of the PDM itself. Based on this evaluation we have come to the following conclusions:

- the interactive part of the sessions (panel discussion) was rated as most useful and interesting. Participants definitely enjoyed the active involvement in the discussion.
- Input presentations are being rated positively, but should provide basic information for the further discussion. Not too many presentations.
- For the PDM in Prague, our local partners carried out an assessment. This assessment included interviews for service providers and policy makers, as well as focus group sessions for drug users. The results of this assessment were used as basis for the discussion between the various stakeholders. This approach was considered extremely useful – concrete examples were used during the panel discussion.
- 95% of participants in Prague considered PDM's a useful tool to influence policy makers on a long term. 94% the European and non-Czech participants consider PDM's a useful tool for their own country.
- Participants indicated that the PDM's have increased their knowledge and 39% stated that this new information will influence their plans for future action. 57% suggest that they might undertake concrete action as a consequence of the PDM.

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Lessons learned

Establishing impacting and sustainable exchange between PM, researchers and practitioners requires time, patience and efforts. Therefore, PDM's should be seen as a process and long-term investment and not as an individual event which automatically leads to a direct policy change.

PDM's can be used to discuss the situation and problems at the front-line level. Service providers and service users should use practice examples, but should not get lost in individual cases. If evidence is available, it should be used to support practice examples. If there is no evidence, it may be helpful to carry out short assessments and snapshot overviews, which at least give an overview on the situation.

The interest of policy makers, practitioners, researchers and service users is not automatically the same. Being aware of the various interests already helps. Being aware of the needs of the other stakeholders and already addressing them is even better.

Sustainable cooperation with and involvement of policy makers is difficult. Policy makers do not remain long in the same function. Exchange may not always be considered essential, but rather time-consuming. It is important that policy makers see the added value of regular exchange.

For more information on the organisation of PDM's please contact: kschiffer@correlation-net.org

European Correlation Policy Dialogue Meeting:

“Breaking the barriers, bridging the gaps: Health inequalities, the HIV/AIDS response and political leadership in the European Union” – 29-30 June 2011, Brussels.

Nicole Heine, EATG

The European Correlation Policy Dialogue Meeting was organised by the European AIDS Treatment Group (EATG) on 29-30 June in Brussels. The seminar provided the opportunity to present and discuss the Correlation II draft policy recommendations on HIV/AIDS – and to engage policy makers to address priority issues identified and to engage representatives of the HIV and harm reduction communities from across Europe in joint advocacy activities.

Speakers included representatives from the European Commission (DG Sanco and DG Justice), the European Centre for Disease Prevention and Control (ECDC), the EU HIV/AIDS Civil Society Forum (CSF), National HIV/AIDS coordinators (Poland, Portugal, Denmark), Correlation partners as well as members of affected groups and harm reduction and public health community representatives.

The first part of the seminar gave an introduction to EU policy making and public health and HIV related processes at EU level, and participants identified upcoming advocacy opportunities – such as linking the national level and EU policy level by



engaging respective Members of the European Parliament from participants countries to work on a resolution on HIV/AIDS, providing input to the upcoming EU drug strategy from a public health perspective and, more generally speaking, together with other partners seeking to ensure public health is sufficiently funded in the next EU budget. Furthermore, participants strategized on how to best raise their concerns during the second part of the seminar in the European Parliament.

The recommendations were presented during the second part of the seminar which took place in the European Parliament



in Brussels - hosted by Members of the European Parliament Marisa Matias (GUE/NGL, PT) and Elisa Ferreira (S&D, PT), and opened by Michael Cashman (S&D, UK) and Antonia Parvanova (ALDE, BG) giving introductory statements on the importance of scaling up political leadership in the HIV/AIDS response in the EU and neighbouring countries now.

The third part of the seminar focused on how to turn the recommendations into action, focusing on the 4 subgroups: injecting drug users, men having sex with men, migrants and sex workers.

In his key note speech Michael Huebel, DG Sanco, highlighted the prevailing inequalities in Europe as to HIV, and underlined the importance to address these inequalities as they contributed to the further spread of HIV. Mika Salminen, ECDC, presented key findings of the Dublin Declaration report and the current state of the disease in Europe and Central Asia concluding that HIV infection is of major public health importance in Europe, with evidence of continuing transmission and no clear signs of decrease. The face of the epidemic is characterized by large heterogeneity in the EU/EFTA states, the predominant mode of



transmission being men having sex with men, with a considerable proportion among heterosexually acquired cases coming from countries with a generalised epidemic, and continued high HIV transmission rates in IDU's in eastern EU countries. The report highlighted that levels of late diagnoses and undiagnosed HIV infections are unacceptably high, with an estimated 30% of people infected with HIV in Europe unaware of their infection, and a considerable proportion of the patients diagnosed late, which is a missed opportunity for patients to timely access treatment and care. In terms of political leadership, the report had concluded that the best approach was to take pragmatic, project-like responses to concrete problems within the risk groups rather than merely focusing on the existence of administrative structures in place. The report commends that spending had to be targeted in line with the epidemiology and migrants should have an equitable access to services regardless of their legal status.

The recommendations

The policy recommendations were developed within the framework of the Correlation Network. The expert group on HIV/



AIDS was divided into 4 subgroups – men having sex with men, migrants, injecting drug users, sex workers – and explored the issue specifically for each sub target group. The recommendations are based on a literature review focusing on the four vulnerable subgroups and on findings of a survey seeking to prioritise policy recommendations by gathering informed opinions from HIV practitioners from across Europe. The EU communication on HIV/AIDS (2009-2013) and the EU communication on health inequalities and solidarity in health, as well as the ECDC progress report on the Dublin Declaration 2010 provide key reference points of the recommendations.

The recommendations call on governments to ratify and live up to the existing conventions and norms embedded therein, and to focus on safeguarding the human rights of populations most affected by HIV (MSM, IDU, migrants, sex workers and including sub-populations such as prisoners). Furthermore, states should ensure participation of civil society and affected communities in all aspects of the national response and provide greater accountability for their national HIV policies. Universal access to HIV services should be ensured by scaling up efforts to reach out to most affected populations, removing specific barriers to access, and ensuring timely diagnosis as well as subsequent referral to comprehensive services. Governments should align resources with burden of disease, and ensure that programmes are adequately funded, redeploing resources from programmes that serve to criminalize and increase the vulnerability of populations who are most affected. States should exert political leadership by ensuring that plans and structures translate into effective actions.

Time for action

The Correlation discussion on HIV policy priorities and political leadership took place at an opportune moment in time in terms of HIV advocacy in Europe – right after the UN High Level Meeting in New York, and with a discussion in the European Parliament ensuring as to the EU communication on HIV/AIDS and its implementation as it is now coming into it's mid-term. In the run up to World AIDS Day 2011 and the final Correlation Conference, seminar participants will use this opportunity and join forces in advocacy work on the Correlation recommendations at national and EU level. During an outbreak session, the participants of the seminar already made a start in developing advocacy ideas and we hope that this will lead to innovative advocacy actions in various countries.



Country Snapshots

Drug Policy in Portugal

Jose Queiroz (Apdes)

Today, Portugal is still known for its policy of drugs decriminalization and the innovative application of this policy. In 1999 the National Strategy for Combating Drugs proposed a policy of Harm Reduction (HR) associated with drug use and its decriminalization. In 2000 the Law 30/2000 defined the legal regime applicable to the consumption of narcotic drugs and psychotropic substances, as well as outlining the medical and social welfare for the people who consume such substances without a prescription. This new law brought about some changes in the drug field but some aspects remain the same:

- Trafficking remains illegal;
- Illicit drugs are still prohibited;
- However the use, purchase, transportation and possession for consumption is no longer considered a crime but a mere offence (subject to administrative penalties).

At the moment Portugal counts several responses and services for drug users, such as:

- Opioid Substitution Treatment (OST)
- Needle Exchange Programs
- Integration of peer educators in the outreach teams and in prisons
- Harm Reduction in party scenes
- Drug testing
- Prevention of Overdoses (Naloxone), only in particular situations

Despite the existence of a legal framework for drug use in Portugal, drug users and service providers still face significant barriers and challenges. The introduction of outreach teams, financed mainly by the State, has improved the opportunities

and capacities of service providers, creating a professional identity and a higher autonomy. But despite the effective empowerment of the outreach teams, the Central Government still imposes monitoring to assess the quality of the outreach work. Although quality assessment is important, the monitoring procedures are being over-bureaucratized, moving the focus away from the outreach work towards administrative issues.

At the same time, the legal framework by itself cannot guarantee the continuation of HR services, as political changes may require significant changes in the every day practice of the teams - depending on the budget priorities set by each government (for instance, the case of the consumption rooms, the drug testing and the needle exchange in prisons).

At the moment Portugal is facing a huge crisis, which is not only limited to finances. Indeed the country is at a political and social crossroads. Unemployment rates, the liquidity of both banks and State, the social and generational inequality, the mistrust of politics and the intervention of international financial agencies has created a general feeling of depression in society. As a result, society and politics start to focus on 'basic needs'. The state's budget consolidation and economical growth in general are considered more important than the social framework.

As a result this crisis has a clear and fatal impact on vulnerable populations. The outreach teams and the drug users are beginning to suffer the consequences of this policy of social rupture. Some HR services have already been closed due to national budget constraints. Based on these developments, the questions arises, if we are entering a new age where social inclusion, public health and the empowerment of vulnerable populations are no longer a priority to public policies.

Nothing About Us Without Us - Sweden

Berne Stålenkrantz (Swedish Drug User Union - SDUU)

In 2009 the Swedish Drug Users Union initiated a Swedish network (not a NGO) named: Nothing About Us Without Us. The network consists of the following organisations:

- Rose Alliance, an organization by and for sex workers in Sweden,
- Tjuvgods (which means stolen loot in English), working with former drug users and criminals to recover from drug use,
- X-Cons, which is build up by former convicts, and
- Stockholm's Hemlösa, advocating for the homeless in our capital.

First of all we drew up the statutes and the membership of the network. A major rule is, that we never speak about issues,

which are not our field of expertise. The main idea is to support each others unions. Only those organisations with a board, consisting of members of the target group are allowed as member.

A common problem of all the network members is that many NGO's benefit from us and our situation. They keep us helpless instead of empowering us and this is one of the reasons why SDUU started its activities. We were fed up about the fact that all NGO's claimed to speak on our behalf and told us and others what is good or bad for us. NGO's have hijacked the term brukarförening (user union) and focused on projects in order to get funding. They claimed to represent our interests, but in reality they were interested in maintaining their power and in securing funding for their own organisations.

If we look at the example of homelessness: Currently, there are almost more people employed in the "rescue industry" for homeless people, than there are homeless people in Sweden. That means that an incredible and obscene amount of money is spent for salaries, administration and overhead costs. This money ends up in the pockets of these companies and organizations.

It is important to realise that these groups and organisations do not have the mandate to talk on our behalf, although they think that they have the authority to represent us. A common argument is the personal approach: "I know what it is about, because I have a brother who is a drug user and that gives me the right to talk on his behalf". Some women groups – with no particular focus on drug use – also claim the right to participate in important meetings, because "women use drugs as well."

It is indeed not always easy to determine who has the right and the authority to talk on our behalf. This also applies to former drug users. Just having the right background is not enough. Former drug users can sit and talk all day long with their doctors, but do they really have the authority to talk for active users? We realise that this is not an easy thing and it definitely is also a question of identity.

Take the professionals: They are used to take control in meetings and in our lives. They use a different language, because they have a different perspective. And what happens? They usually get what they want and once again we are pushed aside. Maybe they are afraid that we will challenge and criticise them, when we speak up. And in a way, we are. This sometimes leads to a conflict. But it should be clear to everyone: when it comes to our lives, we – and no one else - are the experts and the professionals!

With our new network of cooperation we want to change and influence attitudes. And this is important. Changing the attitudes within society may be even more important than changing the unique Swedish law, that criminalizes drugs inside the human body. Attitudes are responsible for many problems. Attitudes are responsible for how clinics deal with their patients, for how the police use excessive force and for how ignorant politicians and doctors act. Attitudes also explain why professional organisations always receive more funding than self-help groups. Those 'professional' organisations, which have no user involvement at all, are seen as 'the good guys', who want to help us.

But: we don't want their help, because it comes with their terms and conditions. It is essential to regain power, to start setting the agenda and to demand to be part of the decision making process.

We note, that there is a gap between the reality and the professionals (such as doctors, counsellors and psychiatrists) and we state that the only thing that helps is empowerment!

Together with the other organisations in "Nothing about Us without Us" we are stronger and have a louder voice. It is still early days, but we are not going anywhere!

Its all about the simple idea of controlling your own issue, to have the right to formulate your own wishes, instead of listening to others who just claim to know. We are the professionals of our own lives!

Drug use and peer involvement in the Czech Republic

Vlastimil Necas (Office of the Government of the Czech Republic)

During the summer of 2010 the Czech National Focal Point – in cooperation with Correlation and three local NGO's (Podane ruce, Semiramis, SANANIM), carried out a qualitative survey on peer involvement in harm reduction services in the Czech Republic. The main aim of this survey was to describe the state affairs and, more specifically, to identify the main barriers and concerns related to the involvement/integration of peer members into the system of harm reduction services for drug users. The harm reduction services itself have a relatively long and stable position in the Czech Republic, nevertheless peer involvement is rare.

The survey consisted of two parts:

1. questionnaire survey among 22 service providers and 11 regional policy makers and
2. three focus groups with active drug users.

There are three main areas/issues identified:

1. low peer involvement in harm reduction services in general in the Czech Republic, except rare involvement, mainly based on secondary needle exchange interventions provided by active drug users,
2. absence of any kind of self-empowerment activities, such as a users union or associations representing and lobbying for the rights of drug users,
3. due to historical circumstances, peer involvement is predominantly perceived as a means for primary prevention programs. This means, that students are trained to intervene among their schoolmates in order to prevent risk behaviour.

Country Snapshots

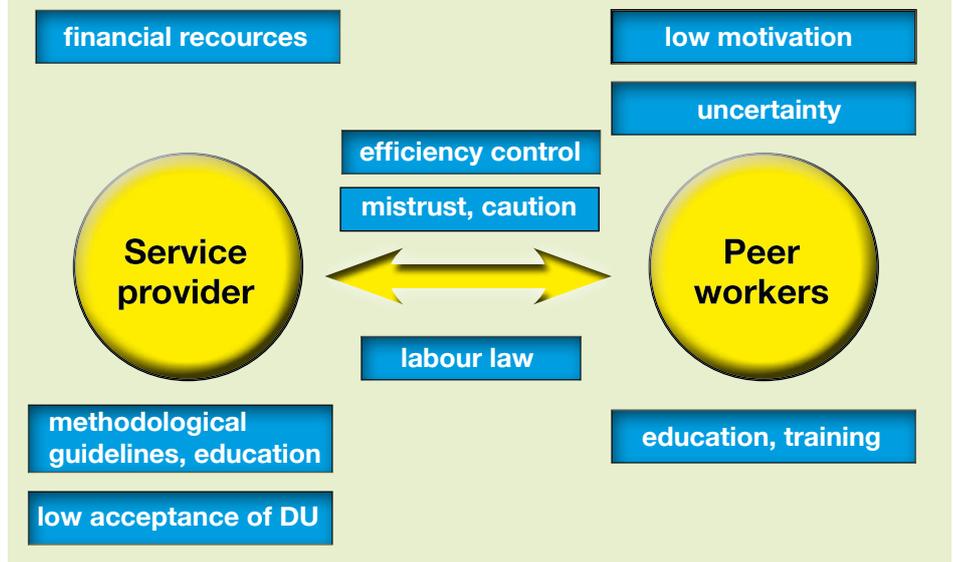
Based on the data coming from the survey and focus groups it seems that there are several barriers/key points on the side of service providers and peer workers (see fig. 1).

Service providers indicated 3 main barriers: (1) the lack of financial resources to train and employ peers, (2) the absence of methodological guidelines for effective peer involvement and (3) low acceptance of drug users among service providers in general. Peer workers stated that (1) they often feel uncertain and insecure, which then leads (2) to a lower motivation to work on a regular basis for service providers. Peer workers also declared that they (3) lack training and education, which could contribute to skill building and empowerment of the peers. In addition both groups identified a number of system obstacles, which make the cooperation between service providers and peers more difficult. Above all the respondents referred to labour law and the perceived complications caused by peer work, and the feelings of mistrust on both sides.

Based on the assessment in the Czech Republic, the various players agreed on a number of key areas for further discussion, in order to improve peer work in the Czech Republic.

- **The role and position of peer workers in the professional team.** Are peer workers regular colleagues with the same rights and duties as other members of

fig1. What kind of barriers do you perceive?



the team? Or should we perceive peer involvement as a „harm-reduction tool“ providing contact with hidden target groups?

- **Effectiveness of peer involvement.** What are the criteria for effectiveness of peer involvement? How to evaluate this type of service?
- **Peer work and abstinence.** Professional standards for regular workers (e.g. no drugs at work) vs. peer workers on drugs. What are the consequences of peer work for the worker? How does peer work help the peer workers themselves? Is it a kind of personal and social support (regular job) or is it a reason to continue using drugs?

Sex Work in Finland

Jaana Kauppinen (Pro-tukipiste, Helsinki)

Regarding prostitution policy, Finland belongs to the Nordic family and the main approach to prostitution is neo-abolitionist. The official policy consists of a whole variety of repressive and punitive laws in order to reduce prostitution and human trafficking. Like in all Nordic countries, in Finland we had a big and long lasting debate concerning the Swedish model i.e. criminalizing purchasing sexual services. Like in all Nordic countries there were people for and against and similar arguments were used for and against. At the end of the debate the Finnish parliament was not totally convinced of the results of the Swedish model and it decided to adopt its own model in 2006. According to Finnish law the purchase of sexual services is criminalized only when procurement is involved, or the seller is a victim of trafficking in human beings. The so called Finnish model was part of a bigger Penal Reform and at the same time there were several other restrictive reforms to reduce prostitution (like publishing advertisements, running a server etc.).

The Finnish model was evaluated at the end of 2009 and the Minister of Justice declared that the law has not been implemented properly and that law enforcement has been insufficient. The main statement was that it is too early to say if the law works or not. We still need more information about the desired and undesired consequences of criminalization. And in the very Nordic tradition, the evaluation ended up emphasizing the importance of the services supporting people to leave prostitution and find other sources of livelihood.

In terms of prostitution policy the current situation in Finland is quiet and calm. No hectic debate or requirements to amend the law and adoption of the Swedish model. The long-awaited evaluation of the Swedish model, which was published last year, was disappointing. The Swedish government didn't offer anything new and a real evaluation was missing. The expected debate dried up because of lack of fuel.

At the practical grass root level life is more vivid though. The sex work scene is very heterogeneous and mobile. The number of sex workers has remained more or less the same despite tougher laws. During the last two years border crossing mobility as well as mobility inside the country have increased. More different nationalities are involved in different kinds of sex work.

Changes in the sex work scene have made the service provision and outreach work more challenging. Mobility has made the scene even harder to reach. There is a lot of ignorance and misunderstanding of the legislation. The clients of sex workers don't know the law and the sex workers don't know their rights. Police are active mainly if the neighbourhood complains about the nuisance. Selling and buying sexual services in public places is prohibited and the police are giving fines to buyers and sellers. The fact that they had condoms and lubricants in their purse has been used as evidence against the women if they

don't admit that they were selling sexual services. In the media this public order control is mixed with the threat of organized crime and trafficking.

In Pro-tukipiste we have noticed that the human rights and the civil rights issues have become more and more important to tackle. It is not enough any more for service providers to focus only on social or health care. Mobility, not knowing one's rights, the marginal position, and criminalization are all factors which make people vulnerable to serious social and health risks and exclusion. Increasing xenophobia and nationalism and a tendency to solve "disturbing" social issues with punitive laws are common everywhere in Europe, not only in Finland. The future challenge is to develop policy analysis skills among service providers and to create effective advocacy methods together with sex workers' rights activists.

Addictions: the need to open a post-prohibitionist phase in Italy

Leopoldo Grosso (Gruppo Abele, Turino, Italy)

Italian prisons hold 67,600 inmates to 45,320 places, amounting to an overcrowding index of 149% while in European prisons the overcrowding index is only 99%. In the EU imprisonment on suspicion affects 28.8% of prisoners, in our country 41.7%. This causes a real collapse of therapeutic programmes.

This means: we need to review and change our laws, but we also need a more complete application of Article 89, that allows a drug user to access alternative programmes in case he/she chooses to undergo therapy. Drug services often cannot support and take charge of these people. The lack of resources and funding is also reducing the enforcement of alternative measures. We actually have a "double legal system" for foreigners, who cannot benefit from reward leaves or alternative measures. From 2007 to 2010 in all the prisons of our country there has been a drastic deterioration of the quality of life, due to the reduction of the yearly average expenditure (from € 13,170 per capita in 2007 to € 6,257 in 2010). Imprisonment takes away the right to free health care: this is an additional arbitrary punishment. Today, there is one professional educator out of 250 inmates, and only 25% of the prisoners have access to employment, for a few hours and on rotating shifts. There is also a problem of relationship between "the inside" and "the outside": the prisoner who is released often has neither a residence permit nor rights.

As regards drug trafficking, we need regulations against money-laundering, i.e. the act of investing and reinvesting the profits of a crime in Italy. Such regulations should address access to banking secrets, ratify the Strasbourg Convention, extend the social reuse of seized assets at the European level, and standardize customs controls.

As regards prevention, in Italy there are two fundamental problems: the first relates to investment, the other to the continuity of projects. Prevention is effective only if continuous and durable. In addition, today there is an ineffective use of the scarce funds for prevention, with a high risk of a boomerang effect: this is demonstrated by the latest prevention campaigns on our national networks...

The therapeutic treatment session is the richest in Italy, but also the least integrated. We are certainly proud of the stability of our drug services, but we know that it has not produced the social representation that we find, for instance, in the Netherlands. The system has been highly transformed but today it suffers from the heavy cutbacks that de-legitimize services. The first services to be cut are the so called "border services". Newly qualified practitioners are insecure and their salaries are often heavily delayed: it is clear that they cannot feel enthusiastic about their work.

Harm reduction in Italy has never been accepted as the "fourth pillar" to fight drug addiction. Historically, there has always been a difficult relationship between treatment and harm reduction in Italy. We never succeeded in creating a constructive synergy between the two, as our experience of these years shows. Harm reduction should be considered as a common good, which benefits everybody.

We really need to start a harm reduction network that should become a cultural reference centre for development and planning. We also need to rebalance economic costs: we spend 76% of funding for repressive activities. We must think of new ways to fight addiction instead, the challenge is to start a post-prohibitionist phase.

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The Civil Society Forum on Drugs – can civil society make the difference?

Eberhard Schatz – Member of the CSF core group on behalf of Foundation The Rainbow Group

Introduction

In 2007, the European Commission established a 'Civil Society Forum on Drugs', based on recommendations of the European Parliament to ensure a more active involvement of civil society in resolving drug-related problems, involving non-governmental, voluntary and community organisations, including drug users (European Parliament Recommendation to the Council and the European Council on the EU drug strategy (2005-2009). http://europa.eu/legislation_summaries/justice_freedom_security/combating_drugs/c22569_en.htm

In a Green Paper, the Commission described the (possible) role of civil society in drug policy in the European Union. Even if the Member States are responsible for health and drug policies in their countries and the EC only has an additional role and even if the facilitating of civil society involvement has to take place at the national level in first instance, this involvement is regarded as increasingly important also at the EU level:

"Recent history has amply demonstrated that the involvement of European citizens is crucial for the effectiveness, and indeed acceptance of the EU. The main aims of involving civil society are:

- To support policy formulation and implementation through practical advice;
- To ensure an effective two-way information flow;
- To stimulate networking among civil society organisations.

Civil society can strengthen the legitimacy and accountability of governance, improve the flow of information, and give a voice to those affected by public policies, who might otherwise not be heard" the paper concludes." (Green Paper of the European Commission, 2006)

The Civil Society Forum

Finally, The CSF on Drugs was established in 2007 following a Green Paper from the Commission and a public consultation on the Green Paper. Since then, the Forum met in 2007, 2008, 2009, 2010 and in the first half of 2011. The Forum has 35 members now, chosen by particular criteria of the Commission. It is not a formal structure of the EC, but a "practical instrument to support policy formulation and implementation through practical advice" .

The first meetings of the Forum can be regarded as 'stand alone' events, with almost no communication and developments taking place between the meetings. In addition the first meetings were characterized by strong political and technical debates, due to the different approaches and views on drug policy, as civil society in the drug field is often divided along ideological, moral or scientific lines.

Mindful of this, the CSF made efforts in the last couple of months to develop clear recommendations to the Commission and member states where they can agree (for example, potentially, on mechanisms for supporting civil society involvement), but also allows for different 'minority' recommendations to be developed. This process was supported by the clear demand of the Commission, to prepare recommendations for the upcoming discussion of the new European drug strategy 2013 - 2016.



The new EU drug strategy 2013 - 2016

In general terms, the EU drug strategy is targeted to demand and supply reduction and aims to achieve high levels of health protection, social cohesion and public security and reflects the fundamental principles of the European model on drugs: a balanced, integrated and multidisciplinary approach. Even if the recommendations in the strategy don't have obligatory impact on member states, the general influence and impact can be considered as useful and helpful, when it comes to discussion at the national and international (UN) level.

The previous drug strategies had always been developed and presented by the Member States. For the upcoming EU drug strategy the Commission is responsible for the first time to draft the strategy, meanwhile the European Council will discuss and amend the drug strategy proposed by the Commission and the European Parliament may put forward an opinion. It is therefore a great opportunity and challenge for civil society, to come with a meaningful and relevant contribution towards these developments.

Concept for the paper with CS recommendations

The Forum had to consider the following questions:

- Is it possible to overcome ideological barriers and to agree on common principles?
- How to avoid a set of controversial papers, which speak against each other in the end?
- Should ideological views be avoided or are they an integral part of the different approaches?
- Can the different views be part of every thematic focus or should we work with groups with a similar approach?

On the meeting in April 2011, the Forum agreed on the following approach:

The establishment of three separate working groups who are charged with drafting recommendations in the coming months on:

- Broad policy principles and civil society involvement.
- A description of a fully integrated drug prevention, treatment and care system.
- A discussion of the merits of different systems of drug control.

On the October meeting the different papers were discussed and the Forum agreed on a set of common recommendations. A drafting committee was established to compile the report into a final version.

Outlook

The finalised paper will be sent to relevant European Commission institutions and Commissioners and European Parliament members with the request, to take the recommendations into account within the next European Drug Strategy.

Remark: An additional element of the work of the European Civil Society Forum seems to be to monitor to what extent discussion (further development of national/common drug policy) is taking place in individual member states. In countries where civil society is in dialogue with the national government, messages should be transported and communicated in a reliable and meaningful way, in those countries where such a dialogue does not take place, a national forum should be stimulated and established.

Civil society involvement is an essential part of good policy making !

For more information:

<http://ec.europa.eu/>

<http://www.correlation-net.org>

Correlation latest products

12 Hepatitis C key messages



Correlation Network launches 12 key messages for a good Hepatitis C policy and practice among people who use drugs. These messages were prepared by practitioners in the field of Hepatitis treatment and care and contain guiding principles, practice examples and references for further reading.



Peer Involvement website

The information offered in this website is a collaborative effort documenting various experiences, references, booklets and contributions from all over Europe and abroad.

www.peerinvolvement.eu

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