



EMERGING PRIORITIES

FOR THE REDUCTION
OF HARMS ASSOCIATED
WITH RECREATIONAL USE
OF PSYCHOACTIVE
SUBSTANCES IN EASTERN,
SOUTH EASTERN EUROPE
AND CENTRAL ASIA

Joint Policy Statement of International
Harm Reduction Professional Organisations

Despite all the efforts invested to prevent and eliminate the use of psychoactive substances (PAS), the evidence suggests that a relatively stable proportion of the population continue using PAS. The global estimates suggest that 5.6% of the world adult population had used drugs within the last 12 months in 2020, which represents a 26% increase on 2010 estimated prevalence of 5%¹. Supply and demand reduction measures (including enforcement and universal prevention approaches) are not universally effective and should be complemented by specialised services designed to reach and deliver life-saving care to people who are not ready or willing to cease using PAS. The significant and growing body of international evidence proves that harm reduction approach offers a range of effective responses to challenges that may be associated with the use of PAS including communicable and other diseases, acute intoxication and overdose, drug dependency, mental health challenges, disruption of relationships and social networks. Harm reduction significantly complements supply and demand reduction measures and has become an essential component of the modern approach to drugs.

Psychoactive substance use is a complex phenomenon involving a broad range of substances, personalities of people who use drugs (PWUD), reasons for use, contexts of use, modes of administration, associated risks and problems ranging from often unproblematic temporary experiments with PAS and recreational PAS use to highly problematic use patterns associated with infectious diseases and severe dependency.

Most harm reduction programmes in Eastern, South Eastern Europe and Central Asia offer services only to people with highly problematic patterns of substance use

including people with severe dependency or those who administer drugs by injecting. However, in order to address the specific needs of people who chose to use PAS, to prevent the associated harms and the transition to more problematic patterns of substance use, harm reduction information and services should be made available to people who use drugs at less problematic stages in their substance use careers² including the initial experimentation with PAS and the use of substances in recreational contexts. We call for communities, funders, politicians, governments, scientists and

¹ UNODC, World Drug Report 2022

² The term career in this regard should be interpreted with caution, as it may imply inevitable progression of substance use from less to more harmful patterns. Studies, however, demonstrate (UNODC, World Drug Report 2022, UNODC, World Drug Report 2021, Volkow ND, Han B, Einstein EB, Compton WM. Prevalence of Substance Use Disorders by Time Since First Substance Use Among Young People in the US. *JAMA Pediatr.* 2021;175(6):640–643. doi:10.1001/jamapediatrics.2020.6981) that only about 13% of past-year users of any drug aged 15 to 64, are estimated to suffer from drug use disorders, meaning that their drug use is harmful to the point where they may experience drug dependence and/or require treatment. At the same time, most people with problematic substance use report using substances in recreational contexts prior to developing problems.

practitioners to grant this important area of work all the attention and support that it deserves and requires.

Although only a minority of people who use drugs ever develop dependency or face other significant problems associated with their use of substances, the initial experiments with PAS and recreational use of substances do expose PWUD to associated harms. These include acute intoxication and overdose associated with inappropriate dosing or consumption of mis-sold, mislabelled or adulterated substances, drug dependency, exacerbation of mental health challenges, physical health problems, social problems related to stigmatisation and criminalisation of substance use, sexual health risks and use of substances for sexual exploitation and abuse. In the vast majority of cases those harms are avoidable or can be significantly reduced or eliminated. Delaying access to harm reduction services until the development of dependency and other problems associated with the use of substances cannot be justified and will lead to more harmful consequences for the person, their immediate environment and the society. Harm reduction information and services should be offered to people who use PAS at the time of their initial experiments with PAS and recreational PAS use.

The initial development of harm reduction services was related to the HIV epidemic in the communities of people who *inject* drugs (PWID). PWID were defined as a key population (KP) most at risk and affected by HIV, and most of the funding agencies and organisations supporting HIV interventions limited their programmes for *PWUD* to those who use drugs by *injecting*. Primary focus of HIV response on people most at risk of acquiring or transmitting the infection is well justified, and harm reduction programmes

including needle and syringe programmes (NSP) and opioid agonist treatment (OAT) have proven to be effective in addressing the immediate risk of HIV transmission among the most affected. Their successes in preventing transmission of Hepatitis C, that affects a large proportion of PWUD in the region, were more limited. It should also be noted that once the HIV interventions are accessed by the majority of KPs (people living with HIV, people who inject drugs, sex workers and men who have sex with men), it becomes increasingly difficult to engage the remaining segments of KPs. Those who remain underserved are usually the most marginalised people who distrust public institutions (including SUD and other health services), younger segments of KPs, as well as recreational users of PAS (the vast majority of those prefer non-injecting modes of administering their drugs such as smoking, snorting or swallowing). Without access to harm reduction information and services these people are likely to transition to more problematic patterns of substance use such as injecting use (associated with heightened risk of HIV and Hepatitis C infection), severe dependency, acute intoxication and overdose.

Access to harm reduction information and services at early stages of substance use allows PWUD to avoid more problematic patterns of use or reduce harms associated with riskier patterns of use. Timely harm reduction response means expanding harm reduction work to include recreational users of psychoactive substances.

There are several significant reasons to engage people who use PAS recreationally in harm reduction and HIV prevention programmes. These are the following:

1. PREVENTING TRANSITIONS TO PROBLEM PAS USE AND ASSOCIATED HARMS

Scientific evidence suggests that most of experimenting and recreational drug use is transient and not problematic³. Nevertheless, a sizable proportion of non-injecting users develop problematic patterns of use (such as compulsive redosing, stronger routes of ingestion such as freebasing, experimentation with and transition to injecting use), drug dependency, exacerbation of mental health conditions, which present a growing challenge for the society and public health system. According to IBBS data in Ukraine, annual rotation of PWID population is 7%, which means that as many as 20000 people may be transitioning from non-injecting to injecting substance use each year. Thus, engagement of non-injecting users in prevention interventions is an important means of restraining the initiation of injecting drug use and preventing HIV and other challenges associated with injecting. Transition to injecting is a process, which includes formation of identity as a person

who injects drugs. Long before this self-identification is complete a person may occasionally inject without realising the need to access services tailored for injecting users, such as a needle and syringe programme (NSP) or opioid agonist treatment (OAT). The popularity of injecting among the younger people who use psychoactive substances is also decreasing, and the lack of social desirability may lead to denial of injecting drug use and active dissociation from the community of people who inject. Because of the stigma associated with injecting drug use, young injecting users who attend prevention services may not report injecting use to the programme personnel until a sufficient degree of rapport is formed between the staff and the clients. Thus, the boundaries between injecting and non-injecting use of substances can be quite diluted, and non-injecting users should not be excluded from harm reduction services.

2. PREVENTING TRANSITIONS TO INJECTING

Drug scenes in some countries face the growing prevalence of amphetamine type stimulants (ATS) and cathinone type stimulants (CTS), which eases and increases the likelihood of transition to injecting. Resistance to such transition may weaken in the context of systematic use of methamphetamine or synthetic cathinones, which can be associated with increased likelihood of mental health challenges. There is evidence that

synthetic cathinones are also entering the recreational drug scene⁴. The growing prevalence of non-injecting use of easily injectable stimulants makes transition to injecting significantly more likely. One of the important tasks of harm reduction programmes targeting recreational users is prevention of transition to injecting, as well as diffusion of harm reduction culture and skills that reduce the risk of serious harm if the transition to injecting does happen.

³ UNODC, World Drug Report 2022, UNODC, World Drug Report 2021, Volkow ND, Han B, Einstein EB, Compton WM. Prevalence of Substance Use Disorders by Time Since First Substance Use Among Young People in the US. *JAMA Pediatr.* 2021;175(6):640–643. doi:10.1001/jamapediatrics.2020.6981

⁴ Please refer to the EU Scanner project for more information: <https://www.scannernps.eu/>

3. PREVENTING OVERDOSE

Overdose is less fatal among non-injecting users than among injecting users but it is still highly prevalent. Introduction of high-dose MDMA pills has caused 5 overdose cases in Belgrade, Serbia in 2018. These could have been avoided if there was a harm reduction team of trained staff and peers on site. Community education and availability of community-based harm reduction services (along with strengthening the capacity of emergency health services) are the most important strategies in overdose prevention and

management in recreational contexts⁵. The reported use of synthetic opioids such as fentanyl to adulterate drugs utilised in recreational contexts may increase the risk of lethal overdose, especially among stimulant users who do not have access to naloxone and never experienced opioid overdose. Nitazenes are another, more recent group of PAS with high overdose potential that have appeared in analysed PAS samples in the USA, Canada, and are currently appearing in Europe (Scotland has reported a recent outbreak).

4. HIV PREVENTION POTENTIAL

Experimenting, recreational and non-injecting users of psychoactive substances play a significant role in the epidemiological process. Although HIV infection primarily concentrates among KPs (including people who *inject* drugs), it should also be noted that the opportunities to detect HIV in traditionally understood key populations are currently being exhausted. This brings the task to explore the less familiar segments of key populations and bridging populations including people in transition to entering KPs and sexual partners of KPs. Transitional, or proxy, KPs is a more precise term for young key populations, as many of the younger people who practice high risk behaviours lack KP self-identity and do not face associated risks and challenges to the same high degree as their older peers. Young people in modern society may practice high risk behaviours without reflection or associate themselves with more complex sexual identities beyond

the heteronormative framework. E.g., sexual relations between men may not be linked to self-identification as members of the MSM community. Thus, programmes targeting MSM as a form of identity may not be attractive for such young people. Harm reduction programmes in recreational settings allow to reach new segments of key populations, mainly young KP members who are not integrated in communities with clearly defined identities. We use the term *experimenting young people* to denote younger people who are starting to explore behavioural patterns that put them at heightened risk of HIV and other infections but have not yet formed the KP identity and are not attracted by social marketing and services specifically targeting KPs. In fact, people who practice high risk behaviours may never self-identify as member of any specific population at risk irrespective of the frequency of such practice. Departing

⁵Nick Cristiano (2022) Fentanyl Contamination as a Risk Priority: the Impact of the Fentanyl Epidemic on Club Drug-Using Behaviours, Substance Use & Misuse, 57:6, 975-982, DOI: 10.1080/10826084.2022.2058705, Ecstasy Laced With Fentanyl: Georgia's Growing Party Drug Problem, accessed at: <https://www.rferl.org/a/georgia-fentanyl-ecstasy-drugs-clubs-opioids-deaths/32084524.html>

from *identification* of specific population groups and focusing on the detection of *behavioural* and *environmental* factors associated with heightened risk of infection may facilitate outreach and make screening for high-risk practices more effective. This will allow people who do not associate themselves with key populations but who practice high-risk behaviours or are

exposed to unfavourable environmental factors to access essential services. The relatively low prevalence of HIV infection among the younger, predominantly non-injecting users of psychoactive substances increases the relevance of HIV prevention interventions (including pre-exposure prophylaxis of HIV infection - PrEP) in this population.

5. ADDRESSING RISKS ASSOCIATED WITH SEX-RELATED DRUG USE

Sex-related drug use, also referred to as 'pharmacosex' or 'chemsex' (mainly in relation to MSM), or the use of psychoactive substances to improve or modify sexual experience, is prevalent among recreational users. There is evidence that the use of psychoactive substances in sexual contexts is associated with less safe patterns of sexual behaviour,

including increased likelihood of group sex and reduced use of condoms. In Eastern, South Eastern Europe and Central Asia injecting is not common among people who practice pharmacosex or chemsex. However, there is a possibility of diffusion of injecting, which is prevalent in chemsex contexts in Western Europe.

6. EARLY ACCESS TO SERVICES INCREASES PREVENTION BENEFITS

While the exposure to harms associated with the use of PAS is the highest at younger ages, most existing programmes targeting PWUD are focused on mature adults and do not attract younger people. Information and services are offered to people at advanced phases in their substance use, which are characterised by significant deterioration of physical and mental health, chronic diseases and poorer prognosis. Most people recourse to prevention and care facilities when they face significant problems associated with high-risk behaviours such as HIV infection, viral hepatitis, chronic STIs, medium to severe dependency, exacerbation of mental health problems, violence, legal problems, and severe disruptions in their socio-economic condition. Ensuring access to objective and reliable information

on high-risk behaviours, their positive and negative implications, and effective measures to reduce associated harm, as well as engaging younger people in effective harm reduction and HIV prevention interventions *early* allows to prevent the onset of significant harms associated with high risk behaviours, establish contact and rapport with PWUD earlier in their careers, and prevent transitions to riskier practices such as injecting drug use. Early access to selective prevention services and promotion of "hygiene" related to exposing behaviours and environmental factors nurtures harm reduction culture, which becomes an essential survival tool that people can use throughout their lives.

7. PROMOTING MORE COMPREHENSIVE UNDERSTANDING OF AND MORE NUANCED RESPONSES TO PAS USE

Efforts aimed at nurturing the culture of safer PAS use and harm reduction require the development of more nuanced understanding and better informed societal attitudes towards the use of PAS, including among law enforcement. The development of drug checking services is likely to challenge and change the law enforcement practices and expand the spectrum of responses to possession of psychoactive substances (depending on the type of substance, the amount, presence or lack of intention to sell, the age of the person etc.). Harm reduction

education and services for recreational users contribute to more nuanced and objective understanding of substance use and associated phenomena among healthcare specialists, law enforcement personnel and the public. That contributes to forming more appropriate societal attitude and enabling legislative improvements required to achieve decriminalisation of PWUD, thus removing one of the most significant barriers of access to services for PWUD.

8. ENHANSING OUR KNOWLEDGE OF DRUG SCENE AND PAS USE

Development of harm reduction interventions targeting PWUD recreationally opens the opportunities to effectively study and monitor the recreational drug scene, supply strategic information required for further development of harm reduction interventions and policies, more effective outreach work, and expediently respond to new challenges posed by the dynamic drug scene. Field and online surveys can also be used as outreach channels.

The research and monitoring efforts should be complemented by effective feedback mechanisms that continuously inform service adjustments in accordance with community needs and contextual parameters. Studying modern nightlife culture also allows for exploring the opportunities for the diffusion of inclusivity from nightlife communities, such as the participants of electronic music events, to the rest of the population.

People who experiment with PAS or use PAS in recreational contexts, including those who belong to younger generations, require tailored harm reduction information and services that equip them with the knowledge and means to prevent or reduce harms associated with PAS. The traditional outreach and services designed for PWID do not attract people who use PAS recreationally and do not respond to their primary harm reduction needs. The approach to working with the recreational PAS users, especially younger people, who practice high risk behaviours, is radically different from the approach that prevails in the current work with PWID. Problem/solution focused information and service delivery may not be attractive to people at the pre-problematic phases in their drug use, despite the prevalence of high-risk behaviours. Experimenting young people are not attracted by explicitly HIV or KP-focused services but can be attracted by objective, sufficiently detailed and unbiased information responding to their interests and by the services designed to reduce the risk and harms associated with pleasure-seeking behaviours.

THE KEY PRINCIPLES AND METHODS OF HARM REDUCTION WORK WITH PEOPLE WHO USE PAS IN RECREATIONAL CONTEXTS INCLUDE THE FOLLOWING:

Principles and approaches:

- Harm reduction services should be based on human rights principles and be appealing to experimenting young people. Building and retention of rapport with PWUD at early stages of their substance use will allow to prevent transition to riskier and more harmful patterns of use and sexual practices as well as HIV infection and other problems associated with high-risk behaviours. One example is the concept of Smart Pleasure, utilised by Ukrainian harm reduction project Drugstore. Conceptually similar to sex-positive approach to youth-friendly sexual and reproductive health services⁶, the Smart Pleasure concept acknowledges that pleasure seeking is an important part of experiments with substances and sexuality, provides the clients with objective, comprehensive and unbiased information that includes both positive and negative aspects that can be associated with substance use and sexual behaviours, offers harm reduction commodities and services that allow preventing or reducing potential problems while not insisting on complete abstinence from substance use and sexual practice and associated pleasures.
- The work should use culturally appropriate online and offline outreach and service marketing methods including Internet and social media channels carefully targeted at people who already use psychoactive substances or engage in other high-risk behaviours. Meticulous design and branding of communication channels and materials as well as the appearance of service delivery outlets is essential for client appeal and retention. The distributed materials, if thoughtfully designed, work as organic marketing instruments creating viral growth in popularity of the offered harm reduction commodities. An important aspect of this work is segmentation of the target audience – various sub-groups of experimenting young people and recreational users of PAS may have significant cultural differences, diverse gender identities, sexual orientations, patterns and reasons behind PAS use and social backgrounds, and will require tailored programmes. This includes culturally appropriate language and visual materials and a tailored spectrum of provided information and services responding to the specific needs and interests of a specific community.
- Significant investment is required to build the initial trust with potential clients. This includes adequate and explicit measures to protect confidentiality (or anonymity) of clients in the contexts where personal choices and lifestyles related to PAS are criminalised and people are prosecuted for the use and possession of substances for personal consumption. Measures are to be taken against disclosure of socially disapproved behaviours, health status information or other sensitive data to the public, close environment and social institutions. Harm reduction programmes have a role in the prevention of sexual exploitation and abuse and any forms of violence in the community and locations where they operate. Accountability and integrity of service providers is essential for the retention of trust and

⁶ Key to youth-friendly services: adopting a sex positive approach, IPPF, 2011 (https://www.ippf.org/sites/default/files/positive_approach.pdf), Sex-positive movement, https://en.wikipedia.org/wiki/Sex-positive_movement

can be achieved through attentive employment, training and supervision of personnel and volunteers as well as effective client feedback and response mechanisms.

- Meaningful and mutually beneficial collaboration, mutually acceptable solutions and dialogue with a variety of partners and stakeholders including PWUD community groups, various nightlife actors, qualified healthcare and other professionals, academics, relevant governmental structures, law enforcement agencies creates more enabling environment for the delivery of services.
- Meaningful involvement and leadership role of experimenting young people and people who use PAS or organisations and specialists effectively representing and protecting their interests, health, wellbeing and holistic development in all aspects related to harm reduction programme development and implementation is an essential principle that ensures the relevance and effectiveness of harm reduction efforts.

Harm Reduction Services for PWUD in Recreational Settings:

- Delivery of objective, comprehensive and unbiased information that enables conscious informed choices. The spectrum of topics may cover a variety of issues related to substances and substance use, associated harms and challenges, ways to address them, mental health, emotional and relationship problems and coping strategies, sexual and reproductive health, prevention of violence and abuse, inclusivity and other themes that are of significance to the local community. This work can be delivered through workshops and interactive lectures, training sessions for nightlife personnel, visual materials made available on popular online information resources, information bots, websites and associated social media channels popular among the target audience, and creatively designed printed materials. Peer-to peer delivery of information supported through training of peer workers, volunteers and interested clients is particularly effective.
- Ensuring access to harm reduction commodities. Depending on the local patterns of PAS use and community preferences, these may include safer sniffing tools such as plastic cards and paper straws, vitamins (electrolytes). The menu of commodities may also include safer sex products such as condoms and lube, tests for HIV and other infections, as well as promotional materials such as stickers, keyrings etc. Services should use high quality commodities field-tested with the target audience.
- Drug checking. Drug checking is by far the most popular service among people who use PAS recreationally. Programmes should utilise drug checking modalities currently allowed in their locations. Where collection of samples from clients for drug checking is not yet possible, harm reduction programmes may provide colorimetric reagents on-site and guide clients in self-testing their substances, while ensuring that the limitations and potentials of these tests are well communicated. Drug checking programmes should contain a strong harm reduction communication component and provide individualised counselling and advice based on the specific risks associated with the used substances and harm reduction methods.

- Sexual, reproductive and mental health services. Addressing other factors that may negatively impact on experimenting young people including sexual, reproductive and mental health is a highly demanded area of services. Mental and sexual health demands may be addressed through online and offline counselling by trained and attitudinally appropriate psychologists, psychotherapists and peers, system of organised and monitored referrals to more specialised service providers in medium or severe cases, distribution of sexual health products and services as well as the delivery of psychosocial support services at large entertainment events, also known as trip sitting.
- Mutual support within the community of PAS users is often organically present in the community and should be supported and promoted along with the culture of inclusivity and harm reduction.

STATEMENT BRIEF

- A relatively stable share of the population chooses to use psychoactive substances (PAS) despite the significant efforts to prevent and eliminate drug use.
- Harm reduction is an effective approach to challenges associated with PAS use, which effectively complements supply and demand reduction measures.
- PAS use is a complex phenomenon and there is diversity of substances, patterns of use, reasons for use and harms associated with various substances, patterns and circumstances of their use.
- Harm reduction efforts in Eastern, South Eastern Europe and Central Asia almost exclusively focus on highly problematic injecting use.
- In order to prevent transitions to more problematic patterns of use and associated harms, harm reduction services should be extended to experimental and recreational PAS users.
- Although only a minority of people who use drugs (PWUD) develop significant problems associated with the use of PAS, the initial experiments with PAS and recreational use of substances do expose PWUD to associated harms.
- In the vast majority of cases those harms are avoidable or can be significantly reduced or eliminated.
- Harm reduction information and services should be offered to people who use PAS at the time of their initial experiments with PAS and recreational PAS use. Harm reduction services should not be restricted to problem drug users.
- Challenges related to HIV infection have channelled harm reduction resources and efforts towards HIV prevention and care and defined the predominant focus on those who inject PAS (PWID).
- Mainstream programmes targeting PWID do not necessarily reach the most marginalised communities as well as younger segments of mostly non-problematic experimental or recreational users who distrust SUD and other health service providers, do not consider their PAS use to constitute a problem and do not self-identify as problem users or members of a population affected by the challenges associated with the use of PAS.

- Without access to harm reduction information and services, experimental and recreational users of PAS are at heightened risk of transition to more problematic patterns of drug use such as injecting use, dependency, acute intoxication and overdose.
- Ensuring early access to services enables PAS users to avoid more problematic patterns of use or reduce harms associated with riskier patterns of use.

Harm reduction programmes among people who use PAS recreationally offer a range of important individual, public health and broader societal benefits including:

- Preventing transitions to more problematic patterns of PAS use, such as injecting use and associated harms. The boundaries between non-injecting and injecting use of PAS are diluted, which also calls for the inclusion of experimenting and recreational users in the target population of harm reduction programmes. ATS and synthetic cathinones that are becoming more prevalent in some countries may facilitate transitions to injecting.
- Preventing life threatening intoxication and lethal overdose associated with inappropriate dosing or consumption of mis-sold, mislabelled or adulterated substances. Overdose is prevalent among recreational users and should be prevented and managed. The likelihood of overdose may be increased with introduction of synthetic opiates as adulterants to PAS used in recreational contexts.
- Preventing HIV through educating and engaging PWUD at initial stages of their PAS use, preventing transition to injecting use of PAS, which is strongly associated with HIV transmission, and addressing risks associated with unsafe sexual practices. Pre-exposure prophylaxis of HIV infection (PrEP) may be relevant for some PWUD who are HIV negative.
- Addressing the risks associated with sex-related drug use.
- Increasing prevention benefits through early engagement of young people who contemplate, experiment with or practice high-risk behaviours. Ensuring access to objective and reliable information on high-risk behaviours, their positive and negative implications, and effective measures to reduce associated harm, as well as engaging younger people in effective interventions early allows to prevent the onset of significant harms associated with high risk behaviours, establish contact and rapport with PWUD earlier in their careers, and prevent transitions to riskier practices.
- Promoting more comprehensive and more nuanced attitudes and responses to PAS use in the society. Contributing to elimination of stigma and improve access to harm reduction information and services.
- Enhancing our knowledge of the drug scene and PAS use. Harm reduction services for recreational PAS users can be effectively integrated with the development of research and better understanding of drug scenes and related behavioural and environmental factors, to inform further development of effective interventions.

Principles and methods of harm reduction work with experimenting and recreational users include:

- Human rights compliance and appeal to the users
- Smart Pleasure as a balanced and appealing concept to guide harm reduction interventions among recreational PAS users
- Use of appropriate outreach and marketing channels and strategies, tailored to various segments of PAS users
- Trust, safety and security of personnel and clients
- Inclusivity
- Broad collaboration and partnerships
- Meaningful involvement and leadership of the community of PAS users

Harm reduction services for experimenting and recreational PAS users should include:

- Access to objective, comprehensive and unbiased information
- Access to harm reduction commodities
- Drug checking
- Access to sexual, reproductive and mental health services
- Access to / availability of peer / mutual support within communities of PAS users.

SIGNATURES

Alliance for Public Health (Ukraine)

International Network of People who Use Drugs (INPUD) (UK)

NEWNet (Europe)

NEWNet (Scotland)

VAD - Flemisch centre for expertise on Alcohol and other Drugs (project Safe 'n sound)
(Belgium)

Initiativa Pozitiva (Moldova)

Drug Information Center (Switzerland)

Jellinek (Netherlands)

Crew 2000 Scotland (Scotland)

NGO ReGeneration (Serbia)

Coop.Alice - Neuttravel Project (Italy)

Safer Dance Basel (Switzerland)

Ukrainian Network of People who Use Drugs (VOLNa) (Ukraine)