Quality of harm reduction - mapping of the main challenges and barriers in the modernization of principles, values, and approaches in the work of harm reduction programs in Montenegro

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Introduction

"Harm reduction" means interventions, programs, policies, and practices that are implemented with the aim of reducing the health, social and economic harmful consequences associated with drug use, policies and legislation in the area of drugs, on individuals, communities and society.

The key principle of harm reduction is designing a pragmatic response to the problem of drug use through a hierarchy of intervention goals that primarily emphasize reducing the harmful health consequences of continued drug use. In the field of drug policy, harm and risk reduction measures are well integrated with measures in the areas of prevention, treatment, and rehabilitation and in parallel include the policy of reducing the supply and reducing the demand for drugs.[1]

In the countries of Central and Eastern Europe and Central Asia (CEECA), the accessibility and quality of harm reduction programmes are often limited due to various reasons: repressive drug policies, legal constraints, and the lack of funding. Another reason for poor quality of harm reduction programs is related to limited understanding of its goals and objectives by the community, and their orientation merely at HIV prevention. The programs highlighted this component as it was most "visible" to donors and general population in order to maintain positive perception of harm reduction in EECA and provide stable financing, leaving health and especially social benefits of the programs as secondary.

Based on the new reports of UNODC, but also situation from the field, we know that the drug scene is constantly changing. In the previous period, who was also marked by Covid-19 pandemic, war between Russia and Ukraine, ongoing inflation, it is observed increase in use of New Psychoactive Substances (NPS), Stimulants, and non-injecting drugs, as well as rapidly developing party scene of drug consumption in our country, leading to new needs and necessity of new services. This demonstrates us that our target population is much beyond HIV prevention and detection. Specifically, with the ongoing inflation in in the world, the need for more health and social services is highly raising.

Described situation is further exaggerated by the fact that most EECA countries are in process of transition from donor to state funding of harm reduction services. In transition process, countries are expected to allocate full state funding for harm reduction programs. Transition of existing harm reduction programs from donor to state funding is faced by major limitations, the space for scale-up and introduction of the new interventions is very limited, as well as readiness of governments to invest into programs other than HIV. Thus, it's an urgent matter to actualize the issues now, while the transition process is still ongoing and donor funding is yet available.

[1] European Monitoring Centre for Drugs and Drug Addiction EMCDDA (2010), 'Scientific Monograph Series No 10 - Harm reduction: evidence, impacts and challenges', Luxembourg: Publications Office of the European Union 2010 — 462 pp.

The purpose of this mapping exercise is to understand **what key challenges and barriers in modernization of key principles, values, and approaches of harm reduction program in Montenegro are.**

Since drug-related problems are evolving and changing, it is necessary to design and evaluate new approaches. Further mapping intends to club the challenges and barriers in line with the key health system functions and identify interaction between them.

The mapping is expected to inform framework of actions to transform strategic and programmatic approach to harm reduction programming in the country.

Drug Scene Context in Montenegro

Montenegro is widely recognized as a country with widespread drug use but also drug related smuggling and other criminal actions by organized groups, while drug users and those affected by drug use remain vulnerable, stigmatized and often institutionally discriminated or left behind.

Montenegro, like many other countries, faces issues related to drug abuse and addiction. Cannabis, heroin, and synthetic drugs such as MDMA are among the most used substances in the country while heroin, cocaine and other injecting drugs remain still widely used in Montenegro. The government and various non-governmental organizations have implemented programs and initiatives to combat drug use and provide support to individuals affected by drug use. These programs focus on prevention, treatment, and harm reduction. Montenegro has made efforts to improve its drug prevention and treatment services, but challenges persist in addressing the root causes of drug use.

Drug Smuggling: Montenegro's geographical location on the Adriatic Sea makes it vulnerable to drug smuggling, as it serves as a potential transit route for drug trafficking from other parts of Europe, particularly from the Balkans and Southeastern Europe. Law enforcement agencies in Montenegro have been working to combat drug trafficking and have had some success in intercepting drug shipments. International cooperation with neighboring countries and European law enforcement agencies is crucial in combating drug smuggling in the region.

Legal Framework: Montenegro has laws and regulations in place to combat drug trafficking, prevent use and provide support services. The sale of illegal drugs is criminal offence under Montenegrin law. The country has also been making efforts to align its legislation and law enforcement practices with European Union (EU) standards as part of its EU accession process.

International Cooperation: Montenegro cooperates with international organizations, such as the United Nations Office on Drugs and Crime (UNODC), EMCDDA and neighbouring countries to combat drug trafficking. The country's potential EU membership

is expected to further enhance its capacity to address drug-related issues, including through access to EU resources and cooperation mechanisms.

It's important to note that the drug situation in Montenegro, like in many countries, is complex and multifaceted. While efforts are being made to combat drug use and smuggling, it remains a significant challenge.

What stands out as one of the main problems is the fact that there is no estimate of the s**ize of the population of drug users and injecting drug users in Montenegro**, which affects further actions in this field. The size of the population and lack of data to fully understand the context challenges the effective programming and fundraising in the area also service expansion and innovations. Based on the research of the Institute for Health of Montenegro, which was conducted among the persons who inject drugs in capital city of Montenegro – Podgorica[2], in 2020, it is estimated that the size of the population of people who inject drugs in Podgorica is 1248.

The PWID population in Podgorica is dominated by men, whose share is estimated at 88.3%, while the estimated share of women is 11.7%. The youngest participant in the study was 18 years old, and the oldest was 56 years old. In the 12 months before the implementation of the research, PWIDs predominantly used heroin (91.7%), sedatives (82.1%) and buprenorphine (82%), but a high percentage also used cocaine (78%), marijuana/ skunk (74.6%). Antidepressants were taken by every other person, amphetamines by every fourth, ecstasy/MDMA every fifth, as well as methadone, hypnotics, and analgesics, showed the results of this research.

The Strategy of Montenegro for the Prevention of Drug Abuse 2013-2020 is a key strategic document of the state in responding to drug use, with the set actions and measures to coordinate the process. At the end of the year 2023, there is still no new strategic document with set actions for the upcoming period, even though this process has been initiated and is ongoing and expected to be concluded in 2023.

European trends are often quickly reflected in Montenegro and in that regards it's important to outline impact of crisis and migrations that has reflected in change of the population living in Montenegro in the previous two years. Namely, the events caused by the war led to a greater influx of migrants from Ukraine and Russia. According to the data from the Ministry of the Interior of Montenegro from September 2023, nearly 100 000 foreigners are currently in the country. With the total population of 600 000 people, this is a significant change that influence the structure of the population, affecting also on further trends in drug consumption, especially when it comes to the use of new psychoactive substances. NPS became more used, especially in the summer months, and this is information that NGOs working on the field have registered.

In that regards, NGO CAZAS conducted research on data on the **needs of people who use NPS/stimulants among the vulnerable refugee population**, as well as their accessibility to HIV testing and treatment services, which is published in May 2023. The first study of this type on refugees from Russia and Ukraine in Montenegro tells us that 49 respondents or 98% indicated

[2] Đurišić et al., Research on risk behavior related to HIV/AIDS 2020, Institute for Public Health of Montenegro, 2021; available at: https://s3.eu-central-1.amazonaws.com/web.repository/ijzcg-media/files/1637830619-istrazivanje-o-rizicnom-ponasanju-u-vezi-sa-hivaids-om-2020.pdf

that they had used stimulants, 46% in the previous 30 days, 50% in the previous 12 months but not in the previous 30 days, and 4% more than 12 months ago. Amphetamines were used by 57.1% of respondents who answered this question - 4.1% in the previous 30 days, 22.4% in the previous 12 months but not in the previous 30 days, and 30.6% more than 12 months ago. Respondents were familiar with the term 'new psychoactive substances' in 98% of cases. More than half of the respondents took NPS orally (swallowing) - 54% while 50% of respondents used NPS nasally, 44% by smoking, 32% by inhaling, and 14% of respondents used to inject these substances. Important data collected during the survey is that more than two-thirds of respondents are not familiar with harm reduction services in Montenegro. This strongly refers to the need to expand drug related services towards migrants, refugees and other vulnerable populations.

According to a joint UNODC/WHO/UNAIDS/World Bank estimate, injecting drug use is responsible for 30 percent of newly infected HIV cases. The proportion of people who inject drugs among new HIV infections and the number of infections in this group has decreased significantly in many EU countries. However, in the European environment, injecting drug use is still a major vulnerability factor for contracting blood-borne and other infectious diseases. Estimates of the number of people who inject drugs show that there are significant populations at risk in all European countries. Patterns of injecting use vary, with opioid injecting predominating in all countries, as well as a significant proportion of stimulant (mainly amphetamine) injecting in northern and eastern parts of Europe, while simultaneous use of multiple drugs further complicates the pattern. Data from the HIV/AIDS registry, from the beginning of the HIV epidemic in Montenegro in 1989, show that until the end of 2022, a total of 371 people infected with HIV were registered.[3] Not including migrants, 47% of registered HIV-positive persons are current detection of HIV infection was in the stage of AIDS, and 190 of them were either in the asymptomatic stage or in the symptomatic non-AIDS phase of HIV infection. In the same period, 67 people died from AIDS. The estimated prevalence of HIV in the OID population in Podgorica in 2020 is 0.5%; hepatitis B for a positive result 1.4% and for a borderline test 0.8%; positive hepatitis C antigen test 62.8%, and positive PCR test 47%.

Accoring to RDS survey conducted in 2020 by IPH, one in three PWID who have not been tested for HIV do not want to be tested, and almost one in five do not he knows where they can get tested, they thin they are not at risk because they always use sterile equipment or a condom during sexual intercourse or are afraid of a positive result. An extremely important research finding, which represents a strong support for the need for by the existence of points/services where sterile injecting accessories are distributed, is the fact that in the last 6 months more than nine out of ten PWID - 99.6% procured sterile needles and syringes from various places during the previous 6 months - mostly in the pharmacy and then in the drop-in centers of NGO Cazas and NGO Juventas.

Important information for the analysis of this area is that in Montenegro, routine data on deaths due to overdose are still not collected and reported. Registry on drugs is not fully functional and early warning system is not in place. Data available are limited, often based on basic estimations and with low multisectorial cooperation in the are. Key gaps in data collection are related to lack

[3] National HIV Report 2022, IPH Montenegro

of IT solutions, lack of methodological approach in data collection but also lack of motivation in different sectors to work on alignment and merge of the data.

Harm Reduction in Montenegro

Harm Reduction services in Montenegro have been introduced back in2006, with the support of The Global Fund to Fight AIDS, TB and Malaria[4] and have maintained functional and significantly scaled-up so far. These programs have been recognized within different policy frameworks in the country that represents its base for implementation, further development and sustainability.

In the **Strategy of Montenegro for the prevention of drug abuse 2013 - 2020**, the chapter "Reduction of harmful consequences caused by drug abuse" emphasizes that *"more emphasis should be placed on the further development of effective measures to reduce risks and harmful consequences in order to significantly reduce the number of direct and indirect deaths due to drug abuse and blood-borne infectious diseases related to drug use, HIV and viral hepatitis, as well as sexually transmitted diseases and tuberculosis and other diseases caused by drug abuse."* The strategy plans that programs to reduce harmful consequences related to drugs will gradually be included in the practice of all institutions for the treatment of users of psychoactive substances and of all professionals who deal with this issue. A priority intervention in this area should be the adoption of a protocol for the treatment of addiction that includes measures to reduce harm, and in particular, the use of opiate agonists in the treatment of addiction. At the level of pharmaceutical practice, in order to increase the availability of sterile injection equipment to the wider population of drug users, it is necessary that all public pharmacy institutions be authorized to sell sterile injection equipment. Support will be provided for programs that ensure the availability and exchange of sterile injection equipment (exchange of syringes and needles). The activities of non-governmental organizations in programs for the exchange of sterile injection equipment and activities aimed at strengthening capacities for this type of program will be supported. Support will be provided by the activities of non-governmental organizations oriented towards the establishment and functioning of "housing centers" and day centers for users of psychoactive substances, and the building of capacities necessary for the establishment of such centers.

The final report on level of achievement of these plans and priorities is not available.

The **National Program for HIV 2021-2023** and its **Action plan** is precisely the document that *recommended the development of guidelines for harm reduction programs in relation to HIV among drug users, as well as the continuation of the provision of a basic package of interventions for the prevention of HIV and PPI for populations in the greatest risk*. This Program also plans that *special attention should be paid to providing sustainable, easily accessible services to people living with HIV and people at risk of HIV*, which are based on confidentiality and a friendly approach. For this purpose, it is necessary to design program and train personnel for field work and find a system solution for implementing services in the field and in Drop-in centers (testing, medical examinations, mobile units, etc.). A special effort should be made to create conditions for

[4] www.theglobalfund.org

licensing professional and field workers, accrediting programs and providing institutional support to existing Drop-in centers for MSM, PWID and SR. For the existing services to be in line with the needs of the users, the implementation of trainings on HIV/AIDS and PPI for representatives of the governmental and non-governmental sectors who work with persons at increased risk in relation to HIV is considered significant, as well as the implementation of specific trainings that will improve prevention among the target groups at risk.

In 2016, the World Health Organization published the **Consolidated guidelines** on HIV prevention, diagnosis, treatment, and care for key populations widely supported by UNAIDS, UNODC, the United Nations General Assembly, the UN Commission on Narcotic Drugs, the Global Fund and PEPFAR. These guidelines build on the revised Technical Guidelines for States on how to set targets for achieving universal access to HIV prevention, treatment and care for intravenous drug users prepared by WHO, UNAIDS and UNODC in 2009 and revised in 2012.

Based on all the above, in 2021, within SOS project implemented by CAZAS and partners, CSOs have developed **Guides for harm reduction** and shared them with stakeholders for adoption. They have never been formally approved and integrated into national policy but remain guiding tools for all CSOs providing harm reduction services in Montenegro to PWID. It is expected that guides will be formally adopted in the upcoming period. Based on those Guides minimum quality standards have been developed.

MINIMUM QUALITY STANDARDS IN THE FIELD OF HARM REDUCTION

Structural intervention standards:

1. **Availability and accessibility of location and working hours -** Harm reduction services should be established in locations that are easily accessible to clients, without physical and other obstacles. The availability of services, i.e. working hours, should also be aligned with the time when the services are most needed by clients, whereby costs should never be an obstacle.

2. **Necessary minimum qualifications of employees -** All employees must be qualified; the qualification of employees should be transparent, e.g. out of four employees, two will be social workers, and two will be medical staff. Exceptions are needle and syringe exchange programs, outreach, counselling on safer injecting and other drug use, and sexually transmitted infections, shelter for homeless drug users etc.

3. Indication criterion - age limit: Services should be adapted to the age/years of the clients. Services must be attractive to specific age groups, and staff must be educated to best meet the needs of specific age groups. There should be no age limit for beneficiaries in harm reduction programs

4. Assessment procedures: assessment of the client's risky behaviour / Exemptions: drug testing, DPST, vaccinations, homeless shelters

5. Assessment procedures: assessment of all needs and prioritie (E.g. first reduction of harm from injecting drug use, second reduction of syringe use in public spaces, etc.)

6. Assessment procedures: client status - The health condition of the client is assessed.

7. Informed consent - Clients should be provided with information about available services that can provide services according to their needs. In addition, it is necessary to obtain the consent of the client/patient to participate in the proposed regimen or plan before starting the intervention/service. However, interventions should not be based on written informed consent, but on transparent information about everything offered by harm reduction services. Exceptions: needle and syringe exchange programs, outreach, counselling on safer injecting and other drug use, and sexually transmitted infections, drug testing, shelter for homeless drug users.

8. Confidentiality of the client's data - The client's data is confidential and can only be accessed by the staff participating in the intervention.

9. Individual intervention planning - Intervention plans are made individually according to the client's needs, whenever applicable.

10. Regular cooperation with other service providers -In cases where the service is not equipped and cannot meet the needs of the clients, users are referred to other appropriate services that are available to provide assistance.

11. Continuous education of employees - Employees should be regularly referred to new training to improve their knowledge in their field of activity

12. Consulting with/in the community - The goal is to avoid difficulties and conflicts with people who live or work near the service. Exception: Applies only to needle and syringe exchange programs, safe injection rooms and homeless shelters.

13. Goal: reduced risky behavior - For example. reducing the risk of injecting, risky drug use and unprotected sex

14. Objective: referral - Harm reduction service providers should refer the client to other health/social/legal/treatment services if necessary and if the person agrees. Exception: checking the composition of drugs

15. Internal evaluation - Harm reduction services should regularly conduct internal evaluations of their activities and results

16. External evaluation - Harm reduction services should regularly encourage and allow evaluation of their activities and results by external evaluators

These guidelines are based on four simple principles: *a pragmatic approach to health promotion, a client's rights perspective based on basic ethical principles, a decision to achieve public health goals, and scientific evidence combined with expert experience.* The key interventions proposed

in these recommendations could hardly be applied effectively if they did not rely on the following principles:

- A pragmatic approach to health promotion
- Perspective of human rights
- Public health objectives
- Recommendations based on scientific evidence and expert experience
- Principles of provision of services - In addition to the principles of prevention discussed above, the implementation of preventive measures from these recommendations should respect the following key principles, all which stem from the need to adopt the client's perspective in the provision of services. Without the application of these key principles, it is difficult to effectively implement the key interventions proposed in these recommendations:
    - Ensuring confidentiality
    - Improving accessibility to services
    - Creating a user-friendly atmosphere
    - Conducting dialogue with users and promoting peer involvement
    - Adopting a practical approach to service provision
    - Refraining from ideological and moral condemnation
    - Maintaining a realistic hierarchy of goals
- Confidentiality insurance
- Creating a user-friendly enviroment
- Conducting dialogues with users and promoting the involvement of experienced associates
- Adoption of a practical approach to the provision of services
- Refrain from ideological and moral condemnation
- Maintaining a real hierarchy of goals

In Montenegro, NSP programs are provided by NGOs, OST program is provided by Primary health care centres and Clinic for psychiatry while HIV testing is provided by VCT centers within IPH and Primary health care centres and from time to time within drop-in centers.

Two NGOs are leading drop-in centres (NGO CAZAS and NGO Juventas) and currently in Montenegro there are three fixed sites (two in Podgorica and one in Bar). In parallel with these services, outreach work is carried out at the national level in 10 cities. Furthermore three Vending Machines including safety injecting kits have been introduced by CAZAS on three locations in Montenegro so kits are available to PWID for free.

Harm reduction programs in Montenegro are funded by GFATM within special funding mechanism that includes co-funding of the Ministry of health of Montenegro.

As it is mentioned in EHRA Position paper on the quality of Harm Reduction services: *"Quality should not be defined only through an HIV lens, but should also capture other health issues, social support and case management, human rights protection and access to legal services."*[5]

This is general idea that needs to be further implemented in functioning of harm reduction services in Montenegro and priority should be focused on *expanding perspective of harm reduction from HIV prevention to public health and social care service provision.* So far, these services have been introduced towards public health and social care system, institutions and health and social care professionals but lack of formal and institutionalized connection is recognized. Social policies remain not aligned with needs in this area while progress has been noted in recognition of community-based services as part of social protection system in Montenegro.

Based on EHRA Position paper on the quality of Harm Reduction services, quality standards should ensure that a harm reduction service provider:

- Commits to harm reduction principles
- Puts the rights and health and social needs of clients at the centre
- Respects the values of clients
- Reaches people who use drugs in their diversity with respect to intersectionality
- Engages people who use drugs in service planning, implementation, and quality assurance
- Is able to predict emerging needs of clients and to plan how to address them
- Sets service targets based on local health and social specifics
- Uses the arsenal of evidence-based tools to reach targets and address client needs
- Builds local partnerships and increases the network of friendly service providers for client referral

General overview of the mentioned quality standards in Montenegro, based on initial mapping and desk review, can be assessed as partly to mostly met since many of them are integrated into the work, but not recognized or verified through policies and frameworks adopted by system.

Responsiveness of harm reduction programs is challenged by fully ensuring client-centred harm reduction and its responsiveness to the health and social needs of people who use drugs. This is mostly due to *insufficient funds* to ensure expansion of services based on needs, *limited capacities* and *undeveloped multisectoral cooperation and linkage to care.*

Having in mind the complexity of health and social issues faced by people who use drugs and the multi-layered effects of harm reduction, quality should not be defined only through an HIV lens, but should also capture other health issues, social support and case management, human rights protection, and access to legal services. Now, this is partly available within the harm reduction programs and usually through connection of other programs NGOs are implementing within its work such as ReACT mechanism, family building programs etc. **Community leadership** is fundamental for harm reduction quality, and it is recognized and integrated into harm reduction services in Montenegro. Significant number of people working and leading the services are from

[5]EHRA Position paper on the quality of Harm Reduction services, availale at: https://api.harmreductioneurasia.org/1ac091a3-00d7-4f2a-bcae-33362a2eb05e.pdf

PWUD population while two organizations[6] gathering people who used/have used drugs are officially registered in Montenegro in last few years and have active role in cooperation within programs.

To fully meet quality standards and ensure proper validation of qualities, national consensus is needed as well as comprehensive policy framework and monitoring system in place.

[6] www.hepmontenegro.me and https://www.facebook.com/people/LINK-Crnogorska-mre%C5%BEa-za-smanjenje-%C5%A1tete/100081517601452/?locale=ms_MY&paipv=0&eav=AfY-6vTue9BvUsnZQCCnH0r4x0vyklZYwrq5AU-X-doX-9ptz5d3GPAbl7YZcJ7RpxY&_rdr

Aim and objectives of the mapping

The overall aim of the mapping is to provide understanding of the harm reduction programs in Montenegro and identify critical enablers.

Specific objectives:

1. To map and understand external factors that influence the readiness and ability of the country to transform approaches to harm reduction and modernize key principles
2. To map and understand health system factors that influence the readiness and ability of the country to transform approaches to harm reduction and modernize key principles
3. To understand status of key health system functions in regard to modernization of approaches to harm reduction and create overview of advocacy actions to be undertaken

Further, study meant to generate learning on what are main critical enablers that will facilitate revision of harm reduction approaches and expansion of package of services in line with wider health and social needs.

Methodology

The mapping exercise applied to program overview and desk review approach to meet objectives set above. The desk review covered analyses of published and grey literature, as well as technical and programmatic documentation, including national strategies, surveys, action plans, legalisations and analytical documents but also developed documents that are in advocacy phases such as Guides for harm reduction developed.

The **desk review** of documents provided data collection for understanding issues defined by objectives while analytical approach to data analysis ensured development of the analytical framework and overview below, so it was possible to produce a description of the challenges, produce conclusive statements about what are the key challenges and barriers of modernization of harm reduction services, and what are the key influential factors and critical enablers.

The mapping exercise used simple framework to standardize the analysis of the qualitative data. The framework used within the mapping, mapped the external factors, health system functions and critical enablers.

Objective 1. Understanding **external factors** that influence the readiness and ability of the country to transform approaches to harm reduction and modernize key principles

Key **external factors** that can influence the quality of harm reduction services mapped within this process have been as follows:

1. Legal and policy environment

2. Funding and resources
3. Stigma and discrimination
4. Community support and engagement
5. Availability of comprehensive healthcare services
6. Socioeconomic factors

Objective 2. Understanding **health system factors** that influence the readiness and ability of the country to transform approaches to harm reduction and modernize key principles

The effectiveness and quality of harm reduction programs can be influenced by various health system functions and related barriers. Key health system functions and associated barriers that can impact the quality of harm reduction programs mapped have been grouped as follows:

1. Funding and Resource Allocation
2. Healthcare Infrastructure
3. Health Workforce
4. Integration with Healthcare Services
5. Policy and Regulations
6. Data and Monitoring
7. Stigma and Discrimination
8. Accessibility and Geographic Barriers
9. Cultural and Societal Factors
10. Community Involvement and Support
11. Coordination and Collaboration

Efforts to improve the quality of harm reduction programs should address these barriers through **comprehensive strategies that involve policy changes, increased funding, healthcare system reform, and public awareness campaigns.** Successful harm reduction programs require a **supportive and inclusive healthcare system** that ensures equitable access to services and respects the rights and dignity of individuals who use drugs.

Objective 1. Overview of the external factors and barriers mapped		
External factor	Description	Mapping of barriers for ensuring quality of HRS[7]
Legal and policy environment	The legal and policy framework surrounding harm reduction services can significantly impact their quality. Supportive laws and policies that prioritize harm reduction approaches can enhance the quality of services. Conversely, restrictive laws or policies that criminalize drug use or impede harm reduction efforts can hinder service quality.	› No developed and active national drug strategy as umbrella policy › Existing drug related laws focused on criminalization and fight against crime more than person centralized approach › Many legal and policy updates in recent period with no alignment ensured with each other in different sectors › Social care and protection policy framework doesn't recognize HR[8] as social service and there are no standards or pricing developed for HR scope of services within social care system
Funding and resources	Adequate funding and resources are crucial for delivering high-quality harm reduction services. The availability of financial support, staffing, equipment, and supplies can greatly influence the range and effectiveness of services provided. Insufficient funding or resource constraints may limit the quality and reach of harm reduction programs.	› State funding ensured only through HIV programs for HR (donor depended) › Limited or poor donor focus and availability › Insufficient funding limiting the scope of services available for funding and implementation › Funding models not sustainable and social contracting mechanisms are challenging
Stigma and discrimination	Societal attitudes and stigma towards drug use and harm reduction can impact service quality. Stigmatizing beliefs and discriminatory practices can create barriers to accessing services, discourage individuals from seeking help, and	› Human rights legal framework and protection mechanisms insufficiently developed to address and protect the needs

[7] Refers to Harm Reduction Services
[8] Refers to Harm Reduction

	undermine the effectiveness of harm reduction interventions. Creating an environment free from stigma and discrimination is essential for providing quality services.	of key populations – PWUD, PLHIV, SW, LGBTIQ[9]+ and other › High level stigma towards KP[10]s present in Montenegro among general audience as well as media and health and social care providers › Hate speech increase registered towards vulnerable groups in general › Existing systemic discrimination towards KPs
Community support and engagement	The level of community support and engagement can influence the quality of harm reduction services. When communities are actively involved in the planning, implementation, and evaluation of services, it can lead to more tailored and effective interventions. Community support can also help reduce opposition, increase awareness, and foster a positive environment for harm reduction efforts.	› Insufficient social participation and meaningful engagement of communities › Lack of formal participation mechanisms for people who use drugs to directly influence policies and decision-making processes
Availability of comprehensive healthcare services	The availability and accessibility of comprehensive healthcare services, including mental health support, addiction treatment, and HIV/HCV testing and treatment, can impact the quality of harm reduction services. Collaborative partnerships between harm reduction programs and healthcare providers can ensure that individuals receive holistic care, leading to better outcomes.	› No established sustainable and functional collaborative partnerships between harm reduction programs and healthcare providers can ensure that individuals receive holistic care, leading to better outcomes. › Health care system offering just OST[11] program which is not sufficiently linked to other supporting programs such as mental

[9] Refers to: PWUD (people who use drugs), PLHIV (people living with HIV), SW (sex workers), LGBTIQ+ (lesbian, gay, bisexual, transexual, intersex, queer and other identities)
[10] Refers to key populations in regard to drug use
[11] Refers to Opioid substitution therapy

		health support, community integration and living support programs etc.
Socioeconomic factors	Socioeconomic factors, such as poverty, homelessness, and unemployment, can influence the quality of harm reduction services. Individuals facing these challenges may have limited access to services, face additional barriers to care, or require additional support to engage effectively with harm reduction programs. Addressing these socioeconomic factors is crucial for improving service quality and outcomes.	› Economic crisis raising in Montenegro increasing poverty, inequality, and unemployment › Even though European aspirations have been a central part of Montenegro political agenda and identity, within recent years country is facing major downfall in EU integration process. › COVID 19 crisis impact on economical and social programs › Migrations and inflow of refugees
Objective 2. Understanding health system factors		
External factor	Description	Mapping of barriers for ensuring quality of HRS
Funding and Resource Allocation	Insufficient funding and resource allocation limit the scale and effectiveness of harm reduction programs. Inadequate funding leads to a shortage of supplies, trained staff, and outreach services and HR reach and efficiency.	› Transition and sustainability planning not in place › There are no policies in place that oblige state and health sector to invest into new services or expand existing services › Harm reduction services are located under HIV programmatic and budgetary line as co-funding for current GFATM grant contract in Montenegro. There is no fixed budgeting without GFATM grant › Barriers in mechanisms of procurement of HR services › Funding available lower than needed for full reach › No funds available or planned for modernization and innovation as well as surveys among KPs. Most of the surveys

		and studies are done by CSOs or projects in cooperation with public health institutions. Surveys and innovations are not prioritized
Healthcare Infrastructure	The state of the overall healthcare infrastructure can impact the accessibility of harm reduction services. A lack of accessible clinics, testing facilities, and treatment centres can deter individuals from seeking help.	› In general, health system has reduced quality of provided services due to financial challenges › Waiting lists are long for treatment › Patients' rights protection system insufficiently developed › Testing facilities not available in every city › OST programs overbooked and not very well organized with missing additional support services › There is no detox centre established to meet all the needs of PWUD
Health Workforce	A shortage of trained healthcare professionals, counsellors, and outreach workers can limit the availability and quality of harm reduction services. A lack of skilled staff may also affect the ability to provide education and support.	› HR service providers lack full and up to date understanding of new trends in drug scene, including lack of adaptation to developments in the field. › HR service providers have limited capacity to target new groups of users, including lack of capabilities to reach these groups as well as map hotspot settings. › Harm Reduction service staff needs continuous capacity building in working with different categories of clients. › Need for capacity building in human rights and minority rights – HR service providers need more skills to recognize stigma and discrimination, address it properly but also empower KPs on human rights › Healthcare professionals working in public health care lack understanding on HR

		principles and need capacity building and networking › Limited availability of existing services and lack of skills among HR service providers to integrate new services, including those targeting minors, youth, non-injecting drug users, women, LGBTQI+ communities, PWID in rural area etc. › Lack of motivation within health and social care sector professionals to work with PWUD while there is drop out of the mental health professionals › Peers working in HR programs are not recognized within national framework of qualifications since "outreach worker" or "peer counsellor" is not defined within the framework › HR are important segment of resocialization through employment and current health sector doesn't recognize stimulant measures for this segment of support for PWUD
Integration with Healthcare Services	Limited integration of harm reduction services with mainstream healthcare systems can hinder coordination and the continuity of care.	› Harm Reduction services are not an integral part of wider health and social services and there are no standards and pricing policies in place › Lack of formal and institutionalized linkage to care › There are weak or no links between harm reduction services and social and health services, including lack of official referral and comprehensive management of needs of beneficiaries

		› Package of existing harm reduction services, as well as modality and approach to service delivery is not tailored to the needs of new groups of PWUD and is not attractive to them, limiting their access to services.
Policy and Regulations	Restrictive laws and regulations can impede harm reduction efforts. Legal barriers, such as the criminalization of drug use, can deter individuals from accessing services and create fear of legal consequences.	› No standardization policies for HR programs › Missing innovative legal regulations to ensure framework for HR services provision › No policies that recognize innovative and new approached in HR › Social and health policies do not reflect fully the needs of PWUD › Guides for HR not yet adopted or approved › Lack of strategic linkages between state programmes and strategies › Social policies remain not aligned with needs in this area w › Poor recognition of HR programs within legal and policy framework in social and health care area › Community distribution of naloxone not regulated and unavailable › Drug amount for personal use is not defined as such within policy and legal framework. There is only defined minimal amount for distribution with difference regarding offence or criminal act. This results in no difference between people who use drugs and people who distribute. Variations in practice in terms of targeting this which leads to systematic discrimination of PWUD

Data and Monitoring	A lack of data collection, monitoring, and evaluation of harm reduction programs can hinder the ability to assess their impact and improve their quality over time. Data is crucial for evidence-based decision-making.	› Surveillance on key epidemiological indicators in drugs and drug addiction is not systematized › Drug registry not fully functional and data gathered are limited › Lack of systematic data gathering approach › Early warning system in place is not efficient enough and not all key actors are integrated
Stigma and Discrimination	Stigmatization and discrimination against people who use drugs can prevent them from accessing harm reduction services. Healthcare providers may also hold stigmatizing attitudes, impacting the quality of care they provide.	› Limited understanding and lack of support of the public and society to harm reduction › Mass disinformation regarding the operation of the civil society, including demonization, hate speech, etc. which boosts stigma towards the program and its users › Media reporting often stigmatized and sensational › Violence and hate speech towards minorities increase
Accessibility and Geographic Barriers	Geographic barriers, such as limited access to harm reduction services in rural areas, can reduce the reach and effectiveness of these programs. Accessibility to services is crucial for those in need.	› Harm reduction services not available everywhere and where available difference in scope of the services is notable
Cultural and Societal Factors	Cultural and societal norms can influence attitudes towards drug use and harm reduction. Resistance from conservative or traditional viewpoints can impede harm reduction efforts.	› These norms are often different in different parts of the country which is challenging the distribution of services › Increase of popularity of religious movements is a risk for harm reduction due to its conservative or traditional viewpoints
Community Involvement and Support	A lack of community involvement and support can hinder the effectiveness of harm reduction	› Lack of involvement into decision making › Lack of platforms for participation

	programs. Community buy-in and support are essential for outreach and education efforts.	› Lack of funds and capacities to empower and involve communities into programs › Lack of capacities and capacity building programs for community-based NGOs
Coordination and Collaboration	Insufficient collaboration between various stakeholders, such as government agencies, NGOs, and healthcare providers, can lead to fragmentation and duplication of efforts, reducing the overall impact of harm reduction services.	› Non functional national Council on drugs › Not existing coordination body for harm reduction and drug policy › Current partnerships and collaboration between various stakeholders, government, public health and social health sector, NGOs, and healthcare providers are limited and dominantly focused on HIV

Objective 3. Understanding **status of key health system functions** regarding modernization of approaches to harm reduction and **overview of advocacy actions** to be undertaken

Initial findings of the mapping have show that there are developed and functional harm reduction programs in Montenegro but underfunded, unsustainable and with poor linkage to treatment and care. Multisectoral cooperation is not developed, and HIV prevention remains the leading path for funding and maintaining harm reduction services functional. Legal and policy framework and funding are two key barriers towards ensuring modernization of harm reduction programs because they are essential and starting point for capacity building, transformation, and expansion of services as well as integration of human rights into harm reduction.

Having that in mind, key health functions regarding modernization of approaches to harm reduction mapped are health policies and health funding. In that regard overview of the advocacy actions to be further developed is given:

- Development of comprehensive analysis of legal and policy framework to develop recommendations and amendments for full legal and policy recognition of harm reduction within social and health care with focus on feasibility of its linkage
- Development of standardization of quality of services system with functional monitoring and data collection system that would allow starting point for costing and budget advocacy
- Budget advocacy for harm reduction budgets within drug programs and public health programs as addition to the HIV programs
- Advocacy for ensuring national consensus on quality standards of harm reduction (including adoption of the Guides for Harm Reduction)
- Empowering community movement and networking
- Advocacy for development and introduction of formal mechanism for meaningful participation of communities in policy and decision-making processes
- Advocacy and mass media campaign on harm reduction
- Ministry of health of Montenegro started the process of development of new Strategy for prevention of drug use 2024 – 2027. Within the working group two representatives of CSOs CAZAS and Juventas[12] were appointed to participate in the development process. Advocacy recommendations include start of the dialogue with members of the working group to advocate for integration of all mapped barriers into effective measures within the strategy that would overcome barriers
- Advocacy for high level national dialogue on sustainability, standardization and modernization of harm reduction programs

[12] https://www.gov.me/clanak/lista-predstavnika-ica-nvo-radnq-grupe-za-strategiju-za-sprjecavanje-zloupotrebe-droga