CORRELATION NETWORK
MEMBERS EXPERTISE
SURVEY 2019
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EXECUTIVE SUMMARY

In the second part of 2019, Correlation - European Harm Reduction Network conducted a survey aimed at assessing the specific expertise among CN members. This assessment is one of the key activities of the network-related activities of the C-EHRN work programme in 2018.

The main objectives of the membership survey were:
- To update the existing database of C-EHRN Members, and their memberships for the period 2018-2021.
- To identify the positions and contexts within which C-EHRN Member develop their activities.
- To identify and analyse the profile and professional background of C-EHRN member organizations and individuals.
- To identify and assess the expertise of C-EHRN Members in relationship to the thematic areas of C-EHRN.
- To evaluate the extent to which C-EHRN has incorporated the recommendations formulated in the Membership Expertise Survey 2018, and identify new areas of attention of work when needed.

Based on the results of this assessment, and aiming at supporting the goals and activities of the multiannual work programme for the period 2018-2021, CN has identified the following areas which would require further attention in 2020:
- To continue the implementation of Recommendations 2018, as their majority have crystalized in mid-long term plans and activities.
- To complement the Membership Expertise Survey with a Membership Needs Survey at the beginning of 2020.

PURPOSE OF THE DOCUMENT

General Purpose

The purpose of this document is to provide a general overview of the results of the survey conducted by CN among its members in 2019. The general aim of the survey is to assess the specific expertise among CN members, including the specific topics selected for the multiannual work programme for the period 2018-2021.

Background

The overall objective of CN for the multiannual work programme for the period 2018-2021 is to improve the access to and the quality of harm reduction services for PWUD, including other related vulnerable and marginalized people, and to enhance policies and practices that increase social inclusion.

The specific goals for this work programme are:
- To strengthen the network and the collaboration with its members and partners through an adequate and solid organizational network structure.
- To monitor developments and collect information and evidence in the field of drug use and harm reduction by involving the expertise of civil society organizations.
- To strengthen capacities of the various players in the field of drug use and harm reduction and facilitate exchange between network members and partners.
- To advocate for full coverage of harm reduction programs in Europe, addressing both health and social aspects.

These specific objectives will be achieved through a detailed work plan, organized in four specific programme pillars. Specifically, to achieve the first one, CN will development of a database of its Member's expertise.

Aim & Goals

The overall goal is to consolidate the thematic expertise within CN. To do so, a survey was carried among CN members. With the results of this survey, CN has developed a database with will support the activities of CN in the following years.

The specific aims of the survey are:
- Update the existing database of CN Members.
- Identify the positions and contexts within which CN Member develop their activities.
- Identify and analyse the profile and professional background of CN member organizations and individuals.
- Identify and assess the expertise of CN Members in relationship to the thematic areas of CN.
- Evaluate the extent to which the Network has incorporated the recommendations formulated in the Membership Expertise Survey 2018, and identify new areas of attention of work when needed.
METHODOLOGY

Target

CN articulates and activates this expertise through the following structure:

**Members** are organizations and individuals who are active in the field of drug use, harm reduction and social inclusion. Members are situated in the countries of the WHO Europe Region. From all of the members, C-EHRN counts with three specific working groups.

- **Focal Points** are the national reference points for the collection of data and information.
- **Steering Committee** is the primary governance and decision making body of the network.
- **Expert Groups** inform the network and its members about recent developments in specific topics, review the network outputs and materials, and function as focus groups for the monitoring process.

**Supporters** are organizations and individuals who are active in the field of drug use, harm reduction and social inclusion. However, they are not situated in the countries of the WHO Europe Region.

**Partners** are organizations, individuals and institutions who are active in the field of drug use, harm reduction and social inclusion with whom C-EHRN develop activities. Examples of partners are EMCDDA, ECDC, WHO, EATG, EHRA, EuroNPUD or Aids Action Europe.

Survey Design

The survey [Annex 1 & 2] was designed as to give a precise overview of CN Members, their general positioning within the harm reduction field, their context, the specific work they perform, and their thematic expertise.

**GOAL 1: Update the existing database of CN Members.**

- Q.1. (Re) confirmation of membership
- Q.5. Organization Details.
- Q.6. Contact Person Details.

**GOAL 2: Identify the position and context within which CN members operate.**

- Q.3. Organization Status
- Q.4. Type of Organization
- Q.5. Organization Details
- Q.7. Area/Level of Activity [Local, Regional,..]
- Q.12. Membership in other EU / International Networks
- Q.13. Participation in EU funded projects / programs

**GOAL 3: Identify and assess the profiles of organizations and individuals that form the Network based on the activities they develop.**

- Q.8. General description of Activities
- Q.9. Target Group(s) of the Organization
- Q.10. Main Activities
- Q.11. Specific Services offered.

**GOAL 4: Identify and assess CN Members expertise in relationship to the thematic areas in which the Network will focus for the period 2018-2021.**

- Q.15. Organization’s expertise in Monitoring & Data Collection.
- Q.17. Organization participating in Civil Society Involvement.
- Q.19. Contributions to Topics / Themes Correlation
- Q.20. Future topic developments

Goal 5 Evaluate the extent to which the Network has incorporated the recommendations formulated in the Membership Expertise Survey 2018, and identify new areas of attention of work when needed.

The maximum number of questions was limited to 20, and there were some minor differences in the number and wording of questions in the survey. This responds to the specificities of the categories of Organization Membership and Individual Membership.

The survey contains different types of questions: open-ended, single-answered questions, multiple-answer questions. If a participant was not willing to complete a question, the participant could skip the question(s). The only questions, which were mandatory, were those aimed at (re)confirming the Membership, and the organizational details [Q.1, Q.5 & Q.6].

Survey Distribution

The survey was distributed both among CN organization and individual members registered in the existing data base, and among the general CN interested audience.

Three different methods were used for its distribution:

- In a separate mail sent to existing CN Members, addressed to the latest contact person registered.
- In CN Digital Newsletter
- On CN Website

The survey remains still open and is directly linked to the CN membership application process. This means that the expertise of new CN members is directly assessed at the very beginning.
OVERVIEW OF RESULTS
On December the 31st, 2019, a total of 127 organizations and 69 individuals had completed the Membership Expertise Survey. When comparing this information with the amount of Members registered on 2018, we can observe a 35.2% growth of Correlation - European Harm Reduction Network [C-EHRN] during the last year.

Proportionally, the biggest growth has been experienced in Individual Members. Whereas, 20% of Organization Members joined the Network during 2019, approximately 35% of Individual Members were new to the Network.

From this total, 36 Members contributed to C-EHRN as a Focal Point, 2 more than in 2018. From those, 3 are Individual Members, and 33 Organization Members.

**Geographical Distribution**

C-EHRN has members based in 36 countries in the WHO Europe Region [Fig.4]. The country in which most organizations are based is the United Kingdom [22], followed by France [16], Portugal [12], Spain [11], Greece [10], and the Netherlands [10].

It is important to notice that Organizations and Individuals Members provide in the Survey their legal residence registration. It is for this reason, that this information doesn’t necessarily imply that the activities of C-EHRN are bounded only to the countries represented in the following up. An example of this is Russia, an area in which activities are developed through an organization legally registered in the Netherlands.
The majority of C-EHRN Organisation Members are located in Western Europe. The countries in which we find the most organisations are the United Kingdom [12], France [9], and Spain [8]. When compared with 2018, we observe the United Kingdom and France as the countries with the biggest increment of new organisations during this last year.

The majority of C-EHRN organisations develop activities within a national level context. Whereas, 69% work on a national level, 60.6% are present on a local level, and 45.7% on a regional one. Contrasting, we see a much smaller focus on international activities, with a 22% of organisations developing activities on EU level, and 21.3% on a global one.

Almost half of C-EHRN organisations focus on developing activities at only one geographical level. From those, the majority operate on a national level. When organisations develop activities in more than one level, 18.9% focus on three levels and 18.1% on two levels.
The majority of C-EHRN Organisation Members reported developing activities for People Who Use Drugs [94.5%], followed by sex workers [65.4%], youth [51.2%] and people in prison settings [51.2%]. EU migrants is the target group that receives the least attention by these organisations [35.4%]. Next to this, 37.8% of all organisations reported targeting other groups. These include the general population, LGBTQ+, women and people experiencing mental health problems.

When looking at the number of different groups that the organisations target, we observe how organisations tend to develop a rather generalist set of activities and services. Whereas 19.4% of all the organisations target one or two categories of population, 58.3% target between three and six categories of population. When this occurs, the most common found intersections are people who use drugs and sex work, and people who use drugs and people experiencing homelessness.

The majority of C-EHRN Organisation Members self-classified themselves as civil society organisations. Next to this, we can observe an almost equal distribution between private [51.1%] and public [40.9%] organisations.

The majority of C-EHRN Organisation Members reported having advocacy [78.7%] and social service provision [77.2%] as their main activity. Next to this, more than half the organisations reported developing health provision activities [66.9%], capacity building activities [61.4%], and research activities [59.1%].

15.7% percent of all organisations reported developing other activities. These include community mobilisation, community mediation, community cooperation, policy and legislation advising, and peer activation.
Organisations Service Provision

The majority of C-EHRN Organisation Members who provide services, reported having developed psychosocial support [73.2%] and outreach [71.7%] activities.

Next to this, almost half of them counted activities in the field of peer involvement [59.1%], HIV [59.1%], Hepatitis C [56.7%], needle exchange programs [54.3%], training [52.8%] and low-threshold services [49.6%].

Drug free treatment [14.2%], drug consumption rooms [14.2%] and housing [17.3%] are the least offered services.

From all of the organisations, 17.3% reported offering other services. These include education, financial support, ChemSex Harm Reduction activities, assisted housing, family support, resocialization and rehabilitation.

Organisations International Involvement & Cooperation

More than half of C-EHRN Organisation Members [68.5%] belong to other networks. Next to this, only approximately a third of organisations [38.9%] are conducting EU funded projects and/or partnerships.

Organizations Expertise

The majority of C-EHRN Organisation Members reported counting with expertise in the fields of advocacy [73.2%] and monitoring and data collection [70.9%]. Next to this, more than half the organizations count with expertise in the fields of capacity building [62.2%] and civil society involvement [61.4%].

From all the organisations, 65% reported being able to contribute to the network with expertise in the field of advocacy. Following, more than half of the organisations reported being able to contribute with expertise in the field of civil society involvement [59.1%] and Hepatitis C [51.2%].

Prison [35.4%] and drug consumption rooms [37%] are the areas in which the organisations can bring the least expertise to the network activities.
The majority of C-EHRN Individual Members are located in Western Europe. The countries in which we find the most members are the United Kingdom [9], France [7], and The Netherlands [6]. When compared with 2018, More than half of C-EHRN Individual Members develop activities within a national level context. 60.5% of the members operate at a local level, and 53.6% at a national level. Following, almost half of the individual members [42%] develop activities with a focus on a regional level. Almost half of C-EHRN Individual Members focus on developing activities at only one geographical level. From those, the majority operate on a local level. When individuals develop activities in more than one level, 20.3% focus on three levels and 14.5% on two levels.
The majority of C-EHRN Individual Members reported developing activities for People Who Use Drugs (92.8%). Next to this, almost half of them target people experiencing homelessness (56.5%) and sex workers (49.3%) EU migrants is the target group that receives the least attention by these individuals (33.3%).

15.9% of all Individual members reported targeting other groups. These include Harm Reduction for Sex Workers, Online OST News, Drug Testing Facilities Evaluation, Access to Medicine and Strategic Influencing.

When looking at the number of different groups that the individual target, we observe how these members display a rather specialist profile. Whereas 20.3% of all the individuals target between seven and nine categories of population, 46.4% target between one and three categories.

C-EHRN Individual Members display an even distribution of activities. Although more than half reported developing activities in the field of research (55.1%), this percentage is closely followed by activities in the field of Health and Social provision (46.4%), advocacy (44.9%) and capacity building (40.6%). Self-organisation is the activities that receives the least attention (17.4%) by the individual members.

20.3% of all Individual Members reported having other main activities. These include awareness campaigns, internet-based news services, development of local policies, and development of community & peer involvement activities.

63.8% of C-EHRN Individual Members reported having health services as their topic of work. Following this, more than half develop activities in the field of outreach (56.5%), Hepatitis C (55.1%) and HIV (53.6%). Drugs free treatment (8.7%) is the topic that receives the least attention by the individuals in the network.

13% of all Individual Members reported having other topics of work. These include harm reduction for sex workers, online OST news, drug testing, and facilities evaluation.
More than half (52.2%) of C-EHRN Individual Members reported not belonging to any other Network. Next to this, the majority of individuals (82.6%) reported not having participated in an EU funded project and/or cooperation programme.

C-EHRN Individual Members reported counting with an evenly distributed expertise in the four main activity priorities of the network. Although monitoring and data collection is the activity with a bigger pool of expertise (59.4%) among individuals, civil society involvement (53.6%), capacity building (49.3%) and advocacy (49.3%) follow closely.

Among all respondents, Hepatitis C is the topic to which Individual Members can contribute the most (43.6%) to the network activities. Equally distributed, we find drug consumption rooms, new drugs and new patterns of consumption, and advocacy (39.1%).

The topic to which individuals can contribute the least is prison expertise (23.2%), followed by naloxone (29%).
In 2019, C-EHRN counted with 38 Focal Points, in 36 countries located in the WHO European Region. When compared with 2018, we observe an increment of 3 Focal Points during this year.

The majority of C-EHRN Focal Points reported developing activities on a regional level [75.7%]. Following, 62.2% of the Focal Points were present at a local level, and almost half of them at a national [48.6%] and European [43.3%] level.

More than a third of C-EHRN Focal Points focused on only level. In those cases in which organisations operated in more than one level, we see a balanced distribution between them.

**FOCAL POINTS**

**Geographical Distribution**

In 2019, C-EHRN counted with 38 Focal Points, in 36 countries located in the WHO European Region. When compared with 2018, we observe an increment of 3 Focal Points during this year.

The majority of C-EHRN Focal Points reported developing activities on a regional level [75.7%]. Following, 62.2% of the Focal Points were present at a local level, and almost half of them at a national [48.6%] and European [43.3%] level.

More than a third of C-EHRN Focal Points focused on only level. In those cases in which organisations operated in more than one level, we see a balanced distribution between them.
Focal Points Target Groups

All of C-EHRN Focal Points developed activities for People Who Used Drugs. Following, more than half also focus the following categories of population: sex workers [59.5%], young people [56.8%], and people experiencing homelessness [43.2%]. The least targeted groups are non-EU migrants [27%] and EU migrants [29.7%].

Half of the Focal Points reported targeting other groups. This includes general population, LGBTQ+, women and people experiencing mental health problems.

When looking at the number of different groups that the organisations target, we observe how Focal Points display a medium generalist profile. More than half of the Focal Points [54%] develop activities targeting between three and six categories of population. This contrasts with a 21.6% targeting between one and two, and 24.3% between seven and nine.

When this occurs, the most common found intersections are people who use drugs and sex work, and people who use drugs and people experiencing homelessness.

Focal Points Main Activities

The majority of C-EHRN Focal Points develop activities in the field of service provision. While 75.7% of the Focal Points develop this activities around topics of health, and equal amount focus on social services. Next to this, capacity building is a prominent activity [64.9%] among the Focal Points.

The activity that was less developed is self-organisation, with only 18.9% of Focal Points having reported it.

16.2% percent of all organisations reported developing other activities. These include community mobilisation, community mediation, community cooperation, policy and legislation advising, and peer activation.
The majority of C-EHRN Focal Points [78.4%] who provide services, reported having developed outreach activities. This is followed by psychosocial support [73%], legal support [73%] and needle exchange programs [73%]. The activities that have been less developed by C-EHRN Focal Points are drug free treatment [8.1%] and drug consumption rooms [13.5%].

Of all C-EHRN Focal Points who provide services, 16.2% reported having carried out other activities. This include education, financial support, ChemSex Harm Reduction activities, assisted housing, and family support.

The majority of C-EHRN Focal Points [73%] reported belonging to other networks. Further, 62.2% participated in EU funded projects and/or collaborations.

The majority of C-EHRN Focal Points [75.5%] reported counting with expertise in the four pillars that the Network is focused on. Monitoring and Advocacy are both equally the fields in which Focal Points exhibit the bigger expertise [86.5%]. This is closely followed by civil society involvement [78.4%] and capacity building [75.7%].

When it comes to the topics to which the Focal Points can contribute the most, advocacy [75.7%] and Hepatitis C [64.9%] are the most commonly found. On the other hand, naloxone is the topic to which Focal Points reported been able to contribute the least [37.8%].
On December 31st, 2019, a total of 196 members had completed the Expertise Survey. This amount represents an increment of 51 members when compared with 2018. All of the information of former C-EHRN members has been updated, and the data of new members has been incorporated into the database.

When compared with 2018, proportionally we do not observe major differences with the positions and context within which C-EHRN develop their activities. We can observe how the C-EHRN maintains its position as a strategic platform through which members become involved on an international activities, collaboration, knowledge exchange and capacity building.

Further, thanks to this well distributed network of Members, CN has access to relevant and precise local, regional and national information, and is able to distribute results and activate key stakeholders in all geographical levels.

The Membership Expertise Survey 2019 shows a trend similar to 2018, and evidences how C-EHRN counts with well-balanced fields of expertise, namely Scientific Expertise, Practical Expertise [social workers, policy makers, …] and Community Experience [community members, action groups, …]. Further, it counts with a well proportioned and nuanced expertise in the field of specialized and generalist services.

Following the pattern identified in 2018, in 2019 C-EHRN continued being well-equipped to develop the activities in the field of Monitoring & Data Collection, Civil Society Involvement, Capacity Building and Advocacy. The field to which the majority of Members can contribute the most is Advocacy. However, in 2019, proportionally we have witnessed an increment in members with expertise in the field of Hepatitis C & Drug Use.

**GOAL 1: Update the existing database of C-EHRN Members**

On December the 31st, 2019, a total of 196 members had completed the Expertise Survey. This amount represents an increment of 51 members when compared with 2018. All of the information of former C-EHRN members has been updated, and the data of new members has been incorporated into the database.

**GOAL 2: Identify the positions and contexts within which C-EHRN Members develop their activities**

When compared with 2018, proportionally we do not observe major differences with the positions and context within which C-EHRN develop their activities. We can observe how the C-EHRN maintains its position as a strategic platform through which members become involved on an international activities, collaboration, knowledge exchange and capacity building.

Further, thanks to this well distributed network of Members, CN has access to relevant and precise local, regional and national information, and is able to distribute results and activate key stakeholders in all geographical levels.

C-EHRN counts at the moment with a geographically well balanced and distributed network of Members in Europe. Although the majority of organizations are located in Western Europe, through strategic partnerships with other networks in Eastern Europe, and the role of Individual Members, C-EHRN can reach and be reached in those areas in which less organization presence is found.

The majority of CN Members develop activities on local and national level. Many members are active on only one level, mainly on the national level, followed by the local level.

**GOAL 3: Identify and assess the profiles of organizations and individuals that form the Network based on the activities they develop**

The Membership Expertise Survey 2019 shows a trend similar to 2018, and evidences how C-EHRN counts with well-balanced fields of expertise, namely Scientific Expertise, Practical Expertise [social workers, policy makers, …] and Community Experience [community members, action groups, …]. Further, it counts with a well proportioned and nuanced expertise in the field of specialized and generalist services.

**GOAL 4: Identify and assess CN Member expertise in relationship to the thematic areas in which the Network will focus for the period 2018-2021**

Following the pattern identified in 2018, in 2019 C-EHRN continued being well-equipped to develop the activities in the field of Monitoring & Data Collection, Civil Society Involvement, Capacity Building and Advocacy. The field to which the majority of Members can contribute the most is Advocacy. However, in 2019, proportionally we have witnessed an increment in members with expertise in the field of Hepatitis C & Drug Use.

**GOAL 5: Evaluate the Extent to which the Network has incorporated the recommendations formulated in the Membership Expertise Survey 2018, and identify new areas of attention of work when needed**

**RECOMMENDATIONS MEMBERSHIP EXPERTISE SURVEY 2018**

**RECOMMENDATION 1 | Continuing the update process during the following periods**

This recommendation has been fully implemented. C-EHRN has updated the database with all the 2019 information, and has conducted an assessment in order to identify trends and patterns within the Network.

**RECOMMENDATION 2 – Shifting Individual Memberships into Organization Memberships**

This recommendation has been partially implemented. Although C-EHRN did developed strategy to collaborate with Individual Members in involving their organizations within the Network, the impact of these activities at the moment is still limited. Further, during 2019, the biggest increment has been witnessed in individual memberships. Whereas in 2018 the proportion between organizations and individuals was of 70/30%, in 2019 was of 65/35%.

**RECOMMENDATION 3 – Targeting Regional & National Harm Reduction Networks**

This recommendation has been fully implemented. C-EHRN has intensified and further formalized relationships with Networks such as Eurassian Harm Reduction Association.
and Drug Policy Network South East Europe. Further, during 2019 C-EHRN has conducted research on EU level regarding regional and national networks. Building upon this knowledge, in 2020 new activities are planned to be developed to foster cooperation with other networks with which C-EHRN still do not have working relations.

RECOMMENDATION 4 – Profiling the role of other European and International Networks of Organizations
This recommendation has been fully implemented. During 2019, C-EHRN focused on identifying and profiling the roles of other European and international Networks. Specifically, during last year C-EHRN conducted research around the thematic area of Hepatitis C & Drug Use.

RECOMMENDATION 5 – Explicitly addressing the intersectional nature of drug consumption through integrated actions
This recommendation has been fully implemented. During 2019, C-EHRN has increased awareness for an integrated approach to Harm Reduction and has developed activities which promote the development of integrated approaches. Examples of this is the partnerships established through the EU Thematic Network “Nobody Left Outside” – together with the Platform for International Cooperation on Undocumented Migrants, the International Committee on the Rights of Sex Workers in Europe, or the European Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association, among others. Further, C-EHRN continued relations with the European Federation of National Organisations working with the Homeless through the “Street Support Project”, and the new project “Harm Reduction for Homelessness”. Further, C-EHRN widely disseminated the results and tools of this collaborations amongst its members, and the social and health professional community at large via presentations in Congresses & Conferences such as Lisbon Addictions 2019, organized by the EMCDDA, among others.

RECOMMENDATION 6 – Importance of Meaningful Involvement of People Who Use Drugs
This recommendation has been fully implemented. In 2019, C-EHRN has continued involving strategically PWUD in their activities, and actively promoting their involvement and participation among their members. To do so, C-EHRN has intensified and formalized further relationships with users lead organizations such as EuroNPUD or ASUD. Examples of these collaborations are activities such as the Hepatitis C Community Summit, in which PWUD were central and fundamental. Further, in 2019 C-EHRN participated in the first par of the DG Home Project “Peer2Peer”, in which partners will increase civil society organizations’ capacity of collaboration with people with lived experience in outreach activities.

Recommendations for 2020
Based on the results of Membership Expertise Survey 2019, and the level of accomplishment of the recommendations identified in the Membership Expertise Survey 2018, the following new recommendations have been elaborated:

RECOMMENDATION 1 | Continuing the implementation of Recommendations 2018
The majority of the recommendations proposed in 2018 have been implemented, crystallizing in mid-long term plans and activities. For this reason, it is advisable that C-EHRN focus on repeating yearly an update of the Membership Expertise Survey as a means towards evaluating the extent to which these recommendations have been developing, and their effects on the members of the Network.

RECOMMENDATION 2 | Complement the Membership Expertise Survey with a Membership Needs Survey.
Although the Membership Expertise Survey has been proven fundamental in the planning and development of the strategic activities in the program 2018-2021. To complement this information, C-EHRN should conduct a short Membership Needs Survey in the beginning of 2020. At this point, the program would be at its middle point, and would ensure that the Network will be able to fully respond to the specific contexts and needs of its members by the end of the program.
ANNEXES
Thank you for your collaboration and contribution to this Expertise Survey. Please, before continuing with this questionnaire, we would like to invite you to read our Vision, Mission and Principles, and the Terms of Reference for Members. In these documents, you will find important information regarding Correlation Network’s Membership.

Warm greetings, Correlation Network Team.

1. I confirm...
   That I have the mandate to fill in this questionnaire in behalf of my organization.
   That I fully support Correlation Network’s Vision, Mission and Principles (annex 1) and I agree to the Terms of Reference for Members (annex 2).
   That I apply for Membership for Correlation - European Harm Reduction Network.

2. I am applying for a CN Membership as
   Organization
   Individual

ORGANIZATION’S GENERAL INFORMATION

3. Organization Status
   Public
   Private

4. Type of Organization
   NGO
   Governmental

5. Organization Details:
   Organization Legal Name
   Acronym
   Department
   Name

6. Contact Person:
   First Name:
   Family Name:
   Function:
   Email Address:
   Phone Number [country & area code]

7. Area of Activity:
   Local
   Regional
   National
   European
   Global

8. Please describe briefly the kind of work your organization does

9. Target group(s) of your organization [multiple choice possible]
   People who use drugs
   Sex workers
   Migrants [from EU]
   Migrants [outside EU]
   Men who have sex with men
   Young people
   Prisoners
   Homeless
   Other (please specify)

10. Main Activities [multiple choice possible]
    Social Service provision
    Health Service provision
    Research
    Training & Skill Building
    Advocacy
    Self-Organization
    Other (please specify)

11. In case you are a service provider, what specific services do you offer? [multiple choice possible]
    Drug prevention
    Drug treatment [with OST, HAT]
    Drug free treatment
    Outreach
    Low-threshold services [such as day/night shelters, drop-in centers,...]
    Needle exchange program
    Naloxone distribution
    Drug consumption rooms
    Prison services
    Health services
    Training [e.g. overdose trainings]
    Peer involvement programs
    HCV-related services [prevention, testing, treatment and/or care]
    HIV-related services [prevention, testing, treatment and/or care]
    Drug testing
    Safer nightlife / Services for recreational drug users
    Psychosocial support / counselling
    Legal Support
    Employment & Work integration programs
    Housing
    Other (please specify)

12. Is your organization member of any other European or international network of organizations? If yes, which one(s)?
    Yes
    No
    Which one(s)?

13. Is your organization part of an EU funded project or program? If yes, which one(s)?
    Yes
    No
    Which one(s)?
14. Is your organization member of any of the European Civil Society Fora?
   
   Yes, my organization is a member of the European Civil Society Forum on Drugs.
   Yes, my organization is a member of the European Civil Society Forum on HIV/AIDS, HCV and TB
   No

**ORGANIZATION’S THEMATIC EXPERTISE**

15. Is your organization experienced in Monitoring & Data Collection activities? If yes, which kind of experience?
   
   Yes
   No
   What kind of experience?

16. Is your organization experienced in Capacity building activities? If yes, which kind of experience?
   
   Yes
   No
   What kind of experience?

17. Is your organization experienced in any kind of Civil Society involvement processes? If yes, which kind of processes?
   
   Yes
   No
   What kind of processes?

18. Does your organization engage in any Advocacy activities? If yes, which kind of activities?
   
   Yes
   No
   What kind of activities?

19. To which topics / themes within Correlation Network could your organization contribute the most? [multiple choice possible]
   
   HCV
   Naloxone
   Drug Consumption Rooms
   New Drugs & New Pattern of Consumption Prison
   Advocacy
   Civil Society Involvement

20. Is there any other topic on which Correlation Should focus on?
Thank you for your collaboration and contribution to this Expertise Survey.

Please, before continuing with this questionnaire, we would like to invite you to read our Vision, Mission and Principles, and the Terms of Reference for Members. In these documents, you will find important information regarding Correlation Network's Membership.

Warm greetings, Correlation Network Team.

1. I confirm...
   That I have the mandate to fill in this questionnaire in behalf of my organization.
   That I fully support Correlation Network's Vision, Mission and Principles (annex 1) and I agree to the Terms of Reference for Members (annex 2).
   That I apply for Membership for Correlation - European Harm Reduction Network.

2. I am applying for a CN Membership as
   Organization
   Individual

INDIVIDUAL'S GENERAL INFORMATION

6. Contact Person:
   First Name:
   Family Name:
   Function:
   Email Address:
   Phone Number [country & area code]

7. Area of Activity:
   Local
   Regional

8. Please describe briefly the kind of work you do

9. Target group(s) you work with [multiple choice possible]
   People who use drugs
   Sex workers
   Migrants [from EU]
   Migrants [outside EU]
   Men who have sex with men
   Young people
   Prisoners
   Homeless
   Other (please specify)

10. Main Activities [multiple choice possible]
    Social Service provision
    Health Service provision
    Research
    Training & Skill Building
    Advocacy
    Self-Organization
    Other (please specify)

11. Topics of Work [multiple choice possible]
    Drug prevention
    Drug treatment [with OST, HAT]
    Drug free treatment
    Outreach
    Low-threshold services [such as day/night shelters, drop-in centers,...]
    Needle exchange program
    Naloxone distribution
    Drug consumption rooms
    Prison services
    Health services
    Training [e.g. overdose trainings]
    Peer involvement programs
    HCV-related services [prevention, testing, treatment and/or care]
    HIV-related services [prevention, testing, treatment and/or care]
    Drug testing
    Safer nightlife / Services for recreational drug users
    Psychosocial support / counselling
    Legal Support
    Employment & Work integration programs
    Housing
    Other (please specify)

12. Are you member of any other European or international network of organizations? If yes, which one(s)?
   Yes
   No
   Which one(s)?

13. Are you part of an EU funded project or program? If yes, which one(s)?
   Yes
   No
   Which one(s)?

INDIVIDUAL'S THEMATIC EXPERTISE

15. Are you experienced in Monitoring & Data Collection activities? If yes, which kind of experience?
   Yes
   No
   What kind of experience?

16. Are you experienced in Capacity building activities? If yes, which kind of experience?
   Yes
   No
   What kind of experience?

17. Are you experienced in any kind of Civil Society involvement processes? If yes, which kind of processes?
Yes
No
What kind of processes?

18. Do you engage in any Advocacy activities? If yes, which kind of activities?
   Yes
   No
   What kind of activities?

19. To which topics / themes within Correlation Network could you contribute the most? [multiple choice possible]
   HCV
   Naloxone
   Drug Consumption Rooms
   New Drugs & New Pattern of Consumption Prison
   Advocacy
   Civil Society Involvement

20. Is there any other topic on which Correlation Should focus on?
ANNEX III

Correlation Network Focal Points

Albania | Aksion Plus
Austria | Suchthilfe Wien
Belgium | Ngo Free Clinic
Bosnia and Herzegovina | Association PROI
Bulgaria | Initiative for Health Foundation
Croatia | Udruga Vida
Czech Republic | Sananím z.ú.
Denmark | Henrik Thiesen [Health Team for Homeless]
Estonia | AIDSi Tugikeskus
Finland | A-klinikkasäätiö | Mika Mikkonen [Ehyt ry]
France | Federation Addiction
Georgia | Georgian Harm Reduction Network
Germany | Deutsche AIDS Hilfe | Fixpunkt e. V.
Greece | Positive Voice
Hungary | Rights Reporter Foundation
Ireland | Ana Liffey Drug Project
Italy | Fondazione LILA Milano | Forum Droghie
Latvia | NGO "DIALOGS"
Luxembourg | Fondation Jugend- an Drogenhilfe
Montenegro | Juventas
Netherlands | Stichting Mainline
Norway | ProLAR Nett
Poland | MONAR Association
Portugal | APDES
Republic of Macedonia | HOPS
Romania | Carusel Association
Russian Federation | AFEW International
Scotland | Scottish Drugs Forum
Serbia | Association Prevent
Slovakia | Odyseus
Slovenia | Association Stigma
Spain | Red Cross - Ard Lluis Companys
Sweden | Brukarföreningen Stockholm
Switzerland | Dominique Schori [InfoDrugs]
United Kingdom | Release
Ukraine | AFEW - Ukraine

Correlation Network Organization Members

Albania | Aksion Plus | ARSIS | Stop AIDS
Austria | Österreichischer Verein der Drogenfachleute | Suchthilfe Wien
Belgium | ASBL Réseau Hepatite C | CAW Antwerpen | FEDITO | Ngo Free Clinic | Modus Vivendi | Union des Travailleur Euses du Sexe.
Bosnia and Herzegovina | Association Margina | Association PROI
Bulgaria | Center for Humane Policy | Dose of Love | Initiative for Health Foundation
Croatia | FLIGHT | Udruga HELP | Udruga Vida
Czech Republic | Sananím z.ú.
Denmark | Health Team for Homeless | Maendenes Hjem
Estonia | AIDSi Tugikeskus | LUNEST
Finland | A-klinikkasäätiö | Ehyt ry | Pro-tukipiste ry | Tukikohta ry
France | Association Ithaque | Autosupport et Réduction des Risques Parmi les Usagers de Drogues | ASUD | Comite Mosellan de Sauvegarde de l’Enfance, de l’Adolescence et des Adults | COREVIH-POC | CSAPA & CAARUD | Federation Addiction | GAIA Paris | Nouvelle Aube | Paroles Autour de la Santé
Georgia | Georgian Harm Reduction Network
Germany | Basis und Woge e. V. | Deutsche AIDS Hilfe | Fixpunkt e. V. | Integrative Drogenhilfe e. V. | Ragazza e. V. | Vision e. V.
Greece | Centre for Life | Drugs Rehabilitation Unit 18 - Psychiatric Hospital of Attika | Peer Network of Users of Psychoactive Substances | Programs of Development of social Support and Medical Cooperation | Prometheus | Positive Voice | STEPS |
Hungary | Blue Point - Drug Counselling & Outpatient Centre | Rights Reporter Foundation | Sex Education Foundation
Ireland | Ana Liffey Drug Project | Dublin AIDS Alliance | Merchants Quay Ireland | SAOL Project
Italy | CAT Cooperativa Sociale | Fondazione LILA Milano | Forum Droghie | Gruppo Abele | Fondazione Villa Mariani
Latvia | NGO “DIALOGS”
Lithuania | I Can Live Coalition
Luxembourg | Fondation Jugend- an Drogenhilfe
Montenegro | CAZAS | Juventas | LGBT Forum Progress
Netherlands | Stichting AFEW | Stichting Mainline | Stop Overdose Now | Trimbos Institute
Norway | Foreningen for Human Narkotikapolitikk | ProLAR Nett | Velferdsetaten
Poland | Foundation for Social Education | MONAR Association | Prekursor | Spoleczny Komitet ds. AIDS
Portugal | APDES | Ares do Pinhal | CASO | Centro Social de Paramos | CRESCER | Fundação Portuguesa a Comunidade Contra a Sida
Republic of Macedonia | HOPS
Romania | ARAS | Carusel Association | Romanian Harm Reduction Network
Russian Federation | AFEW International
Scotland | Scottish Drugs Forum
Serbia | Asocijacija Duga | Association Prevent | Drug Policy Network South East Europe | NGO Regeneration | Nova +
Slovakia | Odyseus
Slovenia | Alliance of NGO's for Drugs and Addictions | Association Stigma | Društvo AREAL |
Spain | Asociación Bienestar y Desarrollo | Associació Reus Som Útils | COLEGAS | Federación Andaluza ENLACE | Fundacion Salud y Comunidad | Hospital Universitari Sant Joan de Reus | Metzineres | Red Cross - Ar Lluis Companys |
Sweden | Brukarföreningen Stockholm | Swedish Federation for LGBTQ Rights
Switzerland | InfoDrugs [Dominique Schori] | International Network of Nicotine Consumer Organizations
United Kingdom | Barca - Leeds | Foundations | High & Healthy | INPUD | International Doctors for Healthier Drug Policies | Release | ReShape | Streetlight UK | University College London - Hospitals NHS Trust | Wolverhampton Voluntary Sector Council | Youth RISE |
Ukraine | AFEW - Ukraine | Alliance Global | Future Without AIDS

Correlation Network
Individual Members

At the end of 2019, as already mentioned in the data analysis, C-EHRN counted with 69 individual members. Following recent changes on privacy regulations, we do not include the names in this Annex.