

Harm reduction organisations in Europe

Information form

Please use this form to let us know about your organisation and the services you offer.

Please fill out this form to become a member of EuroHRN, membership is open to organisations that are in agreement with the network's mission statement. Members will receive regular email updates from EuroHRN and a relevant sub-regional network. Bulletins will contain relevant policy, resources, training, research and news. There is some overlap in the information contained in these information bulletins across the two networks.

Membership is free and details will be held in a database at IHRA, member details will not be shared with any third parties.

Current Details

Your organisation's name

Catchment area for your services *e.g. National, regional, local*

Organisational Contact Details

Key Contact

Phone number

Key Contact Name and Phone Number

Email address

Key Contact email Address

Website

Address

Organisational activities

Brief Description of your organisation

Do you advocate for harm reduction at the national, regional or international level?

Yes No

Do you directly provide harm reduction services?

Yes No

May we contact you directly with specific questions regarding you service? Yes No

Harm reduction services

If you are a direct service provider, please tick all the terms which describe your service.

<input type="checkbox"/> Needle and syringe exchange	<input type="checkbox"/> Drug treatment provider (including opioid substitution therapy)	<input type="checkbox"/> Drug treatment provider (not including opioid substitution therapy)
<input type="checkbox"/> Condom promotion/distribution	<input type="checkbox"/> Voluntary HIV testing and counselling	<input type="checkbox"/> HIV treatment, care and support
<input type="checkbox"/> Diagnosis, testing and/or treatment for viral hepatitis	<input type="checkbox"/> Diagnosis, testing and/or treatment for tuberculosis	<input type="checkbox"/> Legal support services
<input type="checkbox"/> Information, education and communication resources (IEC)	<input type="checkbox"/> Counselling and other support	<input type="checkbox"/> Drug User Organisation
<input type="checkbox"/> Sexual and reproductive health services (e.g. family planning)	<input type="checkbox"/> Social support services (e.g. housing, job seeking etc)	<input type="checkbox"/> Referral to harm reduction services
<input type="checkbox"/> Helpline service	<input type="checkbox"/> Training peer educators/workers	<input type="checkbox"/> Mental health services
<input type="checkbox"/> Prison harm reduction services	<input type="checkbox"/> Consumption Room	<input type="checkbox"/> Outreach
<input type="checkbox"/> Harm reduction in recreational settings	<input type="checkbox"/> Safer nightlife projects	
<input type="checkbox"/> Other (please provide details)		

Languages

Do you offer services in languages other than the one spoken nationally?

Language(s) offered	Service
<i>e.g. French</i>	<i>e.g. Translation and counselling</i>

Thank you for taking the time to fill this form

Please return this form by email to: maria.phelan@ihra.net

Or by post to:
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