Connecting theory and practice:

Best practices of the Full Spectrum Harm Reduction Survey Report

CONNECTING THEORY AND PRACTICE

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<u>Acronyms</u>

- YPWUD - Young People Who Use Drugs
- FSHR - Full Spectrum Harm Reduction
- PWUD - People Who Use Drugs
- LGBTQIA+ - Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual, and all other sexual orientations, gender identities, and expressions that are not explicitly covered by the letters in the acronym
- IWG - International Working Group of Youth RISE

1. Introduction

Youth RISE is an international network of diverse young people who use drugs (YPWUD) and/or young people directly impacted by punitive drug policies. The organization advocates for the human rights, health, and well-being of this key population by promoting meaningful youth engagement in decision-making bodies, as well as local, national, regional, and international advocacy. Through capacity building aims to enable its membership to become experts in drug policy reform and Full Spectrum Harm Reduction (FSHR) advocacy and implementation. Youth RISE also supports youth-led initiatives and strengthening inclusive YWPUD community collaboration and develops tools and resources to support structural transformations in drug policy and harm reduction practices.

The organization's advocacy strategy, developed in 2023, serves as the organizational compass, providing a comprehensive framework that aligns its projects and activities with its overall goals and mission to create impactful change while optimizing the use of valuable resources.

The strategy is founded on four key advocacy goals: 1. Representation and Elevation of YPWUD in Decision-Making Bodies Worldwide, 2. Knowledge Management: Education, Research, and Data Collection, 3. Full Spectrum Harm Reduction (FSHR), and 4. Criminal Justice Reform. In this context, Youth RISE will focus on advocacy goal 3, which aims to develop and promote FSHR. This concept captures an inclusive, intersectional, and human rights-based approach that seeks to address and integrate the structural, social, legal, and political determinants that impact the lives and well-being of people who use drugs (PWUD), contributing to the perpetuation of inequalities in all aspects. It emphasizes that harm reduction should be for everyone, encompassing all drugs, all routes of use, and all people, no matter what their circumstances are. At the same time, it highlights how harm reduction efforts entail not only health services, but also mental health, housing, and social support systems as part of a holistic approach. By prioritizing intersectionality, Youth RISE emphasizes that diverse experiences—rooted in factors such as gender, socioeconomic status, and structural inequities—are central to its advocacy.

Following this advocacy goal, Youth RISE is developing the FSHR project, designed to contribute to a comprehensive understanding of its definition and principles, among young people, drug policy reform and harm reduction advocates, peers, policymakers, health and social care providers, educators, community leaders, researchers, and other stakeholders. This project is divided into a set of activities that include the publication of a FSHR statement by YPWUD and the production of a digital toolkit[1], which will include this report.

One of the main objectives of the present report, *Connecting Theory, and Practice: Report on the Best Full Spectrum Harm Reduction Practices Survey,* is to gather insights and experiences from PWUD including young people, harm reduction practitioners, peers, policy advocates,

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[1] This toolkit aims to offer digital and practical tools that outline what FSHR encompasses, including the present report and effective harm reduction strategies and tailored recommendations for specific drug-using populations (e.g. young people who use opioids). This toolkit is designed to support harm reduction practitioners, young advocates, human rights-focused organizations, community leaders, policy markers, and other important stakeholders.

social workers, and researchers worldwide, with a particular focus on the Global South perspectives, while still ensuring the inclusion of the Global North, capturing challenges, innovative strategies, and best practices that address the wide-ranging needs of YPWUD. This specific focus on the Global South is due to the greater challenges faced by the countries within this region concerning social, economic, and political aspects, such as limited resources and deeper structural barriers (Duggan et al., 2021). By capturing the experiences of those involved in harm reduction efforts through a global survey, this report aims to get a better understanding of the particular gaps that still exist in these regions and explore potential practical examples of interventions that might be possible to adapt to other contexts.

The current report is committed to presenting key insights derived from the experiences and perspectives of the survey respondents across different contexts, namely Latin America, North and East Africa, Southeast Asia, Europe, and North America. The data collected shed light on innovative and contextualized interventions while identifying actionable strategies to advance harm reduction practices. It is important to note that this report emphasizes the work, experience, and efforts of those who are directly or have engaged in harm reduction initiatives, providing a qualitative understanding of harm reduction practices while serving as a complement to academic research on this matter (Boucher, et al., 2017; Rigoni, et al., 2021). Furthermore, the report seeks to also contribute to the ongoing discussions about harm reduction, placing inclusivity at its center.

The report is divided into six sections: (1) a brief description of Youth RISE's FSHR statement; (2) an overview of the survey's *Best Full Spectrum Harm Reduction Practices* framework; (3) a characterization of the participants' demographics; (4) quantitative and qualitative insights of FSHR; (5) a summary of main findings, practical implementation examples, and its adaptation to different contexts; (6) and a final section providing recommendations and overall conclusions.

2. Youth RISE's Approach to Full Spectrum Harm Reduction

Developed as part of Youth RISE's FSHR project, its [statement](#) focuses on expanding the understanding of harm reduction by incorporating a broader model that is intersectional, context-sensitive, and inclusive of the heterogeneous realities faced by the multiple communities of YPWUD.

To truly understand the fundamental purpose of harm reduction it is important to first acknowledge its roots of harm reduction; which originated through the tireless efforts of PWUD and advocates during the AIDS epidemic. These pioneers fought against structural barriers to establish basic harm reduction services, such as needle exchange programs and opioid substitution therapies, often in the face of stigma and marginalization. Their legacy has saved countless lives and given the basis for the transformative practices we build upon today. Honoring their contributions highlights harm reduction as a movement rooted in the principles of empathy, dignity, and resilience (Hassan, 2022; Logan & Marlatt, 2010).

FSHR seeks to reduce the harms experienced by PWUD by considering the structural inequities and other social determinants of health that exacerbate those harms (Johnson & Lee, 2022; Smith et al., 2021). For instance, punitive drug policies often intersect with other forms of marginalization, such as stigma, poverty, and limited access to services, creating vicious cycles of exclusion and vulnerability (United Nations Human Rights Council, 2024). Approaching these structural barriers allows for FSHR to prioritize PWUD's needs for access to basic resources such as housing, education, and healthcare while also advocating for fair access to the justice system and strengthening community agency.

Additionally, it emphasizes the importance of tailoring interventions to the specific needs of diverse populations that use drugs, recognizing that harm reduction responses must reflect the complex experiences faced by the service users and be responsive to their realities (Collins, et al., 2019). In consequence, FSHR defends that harm reduction must be intersectional, contemplating the variety of overlapping factors that influence PWUD.

Populations such as young people, women, LGBTQIA+ people, sex workers, racialized people, people experiencing homelessness, migrants, disabled communities, and indigenous communities, among others, require strategies that target the specific risks and harms they face. For example, young women who use drugs often face heightened violence and stigma, requiring services that respond to gender-based violence and reproductive health (United Nations Human Rights Council, 2024). Moreover, FSHR stresses the relevance of meaningful engagement and leadership of the communities involved, ensuring that those most affected by harm are central to proposing, shaping, and implementing programs meant to support them.

The concept of "harm reduction" is not static: it is dynamic, and constantly evolving in response to social trends, scientific evidence, and community needs. FSHR frames harm reduction as a liberatory and transformative practice that challenges structural inequities and promotes social justice, human rights, and community-led solutions. Anchored in the principles of empathy, inclusion, and agency, this approach reaffirms harm reduction's potential as a pathway toward liberation and transformative change (Hassan, 2022).

3. Framework of the *Best Full Spectrum Harm Reduction Practices* Survey

The *Best Full Spectrum Harm Reduction Practices* survey is a Youth RISE initiative with the main objective of gathering insights on the innovations, challenges, and definitions of FHSR from PWUD, harm reduction practitioners, peers, drug policy reform and harm reduction advocates, social workers, and researchers, among others, across different regions of the world.

The survey was launched on November 29, 2024, and remained open until December 15, 2024. Its dissemination process was both collaborative and strategic, to guarantee the participation of diverse groups. The survey was promoted through Youth RISE's social media platforms, shared with organizational partners and allies, and actively supported by Youth RISE's International Working Group (IWG) members. Specifically, seven IWG members from Algeria, Colombia, Indonesia, Uganda, Portugal, Sweden, and the United States served as survey recruiters, contributing to outreach efforts by targeting harm reduction practitioners and organizations in their respective regions and beyond. Their involvement was instrumental in collecting regional nuances and the diversity of the harm reduction experiences.

- ● <u>Survey Questions and Structure</u>

The survey design was based on the objective of capturing innovative harm reduction strategies, challenges, and context-specific practices while addressing the complex needs of YPWUD. The questions were developed to reflect the FSHR framework, taking into account the previously highlighted need for harm reduction to be a flexible and responsive model that recognizes the realities of diverse communities of PWUD.

Participation in the survey was entirely voluntary, with participants having the right to withdraw at any time without explanation. To ensure privacy and confidentiality, strict data protection measures were implemented, and participants were allowed to remain anonymous or use pseudonyms.

The survey included 18 questions, using a combination of multiple-choice, open-ended, and short-answer formats to collect both qualitative and quantitative data. This mix allowed for a better understanding of practices and perspectives.

The survey focus areas were:
1. Definitions and Scope of FSHR: Exploring how harm reduction stakeholders conceptualize and implement it.
2. Innovative Practices: Highlighting creative and effective harm reduction strategies from different regions.
3. Structural and Policy Impacts: Examining how broader social, political, and economic factors influence harm reduction efforts.
4. Inclusivity Challenges: Addressing gaps in services for key populations, including but not limited to young people, migrants, racialized people, people experiencing

homelessness, indigenous people, women, LGBTQIA+, sex workers, and people with disabilities.

5. Resources and Support Needs: Gathering feedback on the tools, resources, and policy changes required to expand FSHR.

This structured method also aimed to identify practical, actionable tools that can be adapted to specific contexts, facilitating the expansion of FSHR efforts.

4. Demographic Characterization of the Participants

The analysis and interpretation of the participants' demographic characteristics will allow us to confirm whether the objectives of this report are being met, concerning the special focus on perspectives from the Global South, the representativity of different contexts and regions, and the diversity of the participants' roles in the organization/institute where they develop their harm reduction efforts.

The demographic variables examined in this report are the following:

- Country and city where the participant is operating or conducting harm reduction strategies/interventions
- Organization/Institute of affiliation of the participant
- Primary role(s) in harm reduction efforts

By collecting and interpreting this quantitative data (and later, by crossing this information with the qualitative responses), it will be possible to identify existent patterns and trends and shed light on significant relationships between the elements of the survey. However, it is important to acknowledge that the data presented is not statistically representative of respondents' countries or regions; rather, it brings a broad overview of the perspectives collected.

A total of 59 surveys were completed, of which the majority were filled in English (40), 16 in Spanish and 3 in Portuguese. The 19 non-English versions were translated into English by the authors, whose native language is either Spanish or Portuguese.

- <u>Respondents' location</u>

Out of the 59 participants who completed the survey, 21 different countries were represented, with 12 (57.1%) from the Global South and 9 (43.9%) from the Global North.

Graph 1. Respondents within the Global South and Global North Regions

Respondents by Regions within Global South and Global North
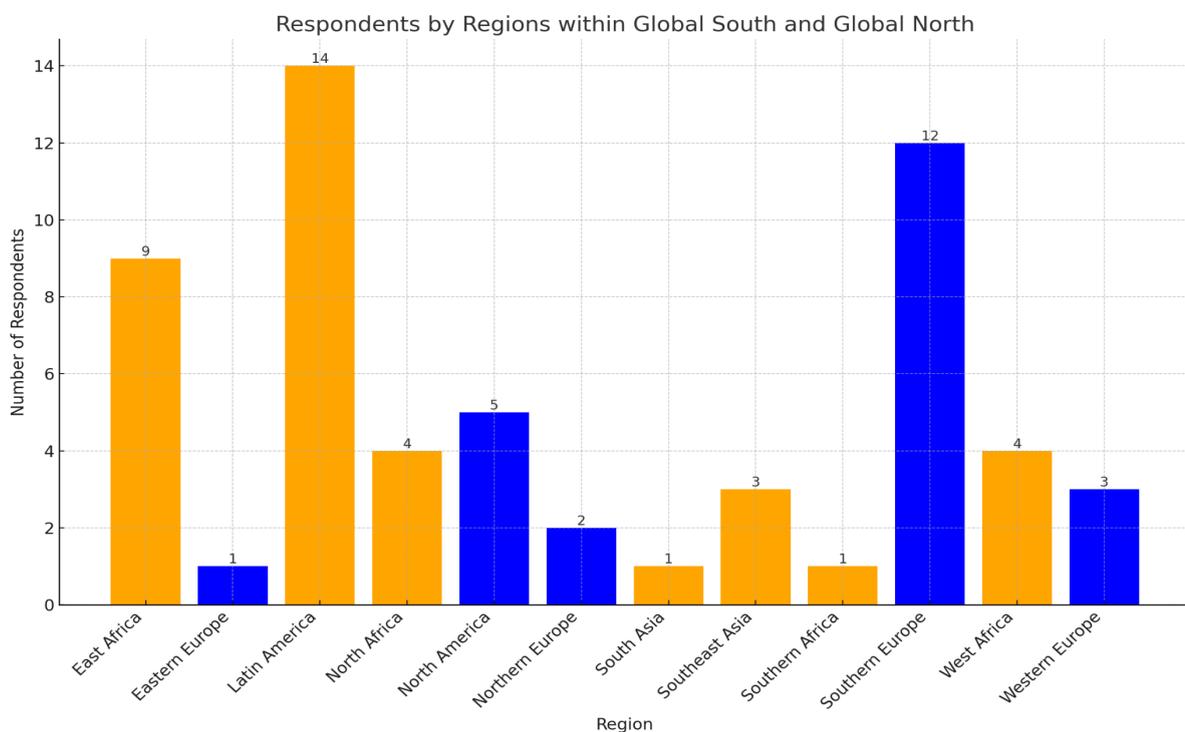
The country with the highest representation is Uganda with 9 respondents, followed by Portugal (7) and Colombia (6). Countries with moderate representation include the United States and Mexico with 5 participants each, Nigeria (4), and Algeria, Indonesia, and Spain (3). Denmark and France with 2 participants each. Countries with a single respondent include Argentina, Bolivia, Chile, Greece, Hungary, India, Ireland, Italy, Morocco, and South Africa.

Table 1. Regional Distribution of Respondents and Representation by Country

Region	Number of respondents	Respondents per Country
Global South	36 (61%)	Uganda (9), Colombia (6), Mexico (5), Nigeria (4), Algeria (3), Indonesia (3), Morocco (1), India (1), Argentina (1), South Africa (1), Bolivia (1), Chile (1)
Global North	23 (39%)	Portugal (7), United States (5), Denmark (2), France (2), Spain (3), Ireland (1), Italy (1), Greece (1), Hungary (1)
Total		59

Data was obtained from at least 32 different cities: 13 from the Global North (40,6%) and 19 (59,4%) from the Global South. 10 people (9 from the Global South) did not mention the exact city where they work/worked for national entities, and 1 respondent (from the Global North) is a remote worker.

- Respondents' Organization or Institute Affiliation

Collaborators from a total of 49 different organizations participated in this survey. Only one person stated working for "none" (Global South, Uganda), one other person for "myself" (Global North, Ireland), and one simply wrote "organization", without specifying which.

We can observe that, when it comes to this sample, almost all the participants are linked to either an organization or an institute[2], which might be a reflection of the challenges of individually pursuing harm reduction efforts across regions.

- Respondents' Primary Role(s)

The survey included responses from 59 participants spanning various roles in harm reduction, policy, and practice. Among the respondents, the most represented groups were Practitioners (27) and Young People Who Use Drugs (23)[3], followed by Policy Advocates (18)

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[2] While the survey presents the diversity of organizations represented, it does not explicitly verify the alignment of each organization's missions with harm reduction principles.
[3] Four responses that were classified as "others" were included in this option: "former addict", "person with lived experience of drug use", "substance user", and "I use drugs", all of who, even if not considered as young people, are part of the community of PWUD.

and Social Workers (15). Researchers (12) and Peer Workers (10) were also notably represented, while fewer participants identified as Volunteers (2), or in "Other" roles (9). These diverse roles highlight the multifaceted expertise and lived experiences represented in the survey. The "others" field represents those who identified their roles within drug-checking-related positions, coordination, administration, and communications.

Graph 2. Respondents' Primary Roles within Harm Reduction
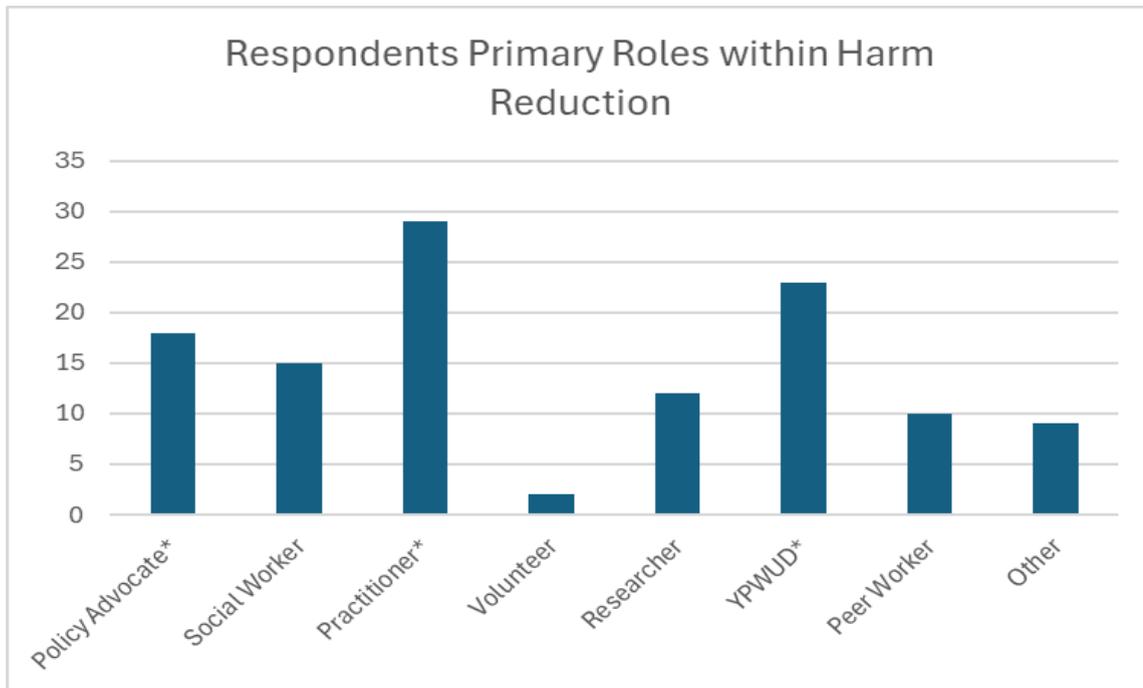
Considering the possibility (and reality) of a person assuming more than one role while working in the harm reduction field, the overall total of responses to this question surpasses the number of surveyed participants: 116. This result means that, on average, a respondent performs two occupations in their work in the harm reduction field. When comparing the countries from the Global North to the ones from the Global South, this trend is very similar (2,2 and 1,9, respectively), which could reflect a consistent and universal pattern that shows both the lack of funding/limited resources attributed to these services, and the high demand required from those who provide them, often compelled to handle multiple responsibilities.

In this survey, the highest number of roles held by a single participant is six, with one participant from France and one from Algeria each selecting the same six roles: Policy Advocate, Social Worker, Practitioner, Researcher, YPWUD, and Peer Worker. Following this, two participants, one from the United States and one from Nigeria, selected five roles, which were also identical: Policy Advocate, Social Worker, Researcher, YPWUD, and Peer Worker. However, the most common response among participants was selecting only one role, with 33 people (55.9% of the 59 total respondents) choosing just a single option.

We must account, for all the interpretations presented above, the possibility that some of the respondents who selected only one role might have replied to this question bearing in mind the role they perceive as their main one, while in practice they have to take on various

positions. This likelihood increases when we factor in how the question was framed, despite allowing the selection of more than one option: *"Primary role in harm reduction efforts"*.

Within our sample of 59 respondents, 27 (45,8%) are "Practitioners": this term includes a diversity of professions, such as psychologists, harm reduction workers, social educators, healthcare workers, etc.

Of the total respondents, 39% identify as part of the YPWUD community, but only 17% work as peer workers. Among the YPWUD group, 17.4% (4 participants) selected no other roles, although three of them claim to belong to an organization or institute and only 26.1% of YPWUD respondents are peer workers.

The "Peer Worker" group consists of 10 participants, making up a small proportion of the sample. Only the "Other" (9) and "Volunteer" (2) categories have fewer responses. Of the Peer Workers, 60% also identify as YPWUD. To qualify as a Peer Worker in this context, one must have lived experience as a PWUD, meaning four additional people meet this criterion. Among the Peer Workers who did not select "YPWUD," three selected no other roles, and one indicated two roles, "other: drug checking-related positions." It is possible that these respondents while having lived experience, do not associate with the "Young People" label.

Of the 116 roles represented in the survey, 65 (56%) are held by participants from the Global South. Specifically, 72.2% of Policy Advocates[4], 40% of Social Workers, 59.3% of Practitioners[5], 0% of Volunteers, 50% of Researchers, 60.9% of Young People Who Use Drugs, 60% of Peer Workers, and 44.4% of those in "Other" roles are based in the Global South. In the Global North, 21% work as Policy Advocates, 40% as Social Workers, 44% as Practitioners, 1% as Volunteers, 26% as Researchers, 39% as YPWUD, 17% as Peer Workers, and 39% classified as others (Graph 3).

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[4] Three roles that were originally included in "other" roles by the respondents were added to this option: two "advocate" and one "LGBTQIA+ activist".

[5] Similarly, it was decided to include in this option some roles that were added as "other", such as: health worker, psychologist, psychiatrist, front line worker, harm reduction worker, community mediator, and social educator.

Graph 3. Percentage of Respondents' Primary Roles By Region

Percentage of Respondents Primary Roles by Region

Legend: ■ Global South ■ Global North

Categories: Policy Advocates, Social Workers, Practitioners, Volunteers, Researchers, YPWUD, Peer Workers, Other
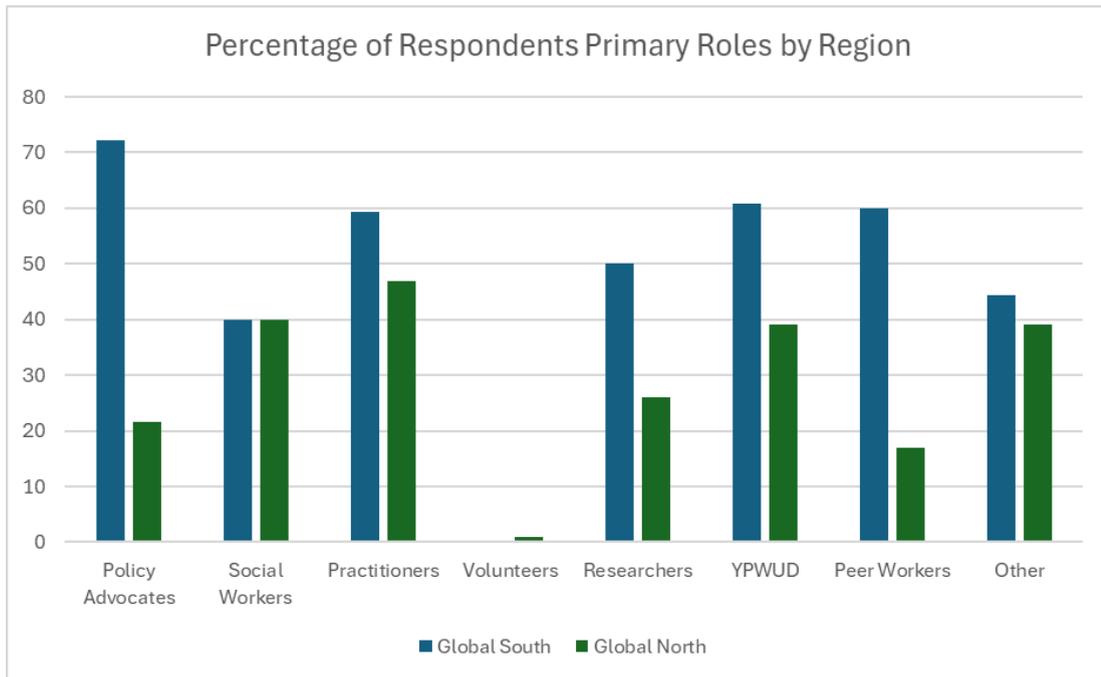
5. Quantitative and Qualitative Insights on Full Spectrum Harm Reduction

● Identified themes

The survey included qualitative open-ended questions, one of which requested participants to define a FSHR approach. The responses were analyzed and categorized into codes and themes. Seven key themes emerged from the analysis: Comprehensive Approach, Person-Centered Model, Inclusive Approach, Structural and Contextual Realities, Agency and Empowerment, Innovations and Advocacy, Resource Constraints and Scalability, and Harm Reduction Workers' Well-being. These themes shed light on how participants conceptualize FSHR across the regions, and when connected with the quantitative findings, the understanding of the subject is broadened and enhanced while identifying existing gaps and highlighting possible further steps to adopt as a global community. It is important to note that even though common themes emerged throughout the surveys, there were also identified specific and diverse FSHR strategies implemented by organizations across 21 countries and among the 59 participants.

These codes and themes reflect the multifaceted nature of harm reduction, collecting the respondents' perspectives, experiences, challenges, and recommendations. The coding process involved identifying recurring issues within the respondents' narratives. Table 2 summarizes the mapped codes.

Table 2. Mapped Codes and Themes

Codes mapped	
Themes:	**Codes:**
Comprehensive approach	Access to services (including harm reduction services), health-related issues, comprehensive social support, evidence-based strategies and interventions, and human rights protection.
Person-Centered Model	Focus on the person, basic needs, self-determination, and compassionate policies.
Inclusive approach	It is context-specific addressing all types of drugs and all the routes of use, intersectionality, and tailored responses.
Structural and Contextual Realities	Addressing stigma, socioeconomic vulnerabilities, and inequalities, policy issues (such as prohibitionist policies), and cultural and economic adaptations.
Agency and Empowerment	Inclusion of PWUD in the design, autonomy, self-empowerment, peer-led initiatives, implementation and evaluation of services, collaboration, and stigma-free approaches.

Innovations and Advocacy	Collaborative work among stakeholders, policy advocacy, diverse or new strategies, systemic vs. person-centered needs, tailoring local interventions, and pleasure vs. harm-centered approach.
Resource Constraints and Scalability	Funding challenges, obstacles to sustainability, limited resources, infrastructure, and human capacity.
Harm Reduction Workers' Well-Being	Training and capacity development, mental health support for workers, burnout prevention, and regulated work conditions.

- Quantitative Analysis

The quantitative analysis began with examining the survey responses to determine the geographical context of respondents (Global North or Global South) and their perspectives on the aspects of harm reduction that should be incorporated into FSHR[6]. These were the following: Needle and syringe exchange programs; Naloxone distribution; Drug consumption rooms (for injecting and smoking); Opioid agonist treatment; Overdose prevention programs; Drug checking services; Drug education in recreational settings; Drug education and access to justice in educational settings; Drug education for healthcare practitioners and policymakers; Campaigns aimed at reducing stigma towards PWUD; Access to healthcare and mental health services for PWUD; Legal support, Adequate employment and education opportunities; Social services; Access to justice; Decriminalization and regulation of illegalized drugs; and the Environmental impacts of the war on drugs as a factor in drug use.

Subsequently, the qualitative themes were quantified by analyzing patterns and frequencies and then linked to the selected aspects for a FSHR framework, resulting in a structure that integrated the quantitative findings and perspectives derived from the qualitative data. This approach provided an understanding of how key harm reduction aspects meet the FSHR framework.

- Key Themes and Insights

1. Comprehensive Approach:
A comprehensive approach to harm reduction recognizes that effectively addressing drug use requires more than separate efforts, as it is a multifaceted phenomenon. This approach includes health, legal, social, and economic dimensions to provide integrated support. Access to basic tools and services is key to achieving a successful intervention. This includes not only the implementation of harm reduction and programs rooted in evidence-based practices (such as needle and syringe programs, naloxone distribution, opioid agonist treatment, drug-checking, and provision of smoking equipment), but also

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[6] It is important to mention that the responses reflect participants' selections of harm reduction aspects they believe should be included in FSHR, rather than indicating a preference, opposition, or ranking of importance. Thus the findings presented show perspectives on inclusion within a comprehensive framework, rather than evaluative judgments.

mental health care, peer support and counseling, legal aid to address stigma, the consequences of criminalization, and other structural injustices faced by PWUD.

Moreover, it involves offering social support to facilitate access to housing, food security, and education, among other basic resources, as well as income-generating programs and employment support. Importantly, this approach also centers on protecting the dignity and rights of PWUD by promoting non-judgmental, inclusive, and respectful policies while advocating for structural changes to end punitive approaches.

The aspects of harm reduction selected by respondents to be included in FSHR stress the interconnectedness of these with healthcare, legal aid, and social support, forming the backbone of a comprehensive approach through integrated support. In both the Global South (69%) and the Global North (91.3%), Opioid agonist treatment was among the most frequently chosen aspects. In the same way, Overdose prevention programs were selected by 81% of respondents in the Global South and 95.7% in the Global North. Needle and syringe exchange programs and naloxone distribution were also widely selected by the respondents across regions. Healthcare and mental health services were identified as key aspects of FSHR by 89% of respondents in the Global South and 87% in the Global North. In the same way, Legal support was chosen by 78% of respondents in the Global South and 91.3% in the Global North, while Social services were selected by 89% in the Global South and 100% in the Global North. These perspectives support the acknowledgment of FSHR as a multidimensional approach that highlights the importance of evidence-based strategies that prevent overdose deaths and contribute to supportive environments while integrating legal, social, mental, and physical healthcare services.

A comprehensive harm reduction framework recognizes the nuances and complexities of drug use. It places emphasis on addressing the broader contextual challenges PWUD face and aims to support access to key services and resources. Overall, the FSHR approach seeks to improve or create better conditions for PWUD and the broader community.

2. Person-Centered Model:
Ensuring that the focus is on the person, the broader context that surrounds people's lives, and prioritizing their needs, rather than only addressing the drug use itself. This approach acknowledges the person's self-determination, autonomy, and capacity for self-empowerment. Instead of centering the intervention on drug use alone, this approach considers the broader context of the person's life, offering non-judgmental and practical support. PWUDs should be empowered and receive practical support to make informed decisions about their lives and drug use, free from coercion or judgment. This requires access to education, information, and tools that promote autonomy.

Policies must, therefore, be compassionate and inclusive, placing the rights, dignity, and needs of PWUD at the forefront. The prohibitionist and punitive approach should be replaced with supportive services, such as community-based programs, that promote health and well-being. Punitive systems that erode trust should be replaced with services that promote PWUDs' engagement with harm reduction services and rebuild that trust, such as community-based programs.

As it was mentioned before, the aspects of Access to healthcare and mental health services were highly chosen by respondents of both regions. This highlights the central role of Person-centered care in FSHR. The selected services by the respondents consider the broader context of PWUD's lives and bring compassionate support that promotes autonomy and improves health outcomes and their overall well-being.

Lastly, respondents' preference for the aspect of Drug education in recreational, educational, and healthcare settings emphasizes the value of person-centered approaches. These bring to PWUD and those working with this population practical tools and knowledge to make informed choices and reduce harm while promoting a tailored approach to drug use in these settings.

3. Inclusive approach:
Harm reduction services must be adaptable to the specific social, economic, and cultural contexts in which people live. An inclusive approach highlights the importance of shaping interventions to the distinct realities of PWUD, making services accessible, and relevant to their diverse identities and vulnerabilities.

Drug use and its potential harms are impacted by intersectional factors such as gender, race, age, socioeconomic status, and cultural context, among others. Recognizing and addressing these overlapping factors is important to reaching those often excluded from healthcare and support systems. This includes women and gender-diverse populations, racial and ethnic minorities, and young people, among others.

Harm reduction must actively reduce structural barriers to ensure no one is excluded or overlooked. Achieving this requires engaging with key populations to co-lead the design of context-specific programs.

4. Structural and Contextual Realities:
This theme highlights structural barriers that exacerbate harm for PWUD, including poverty, economic inequality, stigma, and punitive and prohibitionist policies. Socioeconomic conditions such as unemployment, housing insecurity, lack of financial means, and violence intersect with systematic inequalities related to race, gender, and geography, magnifying the risks and harms that PWUD faces day to day.

Stigma and discrimination, perpetuated through language, policies, and attitudes, create obstacles for PWUD in accessing healthcare and social services. This, in turn, deepens their marginalization and forces many people to remain outside systems of care. Moreover, punitive and prohibitionist policies further criminalize PWUD, driving drug use underground and intensifying risks and harm. These approaches disproportionately affect key populations and limit access to other core services, reinforcing cycles of exclusion.

Effective harm reduction efforts must be culturally sensitive and tailored to the regional economic, cultural, and sociopolitical realities where PWUD lives. For example, in contexts within the Global South, interventions need to creatively overcome challenges such as lack of infrastructure or greater social stigma towards drug use.

Decriminalization and regulation of illegalized drugs, chosen by 36% of Global South respondents and 73.9% of Global North respondents as aspects to be included in FSHR, is another structural intervention that seeks to dismantle the harms caused by prohibitionist policies. The difference between the two regions may indicate differing socio-political and cultural landscapes, thus the perceived feasibility of such policies; nonetheless, further research is needed to explore these dynamics in greater depth (Benfer, et al., 2018).

Access to justice was chosen by 83% of Global South respondents and 100% of Global North respondents, while Legal support was selected by 78% of Global South and 91.3% of Global North respondents. This highlights the need for justice-oriented harm reduction interventions that put attention on structural inequalities, barriers, and social injustices, and advocate for legal resources and protections for the rights of PWUD.

5. Agency and Empowerment:
The *Agency and Empowerment* theme emphasizes the importance of positioning PWUD at the center of leading harm reduction efforts. It considers marginalized communities, including young people, immigrants, racialized, women, LGBTQIA+ people, indigenous people, and people with disabilities, among others, as important stakeholders in harm reduction programs and policies. Their active engagement, leadership, and participation in the design, decision-making, and evaluation of harm reduction efforts are important for achieving effective interventions by reflecting their realities and needs. It also challenges top-down models of service delivery by promoting collaboration with these communities.

Furthermore, this approach strengthens inclusive environments that respect the autonomy and agency of PWUD. PWUD must have access to comprehensive, accurate information and tools that enable them to make informed, autonomous decisions about their drug use and well-being, enabling them to define and pursue their own goals. In this regard, empowerment is an essential tool for personal and collective transformation, supporting PWUD's self-determination and participation.

This approach is exemplified through Naloxone distribution, a life-saving intervention chosen as an aspect of FHSR by 61% of Global South respondents and 91.3% of Global North respondents. Naloxone empowers PWUD, peers, and communities by preventing overdose deaths. This intervention shifts power dynamics, allowing people to take control of their well-being. Overdose prevention programs, as mentioned earlier, chosen by 81% of Global South and 95.7% of Global North respondents, exemplify the integration of structural and contextual strategies. These programs address structural causes of overdose risk while strengthening community-led efforts to reduce overdose deaths.

Drug-checking services, selected by 75% of Global South respondents and 87% of Global North respondents, provide PWUD with vital information on the content of drugs. This strategy promotes safer consumption practices but also addresses structural barriers to drug safety by empowering people with important knowledge to reduce harm.

6. Innovations and Advocacy:
This theme aims to point out the need to evolve in response to the complex and changing realities of PWUD, including the use of every drug, and all the different routes of

administration. Innovative approaches adapt to diverse contexts and populations, particularly in regions with limited resources, remaining flexible and creative to meet local needs. These innovations span advocacy, research, and practices that address the multifaceted challenges faced by PWUD. Central to this is the real engagement of PWUD through collaborations with harm reduction and healthcare providers, researchers, policymakers, social workers, community members, and decision-makers. Peer-led initiatives are particularly impactful, as they center the lived experiences of PWUD, highlighting community ownership.

Advocacy must challenge structural barriers, injustices, and punitive policies to ensure the implementation of services, but it is also a transformative approach that drives systemic change. It must put emphasis on balancing macro-level advocacy, such as policy reform and decriminalization and regulation of illegalized drugs, with micro-level support, including access to sterile and other important supplies and mental health services.

Innovative interventions recognize the roles of pleasure and enjoyment when it comes to the use of drugs, shifting the narrative from harm reduction to supporting people in their search for safer ways of pursuing positive experiences. Acknowledging that pleasure and enjoyment are important motivations for drug use, and incorporating these elements into interventions, can encourage populations of PWUD to reach harm reduction services.

7. Resources constraints and scalability:
This theme points out the structural limitations and barriers that block the full implementation and scaling of harm reduction efforts. Resource constraints include financial challenges, insufficient funding and infrastructure, geographic disparities, lack of human resources, and capacity gaps, all of which impede the development, expansion, and sustainability of harm reduction programs. This issue is particularly common in contexts where funding sources are reduced, insufficient, or inadequate.

8. Harm Reduction Workers' Well-Being:
The importance of this theme relies on the prioritization of the well-being, and professional development of harm reduction workers, considering how harm reduction often involves working with marginalized populations in challenging contexts due to factors such as criminalization, social stigma, underfunding, and other structural barriers derived from prohibitionist drug policies. The effectiveness of harm reduction efforts depends on the quality of the services provided but also on the well-being of the people who deliver these services. Therefore, it is important to provide supportive work conditions, access to mental health resources, training opportunities, and economic stability.

- ● Subsection 1: Full Spectrum Harm Reduction Definition

From the themes emerging in the collected data, here we present the key elements associated with the definition of FSHR. These point out the complexity, accessibility, diversity, and dynamic nature of FSHR, committed to addressing the diverse and nuanced needs of PWUD, while also finding creative ways to make needed systematic and structural changes. It is worth noting that the respondents provided a wide range of definitions, many

diverging from a more classical understanding of harm reduction, exemplifying the evolving and adaptable nature of harm reduction.

1. Key elements of the definition of FSHR:
A key element of FSHR is its multidimensional framework, which emphasizes addressing health, legal, social, and economic dimensions. Drug use was described as complex, and thus demands its acknowledgment not as an isolated issue, but rather as a multifactorial phenomenon that needs a comprehensive support and approach. Therefore, it should entail health, legal, social, and economic dimensions, access to harm reduction services and tools such as naloxone, drug-checking services, needle exchange programs, and opioid agonist treatment, among others. One participant stated the following:

"FSHR involves incorporation practices of care for the wellbeing of people who use substances. Wellbeing is defined by the agent, and their goal of care. As well, FSHR focuses on understanding the multiple socio ecological levels that individuals are involved in, for example, needle exchange is just one part of HR [Harm Reduction], however, access to a safe place to take a shower is also a HR [Harm Reduction] intervention."
- Carolina, United States.

As noted in Carolina's comment, FSHR not only focuses on health-related harm reduction strategies such as needle exchange, naloxone distribution, and safe injection practices. Instead, it must be a comprehensive approach that recognizes the importance of social determinants of health, such as access to housing, economic support, healthcare (including mental healthcare), education, and community support, among other factors, to guarantee the well-being of PWUD.

The definitions provided also stressed the need to meet the basic and specific needs of PWUD by tailoring interventions to the diverse groups of PWUD, while also addressing structural barriers, such as stigma, punitive and prohibitionist drug policies, and systemic inequalities. The following anonymous respondent mentioned the following:

"An approach that does not dehumanize people who use drugs and also understands that people who use drugs still need access to basic needs like shelter, food, and sanitation. They also need access to clean drug paraphernalia, and social services for example mental health services and housing services".
- Anonymous, Denmark.

The following quotes assert that FSHR provides a space for those marginalized communities who are most affected by prohibitionist policies. Communities such as young people, sex workers, racialized people, women, LGBTQIA+ people, people experiencing homelessness, and people living with disabilities, among others, should be priority communities when designing FSHR interventions. A respondent expressed:

"An inclusive, holistic, and comprehensive approach to harm reduction for key populations who use drugs involves both strategic long-term planning and daily, individualized actions. This approach must be built on the principle of ensuring the safety, dignity, and well-being of people,

while recognizing and addressing the varied needs of different groups, such as persons from marginalized communities (Sex Workers, People of Color, LGBTQ+ persons, women, ...). The goal is to reduce the negative health and social impacts of drug use, while promoting inclusivity, support, and empowerment."
- *Youba, Morocco.*

On the same matter, another participant said:

"Acknowledging and embracing the complexity of drug use phenomena, considering the political, sociological, medical, economic, relational realities and how they impact different communities in specific ways. Recognising that there's intersections between different oppressive power relationships that Harm Reduction policies and interventions should address and be tailored considering the communities´ voices."
- *Malu, Portugal.*

Moreover, a strong emphasis was put on promoting harm reduction strategies to be adapted to the specific realities across regions and tailoring harm reduction strategies to the local social, political, economic, and cultural dimensions. The following participant stated this:

"Yes. The spectrum of intervention should not only focus on addressing or ensuring aspects directly related to substance use itself but also on structural issues tied to the social and cultural contexts of users and their reference communities. This includes topics such as inclusion, productive stability, support networks, social inclusion, and mental and emotional health. Analyzing cultural consumption patterns as factors of exposure and determinants of riskier consumption practices is also essential. Harm reduction actions must be framed within strategic programs and projects that consider intersectoral and intersectional approaches."
- *Felipe, Colombia.*

Overall, FSHR was framed as a comprehensive, inclusive, and person-centered framework designed to address the diverse and layered needs of PWUD. This approach goes beyond immediate harm reduction interventions by integrating legal, social, and economic dimensions. It emphasizes the well-being and rights of PWUD, advocates for structural change, and seeks that harm reduction services are accessible, equitable, and contextually impactful. A respondent from the United States said:

"A comprehensive and inclusive approach that meets people wherever they are on their journey, acknowledging and respecting that individuals engage in behaviors for complex interplay of reasons, and our role is not to judge or coerce but to provide compassionate, evidence-based support that minimizes risks and promotes health and well-being. By embracing every stage of a person's relationship with substances, from abstinence to beneficial use, and everything in between—Full Spectrum Harm Reduction ensures no one is excluded or left behind. It is grounded in the belief that everyone deserves dignity, safety, and the opportunity to thrive, no matter their choices or circumstances."
- *Missi, United States.*
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All of the previous quotes highlight the importance of incorporating different approaches

when reducing harm and providing a safety net for the welfare of PWUD. Participants recognize that FSHR focuses on the different levels, from micro to macro level, within PWUD's everyday interactions that impact their well-being.

2. Differences between the Global South and Global North perspectives on FSHR:
The FSHR definitions proposed by those based in the Global South focus on the structural barriers (e.g., stigma and lack of infrastructure) and their impact on access to harm reduction services, and perceive these as one of the main risk factors for drug use. On this matter, economic inequalities, the sociopolitical environment, and culture are considered factors that should be taken into consideration in the design of harm reduction strategies. Regarding this issue, a participant mentioned:

"Yes, by addressing different realities and adapting harm reduction to the needs of the population. In Colombia, economic and cultural factors vary greatly, even within the same city."
- *Diana, Colombia.*

The responses from this region also stress the necessity of adapting harm reduction efforts to their local realities, considering structural inequalities, and protecting the rights and autonomy of PWUD through advocacy and other innovative approaches. On this issue, a participant shared:

"Discovered a few years ago the FSHR approach and it completely changed my vision of the work I was doing that felt incomplete and unrelevant. At some point, Harm Reduction in Algeria was only confined to outreach, sensitization and providing sterile injection kits for PWUD, leaving behind the advocacy part of it, mainly about drug policy reform and the fight against socio-economic vulnerability YPWUD face in my country. Now I see FSHR as THE complete, exhaustive, integrated and holistic package that should be delivered in order to meet optimal results when working in the drug field."
- *Amine, Algeria.*

Meanwhile, the definitions proposed by respondents based on the Global North prioritized the integration of health, social, and mental health services within a comprehensive approach. In this regard, greater focus was on the institutionalized and structured harm reduction systems, such as drug consumption rooms, as well as shifting to policies that incorporate inclusivity and community-based approaches. About this aspect, a respondent mentioned:

"Full spectrum harm reduction is an approach that goes beyond traditional medicalized harm reduction strategies by addressing a context dependent broad range of risks, vulnerabilities, and needs faced and expressed by people who use drugs or engage in other behaviors that may pose health and social risks. This model considers peer work, self support, political engagement, artistic expression and community research, besides social and health support."
- *Ricardo, France*

The information collected regarding the selection of aspects that should be included in FSHR also showed different trends among respondents in the Global South (n=36) and Global North

(n=23). The three most frequently selected aspects by respondents in the Global South were Access to healthcare and mental health services for PWUD, and Social services, each chosen by 32 respondents, followed by Drug education in recreational settings, chosen by 31 respondents. In the case of the Global North, the most frequently mentioned aspects were related to Drug education in recreational settings, Social Services, and Access to Justice, each selected by 23 respondents. These findings are consistent with the trend of integrating harm reduction into broader social support systems, addressing structural barriers, and providing drug education in environments where people are most at risk.

The less frequently selected aspects by respondents in the Global South and Global North were the Environmental impacts of the war on drugs as a risk factor in drug use (selected by 12 and 15 respondents, respectively) and the Decriminalization and regulation of illegalized drugs (selected by 13 and 17 respondents, respectively). Drug consumption rooms in the Global South and Adequate employment in the Global North were selected, by 11 and 17 respondents respectively.

Furthermore, these findings might suggest that while all these issues are perceived as important, some are viewed as less urgent or practical within the current harm reduction situation in each local context. Moreover, the present variation might be the result of differences in infrastructure, funding availability, political will, cultural norms, drug availability, and routes of administration, among others (Benfer, et al., 2018; McCann & Tremenos, 2015; Philbin, 2008). Further research is needed to explore how contextual factors influence harm reduction and its implementation.

- ● <u>Subsection 2: Addressing Structural Factors and the Impact of Drug Policies</u>

Respondents were asked to identify and elaborate on the structural and contextual factors that influence the implementation of FSHR. The focus was on understanding broader issues that interfere with harm reduction efforts.

1. Structural Factors:
The respondents highlighted the strong link between structural factors and harm reduction by noting that barriers derived from these factors represent a main limitation to the scope and effective impact of harm reduction programs. A participant from Indonesia stated the following:

"… understanding social and political issues for young people who use drugs can serve as a useful asset in their contribution to society and foster empathy and social sensitivity toward those whose rights have been taken away."
- *Ari, Indonesia.*

Meanwhile, another participant noted that it is important to address socio-structural factors within FSHR:

"Full Spectrum Harm Reduction must address structural factors, including political and social issues. The rationale is that harm reduction cannot merely mitigate the immediate social, legal

and health consequences of prohibitionist policies but must also actively work to dismantle the systems and structures that perpetuate these harms. Structural issues like criminalization, stigmatization, poverty, lack of access to healthcare and education, systemic racism, and discrimination against marginalized groups are deeply interconnected with drug use and its associated risks. Without challenging these root causes, harm reduction efforts risk being palliative, treating symptoms without addressing the underlying problems. A special focus should be given for young people who use drugs, due to their specific vulnerabilities, that might be economic dependence, unbalanced situations of power, unstable housing or employment."
- *Ricardo, France.*

According to the submitted answers, the need to integrate the dimension of structural factors into the concept of FSHR was made clear. These factors should cover the political, social, and economic components that are linked to structural issues such as stigma, discrimination, poverty, and unequal access to healthcare and social services. On this matter, a respondent remarked the following:

"[...]it is not a full spectrum if it doesn't consider the role of structural inequalities, stigma, oppression systems and human diversity in monitoring and responding to drug-related problems."
- *Cris, Portugal.*

These perspectives point out that one of the primary challenges faced by PWUD stems from structural factors, as illustrated by the following insight:

"Drug use and the issues surrounding it are not isolated phenomena. We, as drug users, are impacted by the social and structural determinants —our gender, socioeconomic status, education level, exposure to violence, etc.—to the laws of our country, arbitrary detentions, the problem of mandatory pretrial detention, and more."
- *Pol, Mexico.*

2. The Impact of Drug Policies:
The respondents called out for attention that the main challenges faced by PWUD, but also by harm reduction practitioners, are the result of prohibitionist policies, laws, and narratives that criminalize people and harm reduction methods. A respondent expressed the following about it:

"In Greece, drug policies usually make the harm reduction efforts difficult to apply. For example our organization Generation Act, applies drug checking services but it is a grey area in the law. So we risk being arrested. Another example is that naloxone was forbidden to be applied till recently! This changed but naloxone still cannot be purchased by a person, only by those who make interventions through organizations."
- *Dimitri, Greece.*

Accordingly, it was noted that such prohibition and criminalization perpetuate stigma and increase risks of PWUD by pushing their drug use underground, particularly in the Global South, where marginalization was most reported among this key population.

"First, this [drug policy] translates into deaths, loss of lives, violence, marginalization, deterioration of health at both the individual and public levels, and the widening of inequality gaps, among other consequences."
- *Daniel, Colombia.*

Both of the previous quotes illustrate the different levels in which punitive drug policies intersect with the negative outcomes of PWUD. Dimitri's quote shares a glimpse of how the lack of comprehensive and evidence-based policies tends to threaten the existence of harm reduction programs due to the gray area in which they are often operating. Meanwhile, Daniel's comment highlights how these failed drug policies directly impact people's lives at multiple levels.

Structural barriers such as insufficient funding, inadequate infrastructure, and limited access to vital resources (e.g. naloxone) represented among respondents a main obstacle while implementing harm reduction strategies. Limited resources for harm reduction services and punitive policies are described in terms of a vicious cycle. On one hand, prohibition further restricts available resources, while on the other, the impact of these policies intensifies the challenges of implementing harm reduction services due to limited resources. A respondent's answer emphasized this by mentioning:

"Drug use is criminalized in Nigeria and there is no legal framework that backs up on-going harm reduction programs. Progress made and achievement recorded can be lost as well as the inability for the government to appropriate the program in the national budget and discourage investment."
- *Henry, Nigeria.*

Additionally, the impact of drug policies is even greater when it comes to key populations, such as migrants, women, LGBTQIA+ community members, indigenous groups, etc., as it increases vulnerabilities and structural barriers that further marginalize these specific groups:

"...It is crucial that HR [Harm Reduction] considers that people, communities and the society experience harmful experiences as outcomes of the war on drugs and that drug use is also a spectrum. So, it is important to intersect structural power relationships and the war on drugs is an instrument of capitalism, imperialism, racism, ableism, patriarchy, environmental exploitation and other forms of "otherism" that marginalize communities, compromises environmental and social sustainability and puts societies at risk."
- *Malu, Portugal.*

- ● <u>Subsection 3: Harm Reduction Strategies, Initiatives, or Programs Implemented in Respondents' Regions</u>

In response to the survey, participants highlighted the use of harm reduction strategies, with many mentioning well-established programs such as needle exchange, drug-checking, and, to a lesser extent, drug consumption rooms. These interventions are widely recognized and

implemented across regions. However, some respondents pointed out innovative adaptations and expansions of these strategies to address additional concerns.

Many respondents mentioned adopting diverse strategies that address issues beyond drug use that impact PWUD. For instance, a participant from Italy shared that their organization had integrated HIV testing with drug-checking services. Likewise, a respondent from Portugal described a harm reduction effort that incorporates a drug and alcohol consumption room integrated into a shelter, needle and syringe exchange programs, and partnerships with opioid agonist treatment providers, hospitals, and health services. Both examples offer a more comprehensive approach that meets the more immediate needs of PWUD, while also addressing other matters: the first highlights the importance of HIV testing for people at higher risk, while the second facilitates collaboration across care sectors to create a more supportive environment.

"A diverse set of services—such as needle exchange programs, opioid agonist treatments, supervised drug consumption rooms, and drug-checking services tailored for women and non-binary people—creates a robust net. Additionally, targeted initiatives for youth, shelters, day centers, and low-threshold outreach programs are essential for reaching the most marginalized populations. These interventions, when implemented together, form a comprehensive approach that supports individuals in a way that no single program could achieve alone. In France, where I currently work, I see many of these services in action and also an increased focus on the well-being of professionals working in harm reduction."
-   Ricardo, France.

Similarly, a participant from the United States mentioned that the organization Daisy CHAIN expanded its services to include testing for sexually transmitted infections, with a focus on congenital syphilis, for unhoused pregnant people. In Lisbon, Portugal, a community-led collaborative network addressing chemsex-related risks, incorporates education, capacity building, and tailored interventions that reflect the localized dynamics of chemsex. Both efforts demonstrate an ongoing shift toward combining diverse aspects of public health within harm reduction initiatives.

Moreover, organizations like Verter, based in Mexicali, Mexico, shared that their organization provides essential support to women seeking abortion services. Carolina, from Daisy CHAIN, explained that their team of doulas not only supports unhoused pregnant people throughout their pregnancies but also accompanies users seeking abortion care. These respondents exemplify how FSHR can address multiple needs, integrating harm reduction with maternal and sexual reproductive health services.

In Nigeria, one respondent highlighted the need for gender-responsive harm reduction services tailored to the specific needs of women who use drugs. In the north of Mexico, PrevenCasa has implemented a drug consumption room called "La Zona," designed specifically for women who use drugs. In Portugal, MANAS represents a project focused on women and non-binary PWUD. These initiatives provide a safer and more supportive environment, demonstrating a growing recognition of gender considerations within harm reduction.

Another innovative strategy mentioned by some respondents was the need for services aimed at youth and young adults. The organization Community Outreach through Radical Empowerment (CORE), in the United States, goes beyond traditional harm reduction approaches, offering services like youth-focused record expungement clinics, housing support, and case management. CORE's approach stresses the importance of recognizing that youth who use drugs need targeted and holistic services. In the same trend, another initiative on the matter was mentioned by a responder based in the Global South:

"In 2023, through the Teusaquillo Local Youth Council, we implemented a project called 'Laboratorio Juvenil Sin Rodeos' ("Straight Talk Youth Lab"), which involved conducting a workshop, talk, and/or participatory activity every week. These sessions addressed not only substance use but also sexuality, two topics directly related to the needs of the youth population. We reached over 200 young people who actively participated in the project."
- *Katalina, Colombia.*

A member from the organization La Testeria in Mexico highlighted the importance of providing drug-checking and education to young adults. Their work is particularly innovative for a conservative region of Mexico, where services for youth and young adults are scarce. She underlined that their strategy aims to bridge the gap between PWUD and those who do not, promoting greater understanding and reducing stigma.

Furthermore, a respondent from Argentina highlighted the development of "ToxiBot" a digital tool initially launched as a simple WhatsApp bot for young people that has since evolved into a multi-functional platform. This tool provides accessible information that promotes safer drug use practices and empowers young people in their decision-making processes.

Some participants also expressed that community empowerment initiatives represent an important aspect in advancing FSHR by cultivating a collaborative and inclusive approach to addressing the needs of PWUD and their communities. These initiatives encourage PWUD, their families, peers, friends, and other social networks to actively engage in harm reduction efforts. One respondent's observation illustrated this:

"The naloxone distribution program implemented by Prevencasa has been a highly effective strategy within the community, based on the organization's experience. Not only have people who use drugs within the community sought out the organization for this medication, but also family members, close people, and other agents have requested it. This has significantly expanded the organization's reach."
- *Poncho, Mexico.*

Two participants stressed the importance of including pleasure alongside safety, recognizing it as a central component of PWUD, respecting and validating their autonomy and decision-making abilities. Interestingly, one respondent from the Global South and the other from the Global North showed similarities in both regions about centering this perspective into harm reduction efforts. FSHR should integrate pleasure as a necessary aspect for improving people's well-being, addressing the complexity of PWUDs motivations and needs, and improving harm reduction interventions by letting go of fear-based

communication, which is often not efficient. It was said:

"It is an approach that seeks to include various aspects of substance use. It is not only about harm reduction but also encompasses many other aspects, such as pleasure (...)"
- *Lourdes, Mexico.*

Overall, the survey responses reveal a broad spectrum of harm reduction strategies that go beyond more classical frameworks. While services such as needle exchange programs and opioid agonist treatment remain central to harm reduction efforts, there is an increasing focus on also addressing other broader social and health issues, including gender, youth, housing, reproductive care, and in some cases, the respondents have also included the well-being of harm reduction workers as an essential element of these strategies. It is important to note that innovations such as the ones mentioned previously have originated from trial and error in implementing other practices. Within FSHR, it is important to be creative when conducting outreach, project evaluation, community engagement, and involvement. A more nuanced and culturally sensitive vision helps to create more comprehensive and effective harm reduction initiatives.

- ● <u>Subsection 4: Challenges, Needs, and Additional Support for FSHR Implementation</u>

Participants were asked to share common challenges, unmet needs, and the additional support required to implement more strategies centered on FSHR principles.

1. Resource Constraints as Key Barriers to FSHR Implementation:
The successful implementation of FSHR is consistently restricted by indispensable resource constraints which manifest in several key areas, namely:

-Funding: One of the most persistent challenges facing harm reduction efforts is the lack of adequate funding. This includes financial support for specific harm reduction projects, resources (e.g., needle exchange programs, naloxone distribution, available opioid agonist treatment), and populations that are most in need, such as marginalized groups. Oftentimes, existing funds have constraints that prevent harm reductionists from purchasing needed harm reduction supplies such as condoms, and safer injecting and smoking kits. Without sufficient and flexible funding, the reach, impact, and targeted focus of harm reduction initiatives is severely limited.

-Capacity Building: There is also a significant need for capacity building within the harm reduction workforce. This includes specialized staff training who deliver harm reduction services, ensuring they are equipped with the knowledge, skills, and tools to meet the diverse and complex needs of the different groups of PWUD. Concerning the need to work on capacity building, harm reduction practitioners stated that they could be better prepared to rapidly respond to needed emergencies. For example, emerging crises, such as the increasing prevalence of opioid overdoses, or the rapid spread of new psychoactive substances that are often used to adulterate drugs without the user's knowledge, require updated strategies and preparedness. According to the collected answers, any harm

reduction programs are in need of capacity building to share and compare strategies across the regions and adopt those to local contexts.

-Data Gaps: While harm reduction is not a newly introduced strategy, FSHR is. Therefore, participants accentuated the need to do more research that encompasses FSHR and provide comprehensive data regarding these interventions. Moreover, the production and dissemination of more evidence-based data on this topic, particularly from low-resource settings and regions with restricted harm reduction services, is needed to drive evidence-based policy and practice, while at the same time serving as an advocacy tool to communicate the benefits of these interventions to the general public and therefore facilitating the elimination of the generalized prohibitionist narrative.

-Accessible, Inclusive, and Stigma-Free Information: The dissemination of accurate and culturally sensitive stigma-free information about harm reduction is another critical need. It's not only essential for those who use drugs, but also for society at large, government officials, police, media, funding entities, policymakers, and other important stakeholders. As one respondent highlighted, the involvement of civil society in harm reduction projects can bridge gaps in understanding, especially in regions where harm reduction is still stigmatized or misunderstood. As a respondent pointed out:

"[...] *harm reduction efforts should aim to be inclusive, not just for PWUD, but also for those most vulnerable, such as the unhoused, migrants, women, and LGBTQ+ individuals".*
- *Poncho, Mexico.*

2. Structural Challenges: Laws, Policies, Infrastructure, and Stigma:
According to the survey respondents across the globe, there is a lack of comprehensive drug policies, which criminalizes PWUD and creates obstacles to the implementation of harm reduction strategies. Prohibitionist drug laws create significant barriers by forcing PWUD into hidden unsafe practices. Respondents mentioned that criminalization not only drives people further into the margins of society, but also perpetuates stigma and makes it difficult for harm reduction services to operate freely, openly, and to be properly funded. There is a pressing need for drug policy reform, which includes decriminalization and regulation, to reduce barriers faced by PWUD.

3. Agency and Empowerment:
Empowering PWUD is central to the success of any FSHR effort. To support this goal, harm reduction organizations produce campaigns, training, and projects that seek to eliminate the existing stigma around PWUD. As one respondent from the organization La Testeria, Mexico, referred to, governmental and institutional organizations often focus on prohibitionist and abstinence-based campaigns. As a result, this creates a disconnection between PWUD, the general population, and governmental institutions, fueling mistrust and discrimination. Misinformation about drug use, harm reduction strategies, and available services can alienate PWUD, driving them further from accessing support. Clear, transparent, and empowering information is essential for building trust and engagement with harm reduction programs. Additionally, education is not just about transferring knowledge—it is about giving people the agency to choose their own path and to exercise control over their lives, free from

discrimination or coercion. This process of informed decision-making encourages people to be active participants in their own well-being.

Meanwhile, to boost empowerment according to the respondents, harm reduction efforts must prioritize inclusive, user-centered approaches that engage PWUD in decision-making processes, ensuring that their needs and voices are central and lead the development of services and policies that aim to support them.

3. Inclusive Approaches: Addressing Marginalized Populations:
From the gathered data, one of the most pressing needs within harm reduction is a more inclusive approach that accounts for the unique needs of marginalized populations such as:

-Migrants, Undocumented Immigrants, and Non-recognized Citizens: These populations often face overlapping vulnerabilities due to their immigration status and are frequently excluded from essential services, including harm reduction programs. Rafa, a respondent from Spain, shared that their organization exclusively works with migrants and has observed that prohibitionist drug policies, racism, and xenophobia are significant barriers to effective harm reduction work within migrant communities. They further explained that the criminalization of drug use, coupled with its portrayal in the media by the government, serves to stereotype marginalized communities who use drugs. Rafa's comments also emphasize the discrimination faced by racialized people and other marginalized groups. Most importantly, their insights highlight the urgent need for targeted support for migrants, undocumented people, and those without recognized citizenship, who are especially vulnerable to criminalization.

-Youth: The lack of harm reduction services specifically tailored to youth remains a significant gap, highlighting the need for age-appropriate resources and outreach strategies that address the needs YPWUD face.

-Women who Use Drugs: Gender-sensitive harm reduction strategies are often lacking, yet women who use drugs face specific challenges related to healthcare, stigma, access to services, and violence. Services that are responsive to the needs of women—including those with children, pregnant people, or women experiencing gender-based violence—are urgently needed.

-LGBTQIA+ Community: This community, particularly transgender and non-binary people, may face particular stigma, discrimination, and violence when accessing services related to their overall health and well-being. Harm reduction strategies must be actively responsive and supportive to the needs of this community.

-People Experiencing Homelessness: The unhoused face compounded challenges in accessing harm reduction services, for example, the lack of stable housing leads to increased exposure to unsafe environments. Creating safer and more supportive spaces, such as drug consumption rooms, is needed to promote the access of any PWUD to the services.

In general terms, FSHR emphasizes the importance of prioritizing the needs of marginalized communities, while ensuring that no one is excluded from the support and care they need. FSHR's holistic and inclusive approach addresses the diverse circumstances of PWUD by offering a range of services that support all stages of a person's relationship with substances—whether they are seeking treatment, safer use, or any point in between. As stated by one participant:

> *"Full Spectrum Harm Reduction is a comprehensive approach that includes all substances, any type of use, and any individual profile, recognizing that it is possible to design interventions at every stage of the spectrum. It also emphasizes the non-pathologization of drug use and acknowledges the structural factors that exacerbate or mitigate risks or benefits associated with substance use."*
> *- Adriana, Portugal.*

This quote highlights FSHR's core principle: that harm reduction recognizes that different people have different needs at different points in their lives. Rather than focusing solely on abstinence or a "one-size-fits-all" model, FSHR acknowledges the complexity and interplay of different factors surrounding drug use and promotes that everyone, regardless of their current situation, are offered support, respect, and access to services tailored to their needs. It also stresses that inclusivity is key—that harm reduction services should extend to everyone, including people who are using drugs in ways that are seen as high-risk or problematic, as well as those in recovery, should all have access to the same range of harm reduction tools, such as naloxone, needle exchange programs, and provision of evidence-based information, among others.

6. Main Findings and Practical Implementation Examples

Harm Reduction strategies are most effective when they prioritize inclusivity, address social determinants of health, and adapt to the needs of diverse populations and settings. This means that FSHR works on the intersection between the social determinants of overall health while providing a safety net for PWUD.

Key findings and practical implementation strategies highlight the following:

1. Incorporating Marginalized Populations:
As stated in the document, it was noted that there is a need to highly focus on working on strategies that prioritize marginalized communities. Organizations such as Verter and PrevenCasa in the north border of Mexico exemplify how centering marginalized populations, including PWUD and migrants, sex workers, and/or women who use drugs, can improve the impact of harm reduction strategies in the community. Due to their location, these organizations not only work on amplifying marginalized voices, but also on providing essential services, such as access to showers, medical and mental care, reproductive care, and a drug consumption room for communities that are often forgotten by the governments. Similarly, another respondent in Spain highlighted the importance of working along with these populations due to their constant criminalization by not only prohibitionist drug policies but also by the stigma created and perpetuated by the official government's narratives. By addressing intersecting challenges like housing insecurity, poverty, and structural inequities, these programs demonstrate the importance of comprehensive, person-centered approaches that respond to the realities of PWUD's lives.

2. Addressing Social Determinants of Health:
Effective harm reduction strategies integrate interventions that go beyond immediate health concerns. For instance, providing access to healthcare, education, employment resources, and safe spaces builds trust and reduces barriers, ensuring that marginalized populations receive comprehensive support. As previously stated, organizations like CAMBIE, and GAT IN Mouraria, among others, focus on these strategies.

3. Empowering People Who Use Drugs:
Engaging PWUD as central decision-makers transforms harm reduction from a service delivered *to* them into a movement led *by* them. This approach, through empowerment and person-centered models, seen in peer-led initiatives, shifts power dynamics and ensures programs effectively address current local needs. For example, CORE in the United States focuses on understanding the underlying pressing needs of YPWUD. Empowering PWUD to take leadership roles not only amplifies their voices but also promotes a sense of ownership and advocacy for structural changes.

4. Adapting to Different Contexts:
Adaptability is extremely important to implementing harm reduction across diverse socio-political and cultural settings. Programs tailored to local needs —whether urban, rural, or cross-border—maximize impact by considering community-specific challenges and strengths. For example, a respondent from Nigeria stated that often harm reduction

strategies would be mainly focused on Western practices. Throughout their response, the participants stated that it is important to share knowledge across regions. As well, another participant from the United States even mentioned that sometimes strategies implemented in another location of the United States, are not as applicable within their local community.

Table 3. Main Findings and Practical Implementations Examples

Key themes	Main findings	Practical implementations examples	Adaptation to different contexts
Comprehensive approach	- Interconnected support among the health, legal, social, and economic dimensions. -Access to services, including harm reduction, health care, social services, etc. -Promoting non-judgmental, inclusive, and respectful policies while advocating for structural changes to end punitive approaches -High support for evidence-based practices and protection of rights and dignity of PWUD.	Combine needle exchange programs with testing for transmissible infections (HIV, hepatitis, syphilis, etc.).	Can be integrated into existing public health initiatives. Resource-constrained settings can start with mobile units, while well-resourced areas can establish fixed-site services.
		Offer harm reduction alongside services like food and water distribution, and hygiene access.	Organizations can partner with local shelters while advocating for better housing policies.
Person-Centered Model	- Focus on the person's needs, dignity, and autonomy. - Promote trust through non-judgmental and compassionate policies and strategies. - Highlight the access to tools that enable autonomy.	Initiatives like "Laboratorio Juvenil Sin Rodeos" (Colombia) address youth-specific issues, including information related to drug use and sexual and reproductive rights.	Tailored workshops to address region-specific youth needs.
		Kosmicare's (Portugal) approach	Harm reduction efforts in urban nightlife or community

		implemented at large-scale festivals, provides tailored services to YPWUD, responding to their needs in different stages of drug use. These range from drug information to promote informed decisions, to Psycare for psychological or physical crises.	events, offering drug education, mental health support, and crisis intervention adapted to local users and cultural and contextual dynamics.
Structural and Contextual Realities	-Barriers include stigma, criminalization, punitive and prohibitionist policies, and socioeconomic inequalities. -Lack of infrastructures, punitive policies, and stigma obstacles to access to harm reduction services. -Tailoring harm reduction services to contexts, needs, and specificities.	Offer education to law enforcement and local authorities about harm reduction benefits and its impact on public health.	Tailoring an educational program to the local social, cultural, and legal context. Partner with other human rights dedicated organizations to provide a broader education program.
		Collaborate with civil society organizations to document cases of criminalization and advocate for policy reforms while providing immediate legal support.	Collaborate with other human rights organizations, and partner with law schools, bar associations, and NGOs to provide pro bono legal aid services.
Agency and Empowerment	-Support for peer-led initiatives for empowering PWUD. -Education for PWUD to promote autonomy, self-determination, and trust. - Advocacy efforts for accessing naloxone and other vital resources.	Community-driven naloxone training and distribution, like Prevencasa in Mexico.	Partner with local communities for other peer-led initiatives, and community training on the protection of human rights.
		Offer drug-checking services alongside educational harm reduction support.	Can be implemented at festivals, nightlife venues, drug consumption rooms, or harm reduction centers.

			Tailor to legal contexts; in restricted areas, deliver anonymously through online platforms.
Innovations and Advocacy	-Adapt and evolve harm reduction practices to meet the complex and dynamic needs of PWUD. -Advocacy efforts for changing the structural barriers like limited access to resources. -Promote collaboration among important stakeholders.	Use online platforms, like "ToxiBot" (Argentina), to provide education, support, and resources, including virtual drug-checking and harm reduction training.	Effective in areas with widespread internet access; in low-connectivity regions, consider offline apps or SMS-based services.
Resource Constraints and Scalability	- Persistent limited funding and capacity gaps. -Unequal access to services due to geographic and socioeconomic disparities. - Lack of infrastructure.	Outreach and delivery of harm reduction services via mobile units or temporary pop-ups.	Partner with local NGOs or community health workers to overcome geographic and structural barriers.
Inclusive approach	-Inclusion of PWUD in the design, implementation, and evaluation of strategies. - Marginalized groups face compounded challenges (e.g., stigma, gendered violence, exclusion). - Tailored harm reduction approaches are essential.	Provide tailored programs for women and gender-diverse populations, like Tijuana's "La Zona," a drug consumption room for women.	Add trauma-informed care, reproductive health services, and childcare support. In restrictive contexts, create mobile units or peer-led women's groups.
		Provide needed, targeted, and comprehensive services, like Community Outreach through Radical Empowerment (CORE) services, by	Adapt CORE's model by focusing on low-cost initiatives, such as youth mentorship and basic legal aid, delivered through partnerships with local NGOs.

		implementing youth-focused record expungement clinics, offering housing support, and case management.	In restrictive contexts, emphasize discreet legal aid and educational workshops for youth to overcome the stigma and barriers associated with drug policies.

7. Recommendations and Conclusions

As FSHR approaches continue to evolve, their implementation presents an opportunity to address the multifaceted and complex needs of PWUD. To strengthen FSHR, several key recommendations have emerged that will help guide the way forward in supporting the broader adoption of harm reduction strategies that are inclusive, impactful, and tailored to the cultural and social contexts of the communities they serve.

1. Increased Funding for Harm Reduction Initiatives:
One of the most pressing barriers to expanding harm reduction services according to the respondents is the lack of adequate funding. Governments, international organizations, and philanthropic bodies must prioritize financial resources to support harm reduction programs, particularly those that target marginalized and underserved populations. Funding is required, not only for the provision of essential services such as needle exchange programs, opioid agonist treatment, and drug consumption rooms, among others, but also is necessary to invest in the infrastructure, well-being of the staff, and capacity building to deliver these services effectively. In addition, it should incorporate flexibility and nuance to support other types of projects that focus on initiatives promoting other social determinant aspects.

2. Inclusive Harm Reduction Efforts:
FSHR is most effective when it addresses the diverse and specific needs of key populations. This includes marginalized groups such as women, LGBTQIA+ people, youth, migrants (particularly undocumented), unhoused, indigenous communities, sex workers, and people with disabilities. These populations often face challenges that intersect with their social, economic, and legal status. Harm reduction efforts should be tailored to the specific needs of these groups, with particular strategies to address barriers to access services, such as gendered stigma, legal vulnerabilities, and cultural sensitivities, and their inclusion in the design and delivery of harm reduction programs is important for ensuring effectiveness.

3. Exchange of Information Across Global Organizations:
The global exchange of information and cross-learning between organizations working in harm reduction is relevant to advancing best practices and scaling successful models. International and regional collaboration allows for the sharing of knowledge, experiences, and innovative solutions that can be adapted to different local contexts. This exchange should go beyond the sharing of data and research; it should include the exchanging of practical strategies, lessons learned, and challenges encountered, particularly between the Global South and the Global North. In many cases, innovative harm reduction practices have emerged from resource-constrained settings, and these models offer valuable insights for scaling up effective services. Hence, in order to better respond to adversities, it is essential to learn from our global partners.

4. Training on Best Practices for FSHR:
Training and capacity-building are vital to ensuring that harm reduction services are delivered with competence and sensitivity. Training programs must be developed to equip harm reduction workers with the necessary skills to engage with PWUD in a non-judgmental and person-centered manner, while also addressing the structural barriers that many of them face, such as poverty, stigma, and criminalization. Training should cover a broad range of

topics, including the medical and social aspects of drug use, gender-responsive approaches, culturally sensitive practices, and strategies for engaging key communities. Equipping harm reduction workers with updated knowledge, technical skills, and strategies for handling complex situations is a needed strategy for improving their satisfaction and performance effectiveness. Moreover, training should include approaches that focus on reducing harms while also highlighting the role of pleasure. Additionally, training should also include peer-led education models, where people with lived experience of drug use are involved in the design and delivery of educational programs. PWUD, from all backgrounds, bring indispensable insights and perspectives that can significantly improve the impact of harm reduction services delivery.

5. Improve Harm Reduction Workers' Well-being:

Improving the work conditions of harm reduction workers represents a major step towards effectively providing harm reduction services. In order to achieve that, it is important to prioritize mental health support systems to prevent burnout, compassion fatigue, and emotional wear-off. Additionally, fair compensation and economic stability are a main issue for supporting the well-being of harm reduction workers. In addition, clear role boundaries established are needed for sustainable service provision and improving work conditions. Advocacy for guaranteeing fair and just salaries, job security, workload redistribution, social security, and pensions are a pending issue. In summary, it is needed to promote a secure, supportive, and regulated work environment.

6. Urgent Changes to Structural Barriers:

Challenging the present structural barriers, such as prohibitionist and punitive drug policies, inequitable access to basic services, and a clear lack of political will, requires sustained advocacy for policy reform, and international, regional, and local collaboration to promote human rights-based approaches such as harm reduction. Drug policy transformation is urgent; decriminalization and regulation of drugs are important means to reduce incarceration, promote harm reduction as a valid and efficient response to drug use, and shift to a supportive framework rather than a punitive one. Moreover, guaranteeing universal access to basic services, healthcare, housing, food security, and legal support, among others, represents fundamental steps to reduce cycles of vulnerability and marginalization.

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Connecting theory and practice:

Best practices of the Full Spectrum Harm Reduction Survey Report

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