



A PRACTICE GUIDE TO HARM REDUCTION STRATEGIES FOR NEW PSYCHOACTIVE SUBSTANCES

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SECTION 1: INTRODUCTION

Harm reduction is a public health and human rights approach that aims to reduce the negative consequences of drug use without requiring abstinence. Across Europe and beyond, harm reduction has saved lives, prevented infections, and strengthened the rights and dignity of people who use drugs.

This guide is designed as a **practical resource for professionals working in harm reduction settings** - from peers and outreach workers to healthcare providers and service coordinators. It focuses on New Psychoactive Substances (NPS) and emerging patterns of use, offering field-tested strategies, examples, and resources from across Europe.

Each module offers short, focused guidance with practical tips, examples from the field, and links to relevant resources. It can be used as a reference, training tool, or shared directly with teams in various contexts - fixed sites, mobile units, festivals, nightlife, online platforms, or shelters.

SECTION 2: ABOUT THE PROJECT

NextGen Harm Reduction: Tackling the Challenge of Emerging Psychoactive Drugs is a European project addressing the urgent need for training among professionals working with people who use drugs, particularly in the context of New Psychoactive Substances (NPS).

Co-funded by the European Union under the Erasmus+ programme, **NextGen Harm Reduction** runs from October 2024 to September 2026. The project aims to enhance harm reduction capacities by developing innovative responses to NPS through training, knowledge exchange, and online support services.

Project Partners:

- ARAS – Romanian Association Against AIDS (Coordinator, Romania)
- Re Generation (Serbia)
- HOPS – Healthy Options Project Skopje (North Macedonia)
- GAT – Grupo de Ativistas em Tratamentos (Portugal)

Together, the partners bring expertise in community-based services, nightlife harm reduction, digital outreach, HIV prevention, peer support, and policy advocacy.



SECTION 3: METHODOLOGICAL NOTES

This **Practice Guide** was developed between **January and March 2025**, as part of the **NextGen Harm Reduction** project. The guide is rooted in the research component of the project and reflects shared knowledge across the consortium, including **practical fieldwork, collaborative learning, and expert contributions**.

The guide builds on a **qualitative research process** that combined practice-based experience with international knowledge exchange. It aims to **translate real-world practices into actionable guidance** that can be adapted to diverse harm reduction contexts - from outreach and fixed-site services to nightlife settings, chemsex support, and online platforms.

Research Approach

The development of this guide included:

- **Desk reviews** of policies, epidemiological data, and practices mapping
- **Focus groups** and **interviews** with frontline professionals and harm reduction experts

The aim was to explore:

- Existing harm reduction strategies and tools specifically addressing NPS use
- Challenges in service provision, knowledge, and legal frameworks
- Recommendations for strengthening harm reduction responses to NPS

Countries and Participants

Research focused on eight countries:

- **Portugal, Romania, Serbia, and North Macedonia** (project countries)
- **Spain, Switzerland, Slovenia, and the United Kingdom** (benchmark countries)

A total of **12 expert participants** shared their experiences and perspectives:

- Two **online focus groups** with professionals from Portugal, Romania, Serbia, North Macedonia, Spain, Switzerland, and Slovenia
- Two **individual interviews** with experts from the United Kingdom and Switzerland

All participants had direct experience working with people who use drugs, including NPS users, and were engaged voluntarily and confidentially.

This guide summarises the **most effective harm reduction interventions** identified through the research process and is intended as a **practical tool** for professionals, organisations, and communities working to reduce NPS-related risks. It supports knowledge exchange and capacity building for **social workers, outreach teams, healthcare providers, peer workers, and people who use drugs**.

SECTION 4: PRACTICE GUIDE MODULES

MODULE 1: Drug Checking

What is it?

Drug checking allows people who use drugs to submit a small sample of a substance to be analysed for its chemical content and strength. It helps users know what they're taking, understand potential risks, and make safer decisions.

Why it matters?

With NPS, users often don't know what they're consuming, especially when drugs are mislabelled or mixed. Drug checking:

- Detects dangerous adulterants or unexpected substances
- Reduces risk of overdose, bad trips, or toxicity
- Builds trust with services through personalized support
- Offers real-time health alerts and public warnings

How it works?

- **Sample collection:** A small portion of the substance is submitted anonymously
- **Chemical analysis:** On-site or lab-based testing (e.g., FTIR, GC-MS)
- **Results consultation:** Users receive feedback in a private conversation
- **Risk alerts:** Dangerous findings can trigger broader warnings to the community

Tips for frontline teams

- Keep the service free, fast (≤ 30 min), anonymous, and friendly
- Use simple, non-judgmental language to explain findings and reduce stigma
- Involve peers in running the service - this builds trust
- Offer relevant harm reduction advice based on test results
- Be prepared to talk about mixing, dosage, and alternative substances
- Share alerts or dangerous batch warnings when relevant

Examples from the field

- **The Loop (UK):** Offers city-based and festival drug checking, plus public alerts
- **Energy Control (Spain):** Runs both in-person and online testing services with personalized feedback
- **Kosmicare (Portugal):** Community-focused testing model with a focus on NPS

- **DrogArt (Slovenia)**: Active in nightlife, combining testing with on-site support

Resources & links

The Loop (UK)

About Drug Checking

<https://wearetheloop.org/about-drug-checking>

Energy Control (Spain)

Drug Testing Service – International Energy Control

<https://energycontrol-international.org/drug-testing-service/>

Kosmicare (Portugal)

Drug Checking

<https://kosmicare.org/p23206877/>

DrogArt (Slovenia)

"I will not use it because the results are bad": Understanding the influence of the drug checking service on changing consumption behavior

<https://www.drogart.org/knjiznica/i-will-not-use-it-because-the-results-are-bad-understanding-the-influence-of-the-drug-checking-service-on-changing-consumption-behavior/>

Jellinek (Netherlands)

Drug Testing Service

<https://www.jellinek.nl/en/alcohol-drugs-behavior/drug-testing-service/>

Checkit! Wien (Austria)

Drug Checking

<https://checkit.wien/en/drug-checking/>

Trans European Drug Information (TEDI) Network

Drug Checking Services Across Europe

<https://tedinetwork.org/drug-checking/>

MODULE 2: Opioid Substitution Treatment (OST)

What it is?

OST, also called **opioid agonist therapy (OAT)**, a cornerstone of harm reduction, is a medical treatment for people dependent on opioids (like heroin, fentanyl, oxycodone) where a **prescribed medication** replaces the drug they use. **The goal is not necessarily abstinence but stabilization, harm reduction, and improved quality of life.** In some cases, synthetic opioids like nitazenes are also treated with buprenorphine or morphine for withdrawal management.

The most common medications are:

- **Methadone** (a full opioid agonist)
- **Buprenorphine/Suboxone** (a partial agonist)

These medications reduce withdrawal symptoms and cravings without producing the intense high of street opioids.

Why It Matters?

- **Saves lives:** OST significantly reduces the risk of fatal overdose
- **Improves stability:** People can focus on housing, employment, and relationships
- **Reduces crime:** People don't need to acquire drugs illegally
- **Improves health:** Lowers risk of HIV, Hepatitis C, infections from injecting
- **Reduces stigma:** Connects people with non-judgmental, long-term care

OST is one of the most evidence-based interventions in harm reduction and addiction care.

How It Works?

1. **Assessment:** A clinician evaluates opioid dependence, medical needs, and goals.
2. **Start of treatment:** The person begins methadone or buprenorphine, usually with supervised dosing.
3. **Stabilization:** Dose is adjusted until cravings and withdrawal are controlled.
4. **Maintenance or tapering:** Treatment can be short-term or long-term, depending on the person's needs.

Flexibility and choice in treatment models are key: some people benefit from daily supervised dosing, others from take-home doses or long-acting depot injections.

Tips for Frontline Workers

- **Build trust and meet people where they are**
 - Don't assume everyone wants abstinence — **stabilization is a valid goal**
 - Normalize OST as a health intervention, not a "last resort"
- **Support informed choice**
 - Help people understand the **differences between methadone and buprenorphine**
 - Explain how each works, possible side effects, and what to expect
- **Encourage continuity and resilience**
 - Missed doses happen — help people reconnect with services without shame

- Celebrate small wins: going to appointments, stabilizing, or using less
- **Reduce barriers**
 - Help people **register with clinics, get ID, or attend assessments**
 - Advocate for **take-home doses** where possible and safe
- **Watch for overdose risk**
 - Especially during **treatment gaps, post-incarceration, or dose changes**
 - Ensure access to **naloxone**

Examples from the field

United Kingdom: OST widely available via NHS and community drug services

- Pilot programs using **long-acting buprenorphine injections** for people who find daily attendance hard

Spain: OST is provided in specialized drug centers (CADs) in most regions

- Some centers combine **OST, needle exchange, and social reintegration** services
- In Catalonia, **prison-based OST programs** have reduced overdose deaths post-release

Resources and links

Trimbos Institute

Harm reduction services in the Netherlands: An overview

<https://www.trimbos.nl/wp-content/uploads/2022/02/AF1973-Harm-reduction-services-in-the-Netherlands.pdf>

NSW Health

Clinical consensus: Nitazenes – Potent synthetic opioids in Australia

<https://www.health.nsw.gov.au/aod/professionals/Pages/nitazenes-consensus.aspx>

INPUD – International Network of People who Use Drugs

Harm reduction: Best and worst practices – A global perspective

<https://inpud.net/resource/harm-reduction-best-and-worst-practices/>

MODULE 3: Naloxone Distribution Programmes

What it is?

Take-home naloxone (THN) programmes are public health interventions designed to **prevent opioid overdose deaths** by **distributing naloxone**—a life-saving medication patented in 1960, approved by FDA in 1971 with a spray formulation approved in Europe in 2017, that reverses the effects of opioid overdose—**directly to people who use drugs**, their friends, families, and frontline workers (e.g., peers, shelter staff, outreach workers).

What it matters?

Naloxone is safe, fast-acting, and easy to use — making it a vital tool in reversing an overdose before emergency help arrives. Most fatal overdoses happen **in the first 1–3 hours** and emergency services often **can't reach someone fast enough**, but **family, friends, or peers** are usually nearby and can act quickly — *if* they have naloxone and know how to use it.

How it works?

Take-home naloxone (THN) programs provide **free naloxone kits and training** to people at risk of witnessing or experiencing an opioid overdose — so they can act **quickly and effectively** to save a life.

Typical kit includes:

- 1–2 doses of naloxone (spray or injection)
- Instructions for use
- Gloves, alcohol wipes
- Rescue breathing mask (optional)

Tips for frontline teams

- Educate about signs of opioid, stimulant, and mixed-substance overdose, **overdose risks** (especially mixing drugs, using alone, or after abstinence)
- Educate on how to respond: call for help, give naloxone, and do rescue breathing
- Encourage **people to carry naloxone** and show them how to use it
- Emphasize **not using alone**, or using buddy systems/apps

Examples from the field

United Kingdom: take-home naloxone is widely available via NHS addiction services, harm reduction providers:

- **Cranstoun's PACKS peer programme** (Peer-Assisted Community Knowledge & Support) packs and distributes naloxone kits by peers
- **Scottish Families Affected by Alcohol and Drugs' click & deliver** service lets individuals and families in Scotland order kits online and receive them discreetly by post
- **NHS Borders** integrates naloxone distribution into its addiction treatment pathway, combining overdose prevention with opioid substitution and psychosocial support.

Spain – Catalonia: Naloxone distributed since 2009 via harm reduction centres, detox units, and therapeutic communities. Mobile units and drug consumption rooms also provide naloxone and overdose response training.

Resources&links

EUDA – European Union Drugs Agency

Take-home naloxone: Saving lives across Europe

https://www.euda.europa.eu/publications/topic-overviews/take-home-naloxone_en

UK Government

Naloxone – Naloxone Saves Lives

<https://www.gov.uk/government/publications/acmd-naloxone-review/acmd-review-of-the-uk-naloxone-implementation-accessible>

Naloxone.org.uk

UK-wide resource for naloxone access, training, and advocacy

<https://naloxone.org.uk/>

Cranstoun

Naloxone – Harm Reduction Services

<https://cranstoun.org/help-and-advice/harm-reduction/naloxone/>

NHS Borders (Scotland)

Borders Addiction Service

<https://www.nhsborders.scot.nhs.uk/borders-addiction-service>

Scottish Families Affected by Alcohol and Drugs (SFAD)

Take-home naloxone application

<https://www.sfad.org.uk/support-services/take-home-naloxone-application>

Scottish Drugs Forum (SDF)

Peer Naloxone Programme

<https://sdf.org.uk/work/lived-and-living-experience/peer-naloxone/>

Agència de Salut Pública de Catalunya

Programa de distribución de naloxona como estrategia de prevención de sobredosis en Cataluña

https://pnsd.sanidad.gob.es/noticiasEventos/agoraDGPNsd/2024/Agora19/20240425_XIX_AGORA_Colom_Farran_Joan_Subd_G_Adicciones_Agencia_Salut_Publica_Catalunya.pdf

MODULE 4: Peer Involvement in Harm Reduction

What is it?

Peer involvement means including people with lived experience of drug use — including those who use New Psychoactive Substances (NPS) — as part of harm reduction services. Peers offer support, information, and a trusted connection between services and the community.

Why it matters?

Peers understand the realities of drug use and can relate to others in ways professionals often cannot. Involving peers:

- Builds trust with service users
- Reduces stigma and improves access to support
- Enhances harm reduction messaging with real-life experience
- Strengthens the quality and relevance of interventions

How it works?

1. **Recruitment:** Identify individuals with lived experience who are respected and trusted in the community
2. **Training:** Provide knowledge on NPS, harm reduction, ethics, communication, and support techniques
3. **Role definition:** Peers may deliver info, run outreach, assist in drug checking, distribute materials, or support crisis response
4. **Ongoing support:** Offer supervision, mental health support, and development opportunities

Tips for frontline teams

- Value lived experience as expertise — treat peers as equal members of the team
- Create safe, non-judgemental working environments
- Support peers with clear roles, contracts, and fair compensation
- Include peers in planning and evaluating services
- Make sure peers have access to training and emotional support
- Recognise that peer roles may differ (volunteers, part-time staff, outreach only, etc.)

Examples from the field

- **Energy Control (Spain):** Peer-led teams support drug checking and education in festivals and nightlife spaces

- **Kosmicare (Portugal):** Peer workers co-lead drug checking and safer use interventions, especially targeting NPS users
- **ReGeneration (Serbia):** Peers are central to info campaigns and outreach in nightlife, distributing materials and offering support
- **International:** Peer-based naloxone distribution and safer injecting advice in outreach and fixed-site services

Resources & links

International Energy Control (Spain)

About the organisation and its international harm reduction mission

<https://energycontrol-international.org/what-is-energy-control/>

Kosmicare (Portugal)

Psychedelic care and harm reduction in nightlife and festivals

<https://kosmicare.org/p23206848/>

Re Generacija (Serbia)

Youth-led harm reduction and advocacy organisation

<https://www.regeneracija.org/>

EuroNPUD – European Network of People Who Use Drugs

Peer-to-peer Distribution of Naloxone: Technical Briefing (2023)

<https://www.euronpud.net/peerled-harm-reduction-1>

Eurasian Harm Reduction Association (EHRA)

Manual for youth and peer workers: How to communicate with young people about drugs

E. Kurcevič, I. Jeziorska, I. Molnar, I. Gabor Takacs, K. Smukowska, P. Sarosi, R. Karczewska.
Vilnius, Lithuania, 2022

<https://drugeducationyouth.org/manual-on-drug-education/>

MODULE 5: Information & Awareness Campaigns

What is it?

These campaigns provide clear, accessible information about drugs, including New Psychoactive Substances (NPS), to help people make safer choices. They're delivered through printed materials, outreach, events, social media, and peer-to-peer conversations.

Why it matters?

NPS users often lack accurate knowledge about the substances they are taking, the risks involved, or how to reduce harm. Information campaigns:

- Encourage safer behaviours
- Help prevent overdoses and bad reactions
- Reach people who may not engage with formal services
- Challenge stigma and misinformation

How it works?

- **Message design:** Use simple, non-judgemental language tailored to your audience (e.g., youth, LGBTQ+ groups, festivalgoers)
- **Channel selection:** Share info via leaflets, posters, social media, websites, apps, or face-to-face conversations
- **Peer support:** Involve people with lived experience in developing and delivering content
- **Update regularly:** Include alerts about new substances, safer use tips, and service info

Tips for frontline teams

- Focus on *practical advice*, like dose control, avoiding mixing drugs, hydration, and setting
- Use engaging formats: infographics, videos, memes, playlists, reels
- Distribute materials in high-risk settings (e.g. parties, festivals, online platforms)
- Adapt materials for marginalised groups — e.g. safer sex and drug use info for MSM and trans users
- Always link information to available services (testing, counselling, etc.)

Examples from the field

- **ReGeneration (Serbia):** Delivers info at parties and festivals, with peers distributing materials like condoms, wipes, and brochures
- **Energy Control (Spain):** Uses online platforms and printed leaflets to share NPS alerts, dosage tips, and safer use guides

- **DrogArt (Slovenia)**: Offers digital harm reduction advice on TikTok and Instagram, and runs awareness booths in nightlife spaces

Resources & links

Re Generacija (Serbia)

Research and Publications on youth, drug use, and harm reduction

<https://www.regeneracija.org/istrazivanja-i-publikacije/>

Energy Control (Spain)

Substance Information – Effects, Risks, and Safer Use

<https://energycontrol.org/sustancias/>

DrogArt (Slovenia)

Info Point – Safer use materials and drug information

<https://www.drogart.org/info-tocka/>

PsyCare UK

Harm Reduction at Festivals and Events

<https://www.psycareuk.org/harm-reduction>

MODULE 6: Harm Reduction in Chemsex Contexts

What is it?

Chemsex involves the use of drugs before or during sex, often among gay, bisexual, and other men who have sex with men (MSM). Sessions can last for hours or days and frequently involve NPS such as synthetic cathinones (e.g., 3-MMC, mephedrone) or GHB/GBL.

Why it matters?

Chemsex can increase the risk of:

- HIV, hepatitis, and other STIs
- Overdose and drug dependency
- Mental health issues (e.g. anxiety, psychosis, depression)
- Non-consensual sex and sexual assault
- Stigma and social isolation

Harm reduction in this setting helps reduce immediate risks, connect people to services, and offer safer alternatives — without judgement.

How it works?

- **Engage with empathy:** Build trust by offering safe, stigma-free spaces for conversation
- **Provide harm reduction kits:** Include condoms, lubricants, sterile syringes, safer snorting/injecting tools, and drug information
- **Share strategies:** Promote dose control, hydration, rest, consent, and planning (e.g. emergency contacts)
- **Connect to care:** Encourage regular sexual health checks, mental health support, and peer-led check-ins

Tips for frontline teams

- Recognise that Chemsex is not only about drug use - address mental, emotional, and sexual health
- Involve peers who understand Chemsex culture and dynamics
- Offer outreach and online support for those who may not access in-person services
- Use harm reduction advice that reflects real use patterns (e.g. mixing drugs, long sessions, managing come-downs)
- Be inclusive and aware of intersectional experiences (e.g. race, HIV status, trans identity)

Examples from the field

- **ChemSafe (Spain):** Offers drug checking, safer sex guidance, mental health support, and online consultations
- **Kosmicare (Portugal):** Provides non-judgemental support for people engaged in Chemsex, including psychological care
- **ChemSex Support (UK):** Peer-based outreach, groups, and one-to-one harm reduction advice in London and other cities

Resources & links

Chemsafe

Information, substance analysis and sexuality counseling (Spain)

<https://www.chem-safe.org/>

Chemsex.info

Chemsex Guides (Spain/International)

<https://chemsex.info/guias-de-chemsex/>

Kosmicare and GAT

Chemsex Risk Reduction Campaign

<https://www.behance.net/gallery/97448161/Chemsex-risk-reduction>

London Friend (UK)

Chemsex Support Services for LGBTQ+ communities

<https://londonfriend.org.uk/chemsex-support/>

Change Grow Live (UK)

Chemsex Support and Advice for Professionals

<https://www.changegrowlive.org/chemsex-support-professionals>

Dianova International

Articles and projects related to chemsex

<https://www.dianova.org/tag/chemsex/>

MODULE 7: Online Harm Reduction Services

What is it?

Online harm reduction services provide support, education, and information about drug use — especially NPS — through digital tools. These may include websites, messaging platforms, helplines, social media, and mobile apps.

Why it matters?

Many people — especially young or first-time users — search for drug information online. Online services:

- Offer anonymity and privacy
- Reach people who avoid or can't access face-to-face support
- Provide fast responses and up-to-date information
- Support users across different settings and countries

How it works?

- **Accessible information:** Websites or platforms offer facts about substances, dosing, risks, and combinations
- **One-to-one support:** Some services offer live chat, email advice, or helplines for personalised guidance
- **Digital drug checking:** Users can submit samples and get results and alerts online
- **Social media & apps:** Used to share updates, alerts, peer advice, and promote safer practices

Tips for frontline teams

- Keep content factual, non-judgemental, and mobile-friendly
- Ensure information is up to date and easy to understand
- Use secure platforms for chat and feedback to maintain confidentiality
- Link digital services to local referrals (e.g. sexual health clinics, mental health, outreach)
- Monitor online trends and slang terms — adapt your communication style accordingly

Examples from the field

- **Energy Control (Spain):** Offers drug checking with lab analysis and online test results; runs digital campaigns
- **Kosmicare (Portugal):** Provides psychological support via online chat or video call
- **SafeZone (Switzerland):** Offers counselling and legal advice online, with tools to manage drug-related situations

- **Infodrogas VIH (Spain):** A web app checking interactions between HIV meds and recreational drugs

Resources & links

SafeZone.ch

Online Addiction and Drug Counseling (Switzerland)

<https://www.safezone.ch/de/>

InfoDrogas VIH

Drug–Antiretroviral Interactions in HIV/AIDS

<https://infodrogas-vih.org/interacciones-drogas-antirretrovirales-vih-sida.html>

HIT UK

Stayin' Alive – Overdose prevention resources

<https://www.hit.org.uk>

Cranstoun

DrugBot – AI-powered harm reduction chatbot

<https://cranstoun.org/news/ai-meets-harm-reduction-drugbot-launches-across-the-uk/>

New Horizons Yorkshire

BuddyUp – free and confidential app for people who are using drugs alone.

<https://nyhorizons.org.uk/resource/buddy-up/>

PsychonautWiki

Collaborative drug information platform

<https://psychonautwiki.org/>

Erowid

Experiences, effects, and safety of psychoactive substances

<https://www.erowid.org/>

TripSit

Drug combinations chart and harm reduction support

<https://tripsit.me/>

Drugs and Me

Evidence-based drug education for safer use

<https://www.drugsand.me/>

MODULE 8: Harm Reduction in Recreational Settings

What is it?

This approach brings harm reduction services to festivals, clubs, parties, and nightlife venues. It aims to reduce drug-related risks in environments where people often use NPS and other substances.

Why it matters?

Recreational settings are high-risk due to:

- Polydrug use (mixing substances)
- Hot, crowded environments
- Lack of rest, food, and hydration
- Limited access to information or help
- Peer pressure and low awareness of risks

Harm reduction in these spaces improves safety, prevents emergencies, and makes support more visible and accessible.

How it works?

- **On-site presence:** Staffed info stands, chill-out areas, or mobile teams offering harm reduction materials and advice
- **Drug checking:** Anonymous analysis of substances with feedback on risks
- **Material distribution:** Water, condoms, earplugs, wipes, filters, vitamins, and snacks
- **Peer support:** Peers trained to offer info, first aid, emotional support, and referral to services

Tips for frontline teams

- Tailor your approach to the event and audience (e.g., music style, age range, venue type)
- Use visuals and short messages — loud settings are not ideal for long conversations
- Offer basic health support (rest areas, hydration advice, signs of overdose)
- Build relationships with organisers, security, and medical staff ahead of time
- Ensure your presence is friendly, non-policing, and non-judgemental
- Follow up if possible — connect users to services after the event

Examples from the field

- **Energy Control (Spain):** Runs info stands and drug checking at major music events; offers individual counselling on-site

- **Kosmicare (Portugal):** Provides safe spaces, psychological support, and NPS information in festivals
- **Safer Clubbing & SaferParty (Switzerland):** Distribute materials and offer drug checking and emergency support
- **DrogArt (Slovenia):** Combines outreach, testing, and peer-led support in nightlife environments

Resources & links

International Energy Control

About Us

<https://energycontrol-international.org/what-is-energy-control/>

Kosmicare

Kosmicare at Boom Festival

<https://www.boomfestival.org/boom-guide/kosmicare>

Safer-Clubbing

Drugs and Safer Clubbing (Switzerland)

<https://www.saferclubbing.ch/saferuse>

Safer Party

Drug checking and safer nightlife resources (Zurich)

<https://www.saferparty.ch/>

DrogArt

Safer Party Archive (Slovenia)

<https://www.drogart.org/manj-tvegana-zabava/>

PsyCare UK

Harm reduction at festivals and events

<https://www.psycareuk.org/harm-reduction>

MODULE 9: Drug Consumption Rooms

What is it?

Drug Consumption Rooms (DCRs) are safe, hygienic spaces where people can use pre-obtained drugs under the supervision of trained staff. They aim to prevent overdoses, reduce disease transmission, and connect people to health and social services.

Why it matters?

DCRs:

- Reduce overdose deaths and medical emergencies
- Lower the spread of HIV, hepatitis, and other infections
- Offer an entry point to care for people who use drugs
- Reduce public drug use and unsafe disposal of equipment
- Create a non-judgemental, low-threshold space for contact

They are especially important for users of NPS or unknown substances, where the effects and risks can be unpredictable.

How it works?

- **Supervised use:** Staff (nurses, social workers) monitor consumption and intervene in emergencies
- **Safer use:** Sterile equipment and hygienic space reduce health risks
- **Harm reduction advice:** On dosing, mixing, injecting, or smoking
- **Referrals:** Link people to health, housing, detox, and mental health services

Some DCRs also offer **drug checking**, peer support, and basic medical care.

Tips for frontline teams

- Be welcoming, consistent, and non-judgemental — trust is key
- Allow flexible use patterns (injecting, smoking, snorting) where possible
- Prioritise user anonymity and legal protection
- Tailor advice for NPS users — new substances may need extra monitoring
- Provide calm, clean, and ventilated spaces with access to water and basic care
- Train staff in overdose response, trauma-informed care, and de-escalation

Examples from the field

- **Switzerland:** Pioneered low-threshold DCRs, including syringe machines and in-house medical care
- **Portugal:** DCRs included in national policy, with plans for scaling up

- **United Kingdom:** Glasgow opened its first legal DCR in 2025
- **Spain:** Integrated services providing DCRs alongside testing and counselling

Resources & links

UniAktuell

How the World's First Drug Consumption Room Was Set Up (Switzerland)

https://www.uniaktuell.unibe.ch/2023/bericht_fixerstuebli/index_eng.html

CONTACT Suchthilfe (Switzerland)

Contact Point for Drug-Dependent People

<https://www.contact-suchthilfe.ch/angebotsdetails/anlaufstelle>

BBC News

Portugal's Drug Consumption Rooms Are Important, Users Say

<https://www.bbc.com/news/av/uk-scotland-66582353>

Channel 4 News

The UK's First Drug Consumption Room [Video]

<https://www.youtube.com/watch?v=MFze-CrwTu4>

MODULE 10: Needle and Syringe Programmes

What is it?

Needle and Syringe Programmes (NSP) provide sterile injecting equipment (and often other drug-use materials) to people who inject drugs, helping prevent the spread of infections like HIV and hepatitis B/C, and reducing injection-related harms.

Why it matters?

NSPs:

- Prevent blood-borne virus transmission (HIV, HBV, HCV)
- Reduce skin and soft tissue infections
- Promote safer injecting practices
- Provide contact points for other support services
- Help prevent overdose through naloxone distribution and education

These programmes also support transitions to safer methods of use or to treatment, when and if desired.

How it works?

- **Distribution:** Offer sterile injecting equipment — needles, syringes, filters, alcohol swabs, sterile water, cookers, etc.
- **Return:** Encourage safe disposal of used materials through drop boxes or exchange points
- **Education:** Provide safer use guidance, including vein care, hygiene, and overdose prevention
- **Referrals:** Link users to healthcare, testing, housing, psychosocial support, and drug treatment if requested
- **Supplementary kits:** May include condoms, smoking/snorting materials, and naloxone

Tips for frontline teams

- Be non-judgemental and flexible — allow anonymous and low-barrier access
- Provide materials free of charge and without requiring return
- Extend opening hours or use mobile units for hard-to-reach groups
- Offer both injecting and non-injecting materials (e.g., foils, mouthpieces)
- Train staff to advise on transitions to safer consumption methods
- Adapt materials for NPS users (e.g. unknown injection risks, synthetic cathinones)

Examples from the field

- **Portugal:** National NSPs integrated into harm reduction and outreach services

- **Switzerland:** 24/7 syringe vending machines support accessibility
- **Serbia & North Macedonia:** Community-based NGOs lead outreach-based NSPs
- **Spain:** Many NSPs integrated into fixed-site services and mobile vans

Resources & links

Policy Commons

CRESCER: Integrated Harm Reduction Services in Lisbon, Portugal (2021)

<https://policycommons.net/artifacts/4424651/lisbon-portugal-crescer-background-integrated-services/5221270/>

CONTACT Suchthilfe

SPUT – Syringe Exchange (Switzerland)

<https://www.contact-suchthilfe.ch/angebotsdetails/sput-spritzenumtausch>

MODULE 11: Integrated Services in Harm Reduction

What is it?

Integrated services combine multiple types of support — medical, social, psychological, and harm reduction — in one location or through coordinated referrals. The goal is to offer comprehensive care that meets people's diverse and changing needs.

Why it matters?

People who use drugs often face complex challenges, such as homelessness, mental health issues, or chronic health conditions. Integrated services:

- Reduce the burden of navigating multiple systems
- Increase access to care by removing barriers
- Improve outcomes by addressing social determinants of health
- Provide continuity and flexibility of support

For NPS users, integration helps ensure quicker responses to new risks and better management of unknown substances.

How it works?

- **Multi-disciplinary teams:** Harm reduction workers, nurses, social workers, psychologists, and peer workers collaborate
- **Single access point:** Drop-in centres, mobile units, or digital hubs that connect users to a range of services
- **Case coordination:** Staff share information and referrals (with consent) to provide seamless care
- **Services may include:**
 - Drug checking and NSPs
 - HIV/HCV/STI testing and care
 - Mental health support
 - Housing assistance
 - Legal aid
 - Sexual and reproductive health

Tips for frontline teams

- Build trust first — many users have experienced stigma in other services
- Ensure staff training includes trauma-informed and culturally competent care
- Offer flexible appointments and low-threshold access (no ID, no referral required)
- Coordinate closely with external services — including hospitals and shelters

- Design user-centred services — involve clients in planning and feedback
- Use clear communication between teams to avoid gaps or duplication

Examples from the field

- **Portugal:** GAT offers screening, linkage to care, counselling, and harm reduction for people who use drugs at a single site
- **North Macedonia:** HOPS integrates legal, social, and healthcare services for people who use drugs
- **Romania:** ARAS offers combined HIV testing, NSPs, mental health services, and prevention work under one roof, with community outreach and advocacy.
- **Switzerland:** Contact Foundation centres offer DCRs, NSPs, testing, counselling, and case management under one roof

Resources & links

GAT Portugal

Services for HIV, hepatitis, and harm reduction

<https://www.gatportugal.org/servicos?fbrefresh=89127348912>

HOPS – Healthy Options Project Skopje (North Macedonia)

Drop-in Centers and Field Teams for people who use drugs and sex workers

<https://hops.org.mk/drop-in-centri-terenski-timovi/>

ARAS – Romanian Anti-AIDS Association

ARAS in Action: Harm reduction, prevention, and outreach in Romania

<https://arasnet.ro/aras-in-actiune/>

CONTACT Suchthilfe (Switzerland)

Low-threshold services including DCRs, syringe exchange, and outreach

<https://www.contact-suchthilfe.ch/angebot/>

MODULE 12: Training and Capacity Building

What is it?

Training and capacity building involve providing harm reduction professionals — including peers, healthcare staff, social workers, and educators — with the skills, tools, and knowledge to effectively support people who use drugs, particularly in relation to New Psychoactive Substances (NPS).

Why it matters?

New drugs, changing use patterns, and complex health needs demand continuous learning. Training:

- Increases staff confidence and competence
- Improves service quality and user engagement
- Keeps teams up to date with NPS trends and responses
- Supports ethical, trauma-informed, and rights-based practice
- Helps standardise approaches across services and regions

How it works?

- **Core topics:** NPS risks and effects, safer use strategies, overdose response, drug checking, stigma reduction
- **Soft skills:** Motivational interviewing, de-escalation, cultural competence, trauma-informed care
- **Formats:** In-person workshops, online modules, peer-led sessions, shadowing, community exchanges
- **Ongoing learning:** Refresher sessions, peer feedback, debriefs, study visits, and knowledge-sharing events
- **Trainers:** May include harm reduction experts, peers with lived experience, researchers, and health professionals

Tips for frontline teams

- Tailor training to staff roles (e.g. outreach, clinical, peer work, crisis response)
- Use real-life scenarios and case discussions to build applied knowledge
- Include perspectives of people who use drugs — as trainers, not just case studies
- Make space for team reflection and emotional processing (especially post-crisis)
- Connect with local and international networks to access free or low-cost training
- Document what works — build a shared training library or toolkit

Examples from the field

- **Spain:** Energy Control runs training on recreational drug use, digital outreach, and chemsex for NGOs and health workers

- **Serbia:** ReGeneration offers peer-led education for nightlife outreach teams and social service staff
- **Correlation – European Network:** Offers multilingual webinars, toolkits, and e-learning on NPS, outreach, overdose, and stigma

Resources & links

ABD – Asociación Bienestar y Desarrollo

Courses & Workshops on Harm Reduction and Social Inclusion

<https://abd.org/en/courses/>

Correlation – European Harm Reduction Network (C-EHRN)

Online Webinars 2022: Topics in European Harm Reduction Practice

<https://correlation-net.org/2022/05/11/online-webinars-2022/>

MODULE 13: Collaboration Between Professionals and Services

What is it?

Collaboration in harm reduction means professionals from different sectors - health, social care, outreach, advocacy, and policy - working together to better support people who use drugs, including those using NPS.

Why it matters?

No single service can meet all the needs of people who use drugs. Collaboration:

- Provides more holistic, person-centred care
- Improves referral pathways and continuity of support
- Encourages shared learning and best practice
- Supports faster responses to emerging substances or crises
- Helps build a stronger, more resilient harm reduction ecosystem

How it works?

- **Formal partnerships:** Establish MOUs or informal working agreements between services
- **Interdisciplinary teams:** Combine medical, psychological, social, and peer expertise
- **Joint case planning:** Regular meetings to coordinate care and discuss complex situations
- **Shared advocacy:** Unite around key issues like funding, stigma, and legal reform
- **International networks:** Participate in knowledge exchange with other countries and regions

Tips for frontline teams

- Build relationships across sectors — attend their events, invite them to yours
- Clarify roles and responsibilities when working jointly on cases
- Use shared language and non-technical terms where possible
- Respect different professional cultures and working methods
- Involve people who use drugs as collaborators — not just service users
- Document joint actions and outcomes to strengthen learning and accountability

Examples from the field

- **Portugal:** Some municipal harm reduction networks include NGOs, public entities, and law enforcement representatives
- **Serbia & North Macedonia:** ReGeneration and HOPS coordinate with mental health, HIV, and drug services

- **Switzerland:** Interdisciplinary DCR teams meet regularly with hospitals, police, and local health authorities
- **International network:** Trans-European Drug Information (TEDI) Network – a Europe-wide network of field-based drug checking services sharing expertise, data and early-warning alerts for emerging drug trends.

Resources & links

C-EHRN – Correlation European Harm Reduction Network

Resources and tools on collaboration, peer involvement, and harm reduction in Europe

<https://www.correlation-net.org/>

Trans-European Drug Information (TEDI) Network

European network of drug checking services sharing alerts, data and collaborative practices

<https://tedinetwork.org/>

Learn Addiction (EU)

Free e-learning module on harm reduction for interdisciplinary teams

<https://www.learnaddiction.eu>

MODULE 14: Decriminalisation and Policy Advocacy

What is it?

Decriminalisation involves removing criminal penalties for the possession and use of drugs for personal use. Policy advocacy in harm reduction refers to efforts to influence laws, funding, and public understanding to support health-based responses to drug use — including access to harm reduction services.

Why it matters?

Criminalisation drives stigma, discourages people from seeking help, and creates unsafe conditions for drug use. Decriminalisation:

- Reduces barriers to health and harm reduction services
- Promotes a public health approach over punishment
- Lowers overdose deaths and HIV/HCV transmission
- Improves human rights protections for people who use drugs
- Creates space for innovation — such as drug checking and DCRs

Policy advocacy ensures that harm reduction is not only tolerated but supported, resourced, and scaled up.

How it works?

- **Legal reform:** Remove criminal sanctions for drug use and possession for personal use; implement administrative or health-based alternatives
- **Advocacy:** Engage decision-makers, civil society, and the public through campaigns, reports, and dialogue
- **Coalitions:** Work with peer organisations, human rights groups, and health alliances
- **Evidence-building:** Use research and lived experience to demonstrate the impact of harm reduction and the harms of criminalisation
- **Policy input:** Participate in consultations, strategy design, and drug policy monitoring at national and EU levels

Tips for frontline teams

- Be aware of your national legal framework — and its practical impacts on service users
- Train staff to respond appropriately if users fear arrest or discrimination
- Document how criminalisation affects your work (e.g. lost contact, reluctance to test substances)
- Share service user voices — their experiences are powerful tools for change
- Work with lawyers, researchers, and advocates to build strong policy proposals

- Promote decriminalisation as a step toward *health*, not legalisation of all substances

Examples from the field

- **Portugal:** Decriminalised personal drug use in 2001; this model supported the development and scaling up of harm reduction services.
- **Switzerland:** Legalised harm reduction services as part of its national drug strategy
- **UK (Scotland):** Advocacy led to the opening of the first legal DCR in Glasgow in 2025
- **EHRA & INPUD:** Regional and global networks pushing for policy reform based on human rights and harm reduction evidence

Resources & links

Transform Drug Policy Foundation

Drug Decriminalisation in Portugal: Setting the Record Straight

<https://transformdrugs.org/blog/drug-decriminalisation-in-portugal-setting-the-record-straight>

EMCDDA

Switzerland Country Overview (2023)

https://www.emcdda.europa.eu/countries/drug-reports/2023/switzerland_en

The Guardian

'All eyes are on Glasgow': UK's first legal drug consumption room ready to open

<https://www.theguardian.com/society/2025/jan/10/all-eyes-are-on-glasgow-uk-first-legal-drug-consumption-room-ready-open>

EHRA – Eurasian Harm Reduction Association

Regional network promoting harm reduction and rights-based drug policy in Eastern Europe and Central Asia

<https://harmreductioneur.org/>

INPUD – International Network of People who Use Drugs

Global advocacy network defending the rights of people who use drugs

<https://inpud.net/>

MODULE 15: Funding and Sustainability of Harm Reduction

What is it?

This refers to securing the financial and structural resources needed to run harm reduction services over time — including those addressing New Psychoactive Substances (NPS). Sustainable funding allows services to be consistent, responsive, and innovative.

Why it matters?

Many harm reduction services face:

- Short-term or unreliable funding
- Cuts linked to austerity or political shifts
- Gaps in coverage (e.g. rural areas, festivals, chemsex settings)
- Burnout due to staff instability or low pay

Stable, long-term funding:

- Ensures service continuity and staff retention
- Allows scale-up and innovation (e.g. online services, drug checking)
- Builds trust with service users
- Supports research, training, and monitoring

How it works?

Public funding: Advocate for dedicated harm reduction budgets at national and local levels

Partnerships: Collaborate with public health, social services, mental health, housing, and NGOs

Diversified sources: Combine government, EU, foundation, or private sector support

Advocacy: Use evidence, testimonies, and data to argue for harm reduction as essential public health

Monitoring & reporting: Demonstrate outcomes to maintain and grow funding

Tips for frontline teams

- Track the impact of your services — even small data points help
- Involve people who use drugs in funding advocacy — their voices matter
- Identify key gaps: Where is funding most urgently needed (e.g. drug checking)?
- Map and build relationships with funders — invite them to visit
- Prepare simple, powerful materials showing harm reduction saves lives *and* money
- Plan for sustainability from the beginning of a new service or pilot

Examples from the field

- **Portugal:** Civil society networks push for ring-fenced public funding for harm reduction
- **Spain:** Harm reduction teams combine municipal, regional, and international project grants
- **Switzerland:** Harm reduction is embedded in national health policy with dedicated funding
- **Eastern Europe:** EHRA supports community-led advocacy for restoring harm reduction budgets after donor withdrawal

Resources & links

R3 – Portuguese Harm Reduction Network

Strategic Recommendations for Strengthening Public Harm Reduction Policies (Policy Brief, REBOOT project 2024–2025)

<https://drive.google.com/file/d/1T070FiLQiHz3dRI5MZNZ201cQUGgrcaD/view?usp=sharing>

AIDS Action Europe

Guide to Funding Mechanisms for Harm-Reduction Programmes in the EU

https://www.aidsactioneurope.org/sites/default/files/HA%20React%20D2_WP8_8March2018-FINAL_0.pdf

EHRA – Eurasian Harm Reduction Association

Harm Reduction in Times of Repression and Budget Cuts

<https://harmreductioneurasia.org/news/hr-in-times-of-repression-and-budget-cuts/>

Harm Reduction International

Increasing Funding for Harm Reduction

<https://hri.global/topics/funding-for-harm-reduction/increasing-funding-for-harm-reduction/>

Harm Reduction International

A Harm Reduction Funding Crisis (HRI Funding Report 2024)

https://hri.global/wp-content/uploads/2024/06/HRI_Funding-Report-2024_AW_080724.pdf

MODULE 16: Addressing Stigma in Harm Reduction

What is it?

Stigma refers to negative attitudes, stereotypes, and discrimination directed at people who use drugs. It is reinforced by laws, media narratives, service barriers, and even healthcare systems. Tackling stigma is essential for making harm reduction services accessible and effective.

Why it matters?

Stigma:

- Discourages people from accessing services
- Leads to discrimination in healthcare, housing, and employment
- Increases isolation, shame, and mental health problems
- Reinforces unsafe drug use and secrecy
- Undermines harm reduction efforts by framing drug use as a moral failing instead of a health issue

How it works?

- **Language matters:** Use respectful, person-first language (e.g. "person who uses drugs" instead of "addict")
- **Peer inclusion:** Involve people with lived experience in all aspects of service design and delivery
- **Train staff:** Equip all team members to recognise and challenge stigma — in themselves and others
- **Public campaigns:** Use media, stories, and facts to shift public attitudes
- **Advocate for legal and policy change:** Decriminalisation and harm reduction laws reduce structural stigma

Tips for frontline teams

- Start by reflecting on your own biases - no one is immune to stigma
- Offer anonymous, low-threshold services where people feel safe
- Avoid judgmental body language, tone, or assumptions in interactions
- Celebrate progress and autonomy, not just abstinence or treatment uptake
- Work with communities most affected by stigma (e.g. women, LGBTQ+ users, migrants, people who inject drugs)
- Share success stories that show resilience, not just problems

Examples from the field

- **Portugal:** GAT and other organisations promote peer leadership and “nothing about us without us” approaches



- **UK:** Campaigns by Release and Transform aim to humanise people who use drugs and call for decriminalisation
- **Spain:** Peer-led harm reduction at festivals normalises safer use and reduces shame
- **Eastern Europe:** Community-led monitoring by people who use drugs documents discriminatory practices in services

Resources & links

INPUD & Youth RISE

The Harms of Drug Use: Criminalisation, Misinformation, and Stigma

<https://inpud.net/the-harms-of-drug-use-criminalisation-misinformation-and-stigma/>

Release (UK)

Legal Advice on Drugs

<https://www.release.org.uk/drugs-legal-advice/>

INPUD

Words Matter! Language Statement & Reference Guide

<https://inpud.net/words-matter-language-statement-reference-guide/>

MODULE 17: Individualized Recommendations for Harm Reduction Work

What is it?

Individualised recommendations are tailored harm reduction strategies based on each person's unique circumstances, drug use patterns, health status, and goals. They focus on autonomy, safety, and trust — not one-size-fits-all advice.

Why it matters?

Everyone uses substances differently. People may have different tolerances, risk levels, motivations, or needs. A personalised approach:

- Respects the dignity and autonomy of the person
- Builds trust and keeps people engaged
- Responds better to complex needs (e.g. poly-drug use, chemsex, homelessness)
- Encourages informed, safer choices instead of unrealistic expectations

How it works?

- **Listen first:** Understand what the person wants — not what you assume
- **Assess together:** Discuss type(s) of drug used, frequency, setting, route, and goals
- **Offer options:** Safer ways to use, tools to avoid mixing, info on new substances, mental health support
- **Follow up:** Stay available, adapt advice if their situation changes
- **Ensure confidentiality:** This builds trust, especially in criminalised or marginalised settings

Tips for frontline teams

- Avoid “should” or “must” language - offer choices, not rules
- Use harm reduction conversations to build connection, not control
- Be ready to shift between topics - drug use often overlaps with housing, sex, trauma, and survival
- Don't assume abstinence is the goal - support people where they are
- Share accurate, honest information - it helps people make better decisions
- Be open about what your service *can* and *can't* offer - set clear, respectful boundaries

Examples from the field

- **Energy Control (Spain):** Provides personalised feedback on drug checking results with practical harm reduction tips

- **ReGeneration (Serbia)**: Uses peer dialogue to adapt advice to different settings — clubs, festivals, online
- **SafeZone (Switzerland)**: Offers confidential online consultations, adapted to each user's concerns

Resources & links

SafeZone.ch (Switzerland)

Online Consultation on Dependencies and Drugs (available in multiple languages)

<https://www.safezone.ch/fr/>

Guideline Development in Harm Reduction

Considerations around consumer involvement (peer inclusion in service design)

<https://pmc.ncbi.nlm.nih.gov/articles/PMC9948926/>