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 = accountability

HR4HOMELESSNESS Project

HARM REDUCTION KEY PRINCIPLES IN HOMELESS SERVICES



Harm Reduction Key Principles in Homelessness Services

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Acronyms and abbreviations

APDES	Agência Piaget para o Desenvolvimento
C-EHRN	Correlation – European Harm Reduction Network
CASO	Consumers Associated Survive Organised (Portugal)
CSFD	Civil Society Forum on Drugs
DK	Denmark
EFUS	European Forum for Urban Security
EHRA	Eurasian Harm Reduction Association
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
EuroNPUD	European Network of People who Use Drugs
ESWA	European Sex Workers’ Rights Alliance
FEANTSA	European Federation of National Organisations Working with the Homeless
Fedito BXL asbl	Brussels Federation of Institutions for Drug Dependence
GOSHH	Gender, Orientation, Sexual Health, HIV (Ireland)
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HOPS	Health Options Project Skopje (North Macedonia)
HR	Harm Reduction
HSE	Health Service Executive (Ireland)
HU	Hungary
INPUD	International Network of People who Use Drugs
INSERM	National Institute of Health and Medical Research (France)
LSE	London School of Economics
NGO	Non-Governmental Organisation
NL	Netherlands
NLO	Nobody Left Outside coalition
NSP	Needle/Syringe Programme
NSWP	Global Network of Sex Work Projects
PCR	Polymerase Chain Reaction
PICUM	Platform For International Cooperation On Undocumented Migrants
PT	Portugal
SMES	Housing First
SWAI	Sex Workers Alliance Ireland
UCC	University College Cork (Ireland)
UNAIDS	Joint United Nations Programme on HIV/AIDS
VVAA	A health care provider in the Netherlands
WHO	World Health Organization



HR4H

HR4Homelessness is an Erasmus+ project involving organizations from the homelessness, drug use and human rights sector: FEANTSA (Belgium/EU- coordinator), Correlation – European Harm Reduction Network / Rainbow Group (NL), Rights Reporter Foundation (HU), Simon Communities of Ireland (Ireland), Health Team City of Copenhagen (DK), Norte Vida (PT) and SMES-B (Belgium) as associate partners.

The HR4Homelessness Project

The main goal of HR4Homelessness is to **support the capacity of services working in the field of homelessness to implement Harm Reduction approaches and strategies.**

People experiencing homelessness who use drugs, including alcohol, lack sufficient access to care and support, and a significant number of organisations in Europe still lack knowledge and tools on how to design, implement and evaluate drug and alcohol use-related support.

To achieve such a goal, from September 2019 to August 2021, the project partners ran a series of analytical activities. **They analysed the current Harm Reduction service provision in partners and other European countries**, including strategies and policies, and identified common characteristics of

service provision and common denominators of successful interventions. This European Report has synthesised the findings - including the results of a European-wide survey of current service provision - and provides a thorough comparative analysis.

Next to these research activities, **capacity building, training and dissemination have been of crucial importance throughout the project.**

On the one hand, the HR4Homelessness project has developed and implemented training for professionals in the field of homelessness. This training can also be useful for professionals in other fields who work with people in homelessness or other marginalised communities.

Furthermore, the project partners organised national dissemination events which promoted further exchange between relevant organisations and greatly contributed to the take-up of the resources developed during the project.

Complementing all of the above activities, HR4Homelessness compiled **a collection of relevant publications in a Resource Hub** - including, among others, scientific literature, practice-oriented guidelines and manuals, as

well as educational videos and advocacy-oriented resources.

In further supporting this know-how approach, the Resource Hub is accompanied by a Good Practice collection, presenting eleven services from across Europe to

further inspire the implementation and improvement of Harm Reduction services. For more information about the project and to access all project outcomes, please visit the [website of the project](#).

Why Harm Reduction? Why Now?

Currently, **a substantial number of programmes which support people experiencing homelessness in Europe require ongoing abstinence in order to receive, or to access, support services, including permanent housing.**

In some cases, this approach is driven by a desire to offer a safe environment for the communities with whom they work. Health and safety protocols are important tools to enable organisations to ensure care and that services are accessible to people experiencing homelessness who use drugs and alcohol. However, **programmes that conflate safety with abstinence risk contributing to the stigmatisation of drug and alcohol users** by rendering them as dangerous. In return, such stereotypes and beliefs of danger often result in **policies and practices that generate barriers to accessing care or in establishing trustful relationships.**

In other cases, abstinence approaches arise as a reflection of a moral lens cast upon drug and alcohol use and people who use drugs or alcohol. Currently, there are many different frameworks for describing or understanding drug and alcohol use and each of them informs the views of why people use drugs and alcohol, what are their associated problems, and what are the best methods or goals in supporting people with problematic drug and alcohol use.

Although abstinence-based strategies should remain available as an option for those who desire, or would benefit from, such an approach, **the obligation of abstinence for accessing basic and lifesaving services contributes to the exclusion of individuals in need of support and negatively affects their social and health outcomes** (for example, by hindering their access to care or aggravating existing health conditions).

When organisations and their staff members promote their preferred model or framework

without allowing for different views, the effect is often disengagement from the service. Ideally, **organisations and their staff members should be able to distinguish between their personal values of a particular model in their own life and the importance of the right of a service user to choose their own model for understanding and managing their drug and alcohol use.**

This distinction is an important principle in a rights-based approach that seeks to support people who use drugs or alcohol.

At the same time, **a significant number of services currently articulate other conditions that, in combination with an abstinence requirement, result in high-threshold access to care and support and difficulties in generating engagement with people who use drugs or alcohol.** Examples of this include complex administrative procedures, location and opening hours of the services, prohibitive care costs, language barriers, physical accessibility for people with reduced mobility, the requirement to provide formal identification, or a lack of gender-affirming approaches, among others.

High-threshold models come with the risk of implementing a “one size fits all” model that does not respond to the complex realities and diverse experiences of people experiencing homelessness who use drugs and alcohol. High-threshold services articulate structures wherein those most in need of help are least able to access it, and where services end up supporting individuals who are able to demonstrate the capacity for

change prior to the conditions and support required to achieve such change. Often, such an approach is experienced as shaming or stigmatising and acts as a barrier to building trust between an individual and a service.

While **evidence for the effectiveness of Harm Reduction exists**, and a growing number of services in Europe, including homeless services, have taken on the Harm Reduction approach as a guiding model in recent years, a substantial number of homeless services in Europe still lack the capacity to effectively implement such strategies.

Research from partner countries in the HR4Homelessness project highlights the need for information about existing successful examples of homelessness services for people who use drugs and alcohol, specific knowledge about substances and patterns of consumption, the different models through which substance use and support for drug users are articulated, as well as tools, methods and strategies that allow for more effective Harm Reduction-based services.

Finally, it needs to be highlighted that mainstream Harm Reduction services that are able to implement Harm Reduction **strategies and approaches generally focus too narrowly on technological or behavioural interventions centering upon individual change and not on systemic change.** This is sometimes referred to as operating within ‘silos’ that separate one

aspect of human experience from another, not giving sufficient attention to the broader social and system-wide issues that contribute to negative health outcomes (e.g. criminalising and/or stigmatising policies, or institutional practices).

This is also true for the **intersecting patterns of exclusion that people experiencing homelessness face**. Focusing on substance use, for example, without also addressing racism, trauma, poverty, physical or neurological diversity, gender identity, expression and sexual characteristics, legal status, sex work activities, or other social

determinants that influence access to, and quality of care, will do little to change a person's circumstances in the long term.

In response, the HR4Homelessness Project aims to support service providers to implement activities that **respect the rights of people experiencing homelessness who use drugs or alcohol which are informed by evidence; advance social justice transformations; respect service user decisions and priorities; and contribute to the elimination of stigma and discrimination of the communities they work for and with.**



THE KEY PRINCIPLES

The Key Principles are an innovative set of tools developed through the HR4Homelessness project. The innovation lies in the capacity of the Key Principles to translate existing experiences and knowledges on Harm Reduction into actionable guidance with which to support homeless services in Europe to respond to the conditions that negatively influence the social and health outcomes of people experiencing homelessness who use drugs or alcohol.

Framework

The Key Principles of Harm Reduction are one of the main outcomes of the HR4Homelessness project. The Principles **aim to contribute to improving and transforming services and policies across Europe that shape access to, and the quality of, care that people experiencing homelessness who use drugs or alcohol receive.**

The Key Principles aim at providing an open, iterative and evolving framework for the improvement of Harm Reduction-based drug and alcohol use related support:

Open | The Key Principles acknowledge the diversity of typologies of homeless services, structures and activities. Also, the Key Principles take into consideration the different needs, contexts (e.g. cultural, legislative, etc.), the unequal access to resources across Europe, and how those influence and condition the services that an organisation offers.

It is for this reason, that the Key Principles are developed as a baseline that allows the development of a multiplicity of implementation strategies and actions once applied to your context.

Iterative | The Key Principles have been developed, tested and evaluated alongside each of the capacity building activities of the HR4Homelessness Project.

Departing from an early model, the Key Principles have shaped the development of the HR4Homelessness Training and Multiplier Events, and, in return, have been influenced and enriched by the experiences and knowledge of their participants all across Europe.

Evolving | The Key Principles understand that services providers need updated and relevant information, such as how the needs of people experiencing homelessness who

use drugs or alcohol evolve over time. Also, the Principles aim to respond to those developments in research, service provision and policy that may take place in the future. The HR4Homelessness partners would like to invite you to consider this document as the most updated version, but never the final one.

To ensure its relevance, the Key Principles will be regularly circulated among different stakeholders, ensuring their feedback will inform a new version of this framework that will replace the document you have in your hands.

How to use this framework?

The Key Principles of Harm Reduction are intended as an **orientation tool based on current best practice, rather than a prescriptive normative set of instructions or typologies of services**. As such, they identify a series of interrelated values, ideas or areas that we invite you to consider in your context as reference points or lenses to articulate the development, implementation and evaluation of Harm Reduction policies and programmes in your organisation.

Each of the following sections of this document will present a Principle in its most general form. This **openness aims to support easier application across services in Europe and to offer space to transform them into context-specific actions that respond to your needs**.

At the same time, the Key Principles are a **navigational tool that allows access to all of the resources generated in the HR4Homelessness project** in a structured form. In this way, you will be able to access

not only the Principles, as such, but also a multiplicity of resources that reflect the diversity of applications of the Key Principles.

Firstly, in each section you will find **examples of concrete actions that you or your organisation may use to incorporate the Principles into your everyday work**. Our intention with these suggestions is to provide you with some entry points to inspire you to develop your own dialogue within the communities in which you work – their values, norms and needs. This dialogue will allow you to foster more effective responses and strategies.

Secondly, for each Principle, you will find **links to relevant sessions of the HR4Homelessness Training**. Each of the presentations will allow you to deepen your knowledge about harm reduction at your own pace whenever you so require.

The content of the training features current harm reduction experiences and knowledge

from professionals across Europe. These include, among others, service providers, community representatives, researchers or activists. Each of them will be able to offer you a different resource: some will present you with conceptual tools or how-to-methods and strategies, both in terms of service development, as well as advocacy and policy-making strategies. Others will share with you the current questions and urgent issues that they are confronted with, inviting you to respond and think along with them.

After this, you will discover [Good Practice](#) examples selected by the HR4Homelessness partnership. We would like to invite you to approach these examples as helpful case studies. **The Good Practice examples will offer you an entry point into understanding how these projects, activities and structures that an organisation has developed are in alignment with Harm Reduction strategies and approaches.**

HR Key Principles I Video

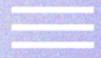
Complementing this document, we would like to invite you to watch [the video that Rights Reporter Foundation](#) has produced. Building upon each of the Principles, the video features interviews with

Each Good Practice is connected to colleagues in the field with more knowledge and experience than we are able to portray in our Collection. For this reason, we have also included the contact details of the organisation in case you would like to reach out to them, collaborate or expand your network.

Lastly, each Principle will also refer you to specific documents in the [HR4Homelessness Resource Centre](#). In here, you will be able to **find complementary [scientific] literature, reports, guidelines or protocols with which to further support your work.**

And, of course, not to forget, if you still require additional information, the partners involved in the HR4Homelessness Project are at your disposal to support you! Contact details are provided on the project website.

professionals in the field of homelessness and harm reduction, with and without lived experience, in which they share with you **the multiple ways in which these Principle may be understood.**



HUMAN RIGHTS

Harm Reduction centres the quality of individual and community life and well-being as the criteria for successful actions and policies.

Harm Reduction calls for non-judgmental, non-stigmatising and non-coercive access to support and care and it is grounded in social justice and human rights.

Examples of Strategies & Actions

- To develop and implement mediation approaches to resolving conflict between service users who use drugs or alcohol and those who do not use such substances.
- To organise training/orientation for all staff to improve cultural competencies.
- To review and update internal policies and procedures to reflect language and service practices that foster connection, dignity, respect and inclusion.
- To create a positive environment that encourages and normalises users to adopt or continue safer drug use practices.
- To inform users of the service about the policies of the organisation. Also, to support them by providing education as to their rights, procedures and policies at play in other health and social systems.
- To advocate for the inclusion of harm reduction approaches and the rights of people who use drugs, fostering and supporting direct participation and representation.
- In cooperation with people with lived experience, to identify current local and national policies and practices which criminalise, stigmatise or discriminate people experiencing homelessness, people who use drugs or alcohol and other communities.

HR4Homelessness Training Modules

[Session 2](#) | A brief history of HR and its relationship to community-led movements – Katrin Schiffer [C-EHRN].

[Session 4](#) | Peer2Peer harm reduction practices. Harm Reduction “From Below” – Tait Mandler [University of Amsterdam].

[Session 4](#) | Meaningful involvement of people who use drugs – Mat Southwell [EuroNPUD].

[Session 6](#) | Advocacy Tools & Methods for Harm Reduction & Homelessness Services – Peter Sarosi [Rights Reporter Foundation].

Good Practice Example

CASO [Portugal] | Homelessness and drug use are strongly related in Portugal with about 80% of people who live in situations of homelessness referring to drug use as the main cause of becoming homeless. CASO has been strongly supporting the involvement of people who have used, or are using, drugs in terms of a meaningful involvement and participation in the definition of drug use-related policies. A detailed description of the service is provided in the [Good Practice Collection](#).

Additional Resources

INPUD (2014) [Drug User Peace Initiative. Violations of the Human Rights of People Who Use Drugs](#)

INPUD (2015) [The Human Rights of, and Demands from, People Who Use Drugs](#)

UNAIDS (2016) [Do No Harm. Health, Human Rights and People Who Use Drugs](#)

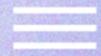
UNAIDS (2019) [Health, Rights and Drugs. Harm Reduction, Decriminalization and Zero Discrimination for People Who Use Drugs](#)

PICUM (2020) [Implementing Case Management Based Alternatives to Detention in Europe](#)

UNDP (2019) [International Guidelines on Human Rights and Drug Policy](#)

FEANTSA (2019) [Homeless Rights are Human Rights](#). European Youth Centre, Budapest

More resources on this principle are provided in the [Resource Centre](#). Among others, you may use the following keywords in the filter option: <human rights>, <history of drug use>.



MEANINGFUL ENGAGEMENT

Harm Reduction engages, involves and supports the leadership of people with lived experience of homelessness and drug or alcohol use in the development, implementation and evaluation of policies, services and programmes that affect them.

Examples of Strategies & Actions

- To include people with lived experience as employees of organisations through a specific regime or bond. Employment practices should build from peer work programmes and/or job descriptions that value lived experience or experience in community responses.
- Together with the peer, to prepare and operationalise a guide regarding risks of relapse or change in the pattern of substance consumption.
- To involve people with lived experience and community-led organisations in the development, implementation, monitoring and evaluation of policy and care provision.
- To collaboratively define a professional and personal development plan building upon the skills and experience of the person with lived experience and to ensure the conditions for professional development.
- To involve people with lived experience in the establishment and maintenance of relationships with other stakeholders.
- To provide peer workers with adequate supervision and support, including administrative supervision, counselling and skills development.
- To procure training for the staff and/or boards on meaningful engagement. Ask people with lived experience to participate.
- To guarantee fair and equitable payment of employees with lived experience. To support participation of service users by providing training, honorariums, travel costs or childcare.
- To hold meetings and consultations in a low-key setting and to communicate regularly with the users of a service about how their input has been implemented into the development of programmes and policies.
- To partner with community-led organisations to foster and support community-led responses that support the development of peer-led initiatives and programmes.

HR4Homelessness Training Modules

[Session 4](#) | Peer2Peer Harm Reduction practices. Harm Reduction “from below” – Tait Mandler [University of Amsterdam].

[Session 4](#) | Meaningful involvement of people who use drugs – Mat Southwell [EuroNPUD].

[Session 4](#) | Good practice example of involvement | Health Team City of Copenhagen – Henrik Thiessen.

[Session 4](#) | Good practice example of involvement | Groundswell – Gerry Rolfe.

Good Practice Example

Saber Comprender [Portugal] | ‘Saber Comprender’ has a strong peer work focus and involves peer workers in the board. Workers with and without lived experience meet weekly to assess service provision and adapt whenever necessary. ‘Saber Comprender’ especially aims at establishing a support relationship with people in homelessness who use drugs who have not yet been supported up by any other services, i.e. the most underserved groups within the drug user communities. A detailed description of the service is provided in the [Good Practice Collection](#).

Additional Resources

INPUD (2008) [Nothing About Us Without Us. Open Society Institute](#)

International HIV/AIDS Alliance (2015) [Good Practice Guide for Employing People Who Use Drugs](#)

ESWA (2021) [Community-led Services & Meaningful Participation.](#)

EuroNPUD (2021) [Peer Works! Webinar Series](#)

Southwell M. (2017) [Starting Drug User Groups. The Craft of Drug User Organising.](#) HOPS

Tackcs I.G. (2020) [Peer2Peer. Reinforcing Peer’s Involvement in Outreach Work \[video\]](#). Drug Reporter.

Tacks I.G. (2020) [Taking Back what is Ours! An Oral History of the Movement of People Who Use Drugs.](#) INPUD, Drug Reporter.

VVAA (2020) [Peer2Peer.Findings & Recommendations.](#) APDES

Groundswell (2018) [Homelessness & Health. Resources to support peer activity.](#)

More resources on this principle are provided in the [Resource Centre](#). Among others, you may use the following keywords in the filter option: <peer involvement>.

≡ PRAGMA- TISM

Harm Reduction accepts that licit and illicit substance use is part of our world and understands that some ways of using drugs or alcohol are non-problematic or safer than others. Harm Reduction accepts that no one will ever achieve “perfect” health behaviours and that health behaviours are influenced by social determinants, community norms and lived experiences.

Examples of Strategies & Action

- To facilitate access to harm reduction, trauma-informed and person-centered support training for all staff and board members.
- To assess the organisational principles and protocols to ensure that abstinence is not prioritised or is assumed to be the goal of the user of the service.
- To implement organisational principles, protocols and practices that provide value and unconditional support to any step forward towards the goals of the user of the service.
- To revise the intake procedures of your organisation and data collection practices, taking into consideration what information may be used to protect the individual; what information may be useful for evaluation, evidence for programme effectiveness, or advocacy activities; and what information might put the individual at risk.
- To develop a clear understanding of the substance use habits of the communities with whom you work. Examples include gaining insight into the kind of substances being used; patterns and methods of consumptions; [lack of] housing situation; other services to which they might have access; current access to drug-using paraphernalia; current practices of paraphernalia disposal; or having an updated overview of overdose cases and their circumstances, among others.
- To provide clear information about safer and hygienic substance use techniques, overdose prevention, safer sex, as well as prevention of blood-borne infections.
- To offer users of the service with training and workshops on self-care, life skills and labour training, as needed.
- To provide staff with tools, methods and strategies with which to support reflection on ethical dilemmas to support decision-making.
- To identify and understand what strategies of care, support and information exist within the community with whom you work and to support their capacity to continue doing so.

HR4Homelessness Training Modules

[Session 3](#) | Overview of Harm Reduction Interventions for Homeless Services in Portugal - Filipe Costa Miranda [Norte Vida].

[Session 3](#) | Drug Consumption Rooms - Jorn Dekker [De Regenboog Groep].

[Session 3](#) | Alcohol Managed Programmes - Marit Postma [De Regenboog Groep].

[Session 3](#) | HIV/HCV Community Testing, Counseling & Treatment – Jonas Demant [Brugernes Akademi].

[Session 3](#) | Outreach, NSP & Mobile Services - Henrik Thiesen [Health Team, Copenhagen]

Good Practice Example

Mainline [Netherlands] | Mainline co-organises Hepatitis C community testing campaigns jointly with social, health and homeless services and ensures follow-up treatment for those who test positive.

For professionals working with people who use drugs and other marginalised and underserved communities, Mainline has recently developed a training manual for the support of people experiencing homelessness with double diagnosis, i.e. people who use substances and have mental health support needs.

A detailed description of the service is provided in the [Good Practice Collection](#).

Additional Resources

Shaw G. & Grund J.P. (2019) [Overdose Prevention – Status Quo & Challenges](#). C-EHRN

Stockwell T. & Pauly B. (2018) [Managed Alcohol Programmes: Is It time for a more radical approach to reduce harms for people experiencing homelessness and alcohol use disorders?](#) Drug & Alcohol Review.

Pleace N. (2016) [Housing First Europe Guide](#). Housing First Guide Europe, & FEANTSA

Thiesen H. (2020) [Safe Live. Instructional Video](#)

KL & Hus Forbi (2020) [Hus Forbi App](#)

VVAA (2021) [Harm Reduction. Pragmatic Strategies for Managing High-risk Behaviours](#). The Guildford Press.

Perez Gayo, R. (2019) [Street Support Project. Tool Box](#). C-EHRN.

EFUS (2020) SOLIDIFY. [Reinforcing Harm Reduction Strategies at Local Level. The Role of Supervised Drug Consumption Rooms](#)

WHO (2017) [Guide to Start and Managing Needle and Syringe Programmes](#)

Minister of Territorial Development (2018) [Outreach Work, Mission Guide and Guide for Evaluation](#)

More resources on this principle are provided in the [Resource Centre](#).



TARGET RISKS & HARMS

Harm Reduction responds to the causes of harmful drug and alcohol use in individuals and the broader community, rather than eliminating such use itself. This includes structural factors that exacerbate vulnerability such as criminalisation, stigma, or violence related to legal status, race, housing status, age, physical and neurological diversity, gender identity and expression, sexual orientation or sexual characteristics and sex work.

Examples of Strategies & Actions

- To develop safer organisation policies, including a site-specific overdose prevention procedure.
- To support the capacity and skills of people with lived experience and community-led organisations to provide peer-to-peer overdose activities (e.g. naloxone training for people who use drugs).
- To ensure that at least one type of overdose prevention service (supervised consumption room, overdose prevention line, emergency services, etc.) should be always available.
- To facilitate access to safer drug use supplies, safer sex supplies and naloxone. If they cannot be offered onsite, to refer users of the service to external service providers that offer harm reduction-related services.
- To ensure that users of the service have an individual safe plan related to their substance use.
- To support access by staff to specialised knowledge on harm reduction, HIV and/or HCV, counseling and/or crises intervention as well as other professional skills in the field of social work, sociology, psychology or medical training, where relevant.
- To train staff and volunteers on intersecting exclusion processes, discrimination, stigma and criminalisation of the people with whom they work (e.g. race, sexual orientation, poverty).
- To support, and participate in, policy and programme initiatives that increase the availability of affordable housing options suitable for permanently rehousing people who use substances or alcohol who are in situations of homelessness.
- To support and facilitate access to sexually transmitted and blood-borne infection testing, treatment and care and to foster and support community-led and community-based testing, treatment and care.

- To support access to mental health and trauma care and support.
- To develop and implement gender-affirming organisational principles, protocols and activities.
- To ensure that the services, activities and practices of the organisation are violence- and trauma-informed.
- To implement administrative support for undocumented people with migratory experience.

HR4Homelessness Training Modules

[Session 2](#) | Harm, Risk & Vulnerability – Roberto Perez Gayo [C-EHRN].

[Session 2](#) | New psychoactive substances – Eliza Kurcevic.

[Session 2](#) | Opioids & Stimulants | Heroin & Cocaine - Jorn Dekker.

[Session 2](#) | 'Party Drugs' – Willem van Aken.

Good Practice Example

Hostel Pannekoekedijk [Netherlands] |

Hostel Pannekoekedijk covers an extensive range of drug use-related services, including consumption rooms for different substances. It collaborates with other national HR service providers while being fully integrated within the regional health and social services of the city of Zwolle. Hostel Pannekoekedijk also addresses the housing problem by providing assisted housing in 27 apartments through

assistance provided by a specialist team. People can stay as long as they wish or need. A detailed description of the service is provided in the [Good Practice Collection](#).

Depaul Dublin [Ireland] | Depaul Dublin provides extensive long-term and permanent housing, the latter based on the Housing First model, alongside dependence-related health, and social support. Depaul particularly supports women and men who have developed alcohol misuse issues and have developed and established a specific Housing First project for these target groups.

A detailed description of the service is provided in the [Good Practice Collection](#).

Additional Resources

Lambert S. & Gill-Emerson G. (2017) [Moving towards trauma informed care](#). Cork Simon, UCC & HSE.

Rigoni R., et al. (2019) [Speed Limits. Harm Reduction for Stimulant Users](#). MAINline Foundation.

NLO (2020) [COVID19 WHO Briefing Paper](#).

Stranz A. (2019) [Individually Tailored Support & Educational Supervised Injection. Training Manual](#). INSERM.

Rhodes T. & Hartnoll R. (eds) (2012) [AIDS, Drugs and Prevention. Perspectives on Individual and Community Action](#). Routledge.

Tackas I.G. (2010) [Take Home Nalaxone. The Right To Survive the Streets](#).

Eurasian Harm Reduction Association (2021). [New Psychoactive Substance Use in Eastern Europe and Central Asia: Regional Report](#).

More resources on this principle are provided in the [Resource Centre](#). Among others, you may use the following keywords in the filter option: <risk behaviour> <mental health>.



PERSON CENTERED

Harm Reduction focuses on responding to the needs, preferences and values of the individual and communities. Harm Reduction understands that there is no universal application of a protocol or messaging and, instead, meets people “where they are at”.

Examples of Strategies & Actions

- To ensure the use of tools, such as individualised case plans, to document and focus on what is important to users of the service rather than what staff see as important.
- To establish a referral network for users of the services with which to ensure a continuum of care and access to necessary health and social support.
- To conduct regular assessments in which the health and social needs of the users are updated. Such assessments include a review of the guidelines and practices used, as well as the identification of barriers to service access.
- To support health literacy with user-friendly information in plain language, translated into relevant languages for users to allow for informed choices.
- To provide gender-affirming services, providing sex- or gender-informed spaces and services that are safe and accessible for women, trans, non-binary and intersex persons.
- To assess and improve existing power relationships between care providers and users, promoting communication, participatory and shared decision-making strategies, accountability processes (when needed) and fostering trust building.

HR4Homelessness Training Modules

[Session 5](#) | Intersectional Frameworks – Roberto Perez Gayo [C-EHRN].

[Session 5](#) | Homelessness, Drug Use & Gender – Aura Roig [Metzineres].

[Session 5](#) | Homelessness, Drug Use & Migration - Ewa Wielgat [De Regenboog Groep].

[Session 5](#) | Homelessness, Drug Use & Sex Work - Billie Stoica [GOSHH].

[Session 5](#) | Homelessness, Drug Use & Physical, Mental Health - Filipe Costa Miranda [Norte Vida].

[Session 4](#) | Peer2Peer Harm Reduction practices. Harm Reduction “from below” – Tait Mandler [University of Amsterdam].

Good Practice Example

Users Academy Copenhagen / Brugernes Akademi [Denmark] | The Users’ Academy is a user and peer-driven organisation aimed at providing both direct support for the drug user community through peer work and also as a national advocacy group. The ‘Hepatitbus’ provides the best available medical testing service for Hepatitis C, including PCR-testing, which is the ultimate test for active Hepatitis C, and also provides fibroscan which tests the severity of this liver disease.

A detailed description of the service is provided in the [Good Practice Collection](#).

Woodstock [Netherlands] | The housing service ‘Woodstock’ responds to the growing need to provide a permanent housing

solution for aging people in situations of homelessness who use drugs. Woodstock focuses on providing a safe living environment while providing HR-based drug use services on-site, including Opioid Substitution Therapy. Drug use is accepted in the tenants’ own rooms and sharing amongst tenants is allowed.

A detailed description of the service is provided in the [Good Practice Collection](#).

Additional Resources

NLO. (2020) [Service Design Checklist & Guidance Document](#).

Rigoni R. (2021) [Harm Reduction Services for Young People Who Use Drugs. Youth Rise, Youth LEAD & Y+](#).

Shirley-Beaven S., et al. (2020) [Women and barriers to harm reduction services: a literature review and initial findings from a qualitative study in Barcelona, Spain](#). Harm Reduction Journal

VVAA (2018) [BETRAD. Better Treatment for Aging Drug Users. Toolbox. C-EHRN](#).

ESWA (2018) [Intersectional Activism Toolkit for Sex Workers and Allies](#)

Chrysalis Drug Project. (2009) [Stay Safe... Working Wise. Safety for Working Women](#).

Kalamitsis G. & Matsioulas K. (2018) [Hepatitis C Testing in the Community. C-EHRN.](#)

Kolla G. (2018) [Recommendations for Building a Harm Reduction & Substance Use Continuum of Care.](#)

More resources on this principle are provided in the [Resource Centre](#). Among others, you may use the following keywords in the filter option: <marginalised communities>, <women>, <older drug users>.



EVIDENCE INFORMED

Harm Reduction promotes services and policies for people who use drugs and alcohol that are firmly rooted in scientific evidence, practical knowledge and lived experience. An important part is to ensure that policies and practices are relevant and effective for the communities they serve. Harm Reduction promotes collaboration and cross-sector partnerships.

Examples of Strategies & Actions

- To establish, or participate in, a harm reduction community of practice to share expertise and best practices. Building upon this structure, to involve partner organisations and people with lived experience in your planning, implementation, monitoring and evaluation activities.
- To implement, or to improve existing, monitoring activities with which to generate evidence of impact and effects of services.
- To support the collection of information with pre-defined indicators. To involve people with lived experience in the definition process of the monitoring and evaluation metrics and indicators.
- To implement regular evaluation activities with which to assess intended and unintended effects of a service.
- To advocate for evidence-informed harm reducing local, national and international policies.
- To support access by staff members to current and relevant information, research, tools and methods with which to support their work.
- To involve service users as experts and key informants in the monitoring and evaluation of services.
- To support the capacity and skills of service providers and people with lived experience to develop community-based and community-led research activities.
- To foster engagement and participation of the broader community and neighbours in supporting and advocating for harm reduction organisations and the communities of people who use drugs.

HR4Homelessness Training Modules

[Session 1](#) | Introduction to the HR4Homelessness Project – Results of the European Assessment – Ruth Kasper [FEANTSA].

[Session 1](#) | Framing & Construction of Homelessness – Wayne Stanley [Simon Communities of Ireland].

[Session 1](#) | Framing & Construction of Drug Users and Drug Use – Roberto Perez Gayo [C-EHRN].

Good Practice Example

Ana Liffey Drug Project [Ireland] | Ana Liffey provides psychosocial and health services to people who actively use drugs. As a Non-Governmental Organisation (NGO) they also have a role to play in supporting the roll out of the National Drug Strategy, “Reducing Harm, Supporting Recovery – a health led response to drug and alcohol use in Ireland 2017-2025”.

Ana Liffey successfully advocated for, and contributed to, legislation that allows for the introduction of supervised injecting facilities in Ireland.

Ana Liffey have also advocated for the establishment of low-threshold residential stabilisation services; and they support the

implementation of the Irish Government’s health led approach to the possession of drugs for personal use, which is a policy choice informed by civil society.

A detailed description of the service is provided in the [Good Practice Collection](#).

Additional Resources

The Global Fund to Fight AIDS, Tuberculosis and Malaria. (2020) [Towards a Common Understanding of Community-based Monitoring and Advocacy](#).

Rigoni R., et al. (2021) [Civil Society Monitoring of Harm Reduction in Europe, 2020. Data Report. C-EHRN](#).

Vander Laenen F., et al. (2018) [Feasibility Study on Drug Consumption Rooms in Belgium](#).

Dillon L., et al. (2020) [Harms & Harm Reduction](#). Health Research Board of Ireland.

EMCDDA. (2017) [Health and Social Responses to Drug Problems: a European Guide](#).

EMCDDA. (2010) [Harm Reduction: Evidence, Impacts & challenges](#).

Pauly B., et al. (2016) [Finding Safety: a pilot study of managed alcohol program participants’ perceptions of housing and quality of life](#). Harm Reduction Journal.

Cremers L. & Eiling E. (2018) [Effective Collaboration in Partnerships for Health and Human Rights](#). Toolkit. University of Amsterdam. AIDS Fonds.

More resources on this principle are provided in the [Resource Centre](#).



ACCOUNT- ABILITY

Harm Reduction aims to minimise not only the negative health and social impacts associated with drug use but also the harms caused by specific drug policies, laws, services and institutional practices. Harm Reduction promotes processes and systems designed to help individuals and groups to be held accountable for their decisions and actions and for whether the work being implemented reflects and embodies the values and principles of social justice.

Examples of Strategies & Actions

- To increase the capacity of staff members with technical skills to support leadership, strategic planning and management capacity, especially in terms of advocacy and strategic partnership building.
- To support staff members with training on policy and political frameworks, drugs and homelessness legislation and policy cycles.
- To build dialogue and trustful relationships with policy makers to advocate for, and support the development and implementation of, structures of participation for civil society in policy making processes, both locally and nationally.
- To guarantee the meaningful involvement of people with lived experience in civil society structures for participation in policy making processes.
- To establish and maintain coalitions with other social and health service providers, Harm Reduction, prevention, treatment and

recovery programmes, as well as with community-led organisations.

- To initiate, or participate in existing, public awareness-raising campaigns by developing context -strategies and advocacy actions.

HR4Homelessness Training Modules

[Session 6](#) | Advocacy Tools & Methods for Harm Reduction & Homelessness Services – Peter Sarosi [Rights Reporter Foundation].

[Session 6](#) | Final Session: Perspectives & Outlook – Roberto Perez Gayo [De Regenboog Groep/C-EHRN]

Good Practice Example

APDES [Portugal] | APDES provides support to people who use legal and illegal psychoactive substances as well as and

alcohol, including sex workers, youth at risk, and marginalised communities, based on a strongly inclusive, non-judgmental and outreach-centred approach. Core to the work of APDES is their peer education methodology which was also acknowledged as a Good Practice example by the WHO.

Next to this, APDES is involved in policy making processes at the national and European Level; it is a member of the European Commission Civil Society Forum on Drugs; and was a partner in the Civil Society Involvement in Drug Policy European Project.

A detailed description of the service is provided in the [Good Practice Collection](#).

Additional Resources

Sarosi P, Fulga V & Keane, M. (2021) [Quality Standards of Civil Society Involvement in Drug Policies](#). CSFD.

VVAA (2018) [Civil Society Involvement in Drug Policy – a Road Map](#). C-EHRN.

FEANTSA & Housing Rights Watch (2020) [Instruments for Advocacy and Strategic Litigation on Housing Rights in Europe. A Handbook for Practitioners and NGOs](#).

NSWP (2018) [Advocacy Tools and Resources Used by Sex Worker-Led Organizations to Combat Violence](#). Bridging the Gaps.

Shinner M., et al. (2013) [The Colour of Injustice: 'Race', drugs and law enforcement in England and Wales](#). StopWatch, Release & LSE's International Drug Policy Unit.

ESWA (2019) [A Brief Guide on Collateral Damages of Anti-Trafficking Laws and Measures on Sex Workers](#).

GATE, ILGA-Europe & TGEU (2021) [Trans Rights are Human Rights. Dismantling misconceptions about gender, gender identity, and the human rights of trans people](#).

More resources on this principle are provided in the [Resource Centre](#). Among others, you may use the following keywords in the filter option: <accountability>.



HR4 TRAINING

The main goal of HR4Homelessness Training is to support the capacity of professionals working in the field of homelessness to implement or to improve the quality of Harm Reduction approaches and strategies in their organizations.

Session 1 | Framing Drug Use & Homelessness

The session welcomes participants to the webinar series, provides an introduction and overview on the HR4Homelessness project and introduces participants to the Key HR principles. Next to this, participants explore the interconnectedness of drug use and homelessness, and are introduced to the main lenses – medical, coercive, moral, psychosocial, harm reduction – through which drugs, drug use and homelessness are framed. The session will support them in understanding how each of these frames shapes our understanding ‘harm’ and the typologies of interventions they articulate and support.

Introduction to the HR4Training - Roberto Perez Gayo [they/them], Correlation - European Harm Reduction Network [NL]

[Introduction to the HR4Homelessness project](#) – Ruth Kasper [she/her] FEANTSA [BEL]

[Framing and Construction of Homelessness](#) – Wayne Stanley [he/him] National Spokesperson for the Simon Communities of Ireland [IR]

[Framing and Construction of Drug Users and Drug Use](#)– Roberto Perez Gayo [they/them], Correlation - European Harm Reduction Network [NL]

Session 2 | Harm, Risk, Vulnerability

The session starts with a brief presentation on the history of Harm Reduction. Participants explore how Harm Reduction has evolved in the past years and how it is interconnected to other areas of work. The need for a balanced drug policy approach, which takes into account public health and human-rights

perspectives is highlighted.

The session gives specific attention to the differences between harms, risks and vulnerability, and offers the participants the opportunity to share their experiences in smaller breakout groups and discuss the practical

implication of the associated harms, risks and vulnerabilities to specific substances.

Introduction - Ruth Kasper [she/her]
FEANTSA [BEL]

[A Brief History of HR and its relationship to community-led movements](#) – Katrin Schiffer [she/her] Network Coordinator, European Harm Reduction Network [NL]

[Harm, Risk & Vulnerability](#) – Roberto Perez Gayo [they/them] European Harm Reduction Network [NL]

Harms, risks and vulnerabilities for specific substances - participants choose 1 of 3 break-out rooms:

[New psychoactive substances \(NPS\)](#) – Eliza Kurcevic [she/her] Senior Project Officer Eurasian Harm Reduction Network [LIT]

[Opioids & Stimulants | Heroin & Cocaine](#) - Jorn Dekker [he/him], Drop-in Center Coordinator & Drugs Consumption Room Coordinator, De Regenboog Groep (NL)

[‘Party Drugs’](#) – Willem van Aken [he/him/they/them], Prevention Worker, Nightlife Settings Outreach & Peer Education, Jellinek [NL]

Session 3 | Harm Reduction Interventions for Homelessness Services

The session provides an overview of different typologies of Harm Reduction services and interventions such as Needle and Syringe Programmes, Drug Consumption Rooms, Outreach Work, Alcohol Managed Programmes etc.- see below. Smaller break-out groups allow participants to focus more in depth on a specific typology.

Introduction - Roberto Perez Gayo [they/them], C-EHRN [NL]

[Overview of HR Interventions for Homeless Services in Portugal](#) - Filipe Costa Miranda [he/him] Director of Services, Norte Vida [PT]

Specific HR interventions- participants choose 1 break-out room:

[Drugs Consumption Rooms](#) - Jorn Dekker [he/him] Drop-in Center Coordinator & Drugs Consumption Room Coordinator, De Regenboog Groep [NL]

[Alcohol Managed Programmes](#) - Marit Postma [she/her] & Kathleen Dekkers [she/her] De Regenboog Groep [NL]

[HIV/HCV Community Testing, Counseling & Treatment](#) - Jonas Demant [he/him], Users Academy [DK]

[Outreach, NSP & Mobile Services](#) - Henrik Thiesen [he/him], MD & Director of the Health Team City of Copenhagen & Sandra

Vieira [she/her], psychologist, outreach team Norte Vida [PT]

Session 4 | Peer Involvement

This session departs from existing peer to peer practices and examines the ways in which people who use drugs & people who experience homelessness navigate the risks associated with substance use and the experience of homelessness. To do so, the session highlights the importance to remove barriers to the care & support practices that people who use drugs already share with their immediate peers and communities.

Building upon this Harm Reduction practices “from below”, participants will be offered models of good practice to support community-led care, and tools with which to upscale the meaningful involvement of peers in service design, implementation and evaluation, as well as research and policy making practices.

Introduction - Roberto Perez Gayo [they/them], C-EHRN [NL]

[Peer2Peer Harm Reduction Practices. Harm Reduction “From Below”](#) - Tait Mandler [they/them] University of Amsterdam [NL]

[Meaningful Involvement of PWUD](#) - Mat Southwell [he/him], Project Coordinator, EuroNPUD [UK]

[Good Practice Example of Involvement #1 + Discussion](#) - Henrik Thiesen [he/him], Director Health Team City of Copenhagen [DK]

[Good Practice Example of Involvement #2 + Discussion](#) - Gerry Rolfe [she/her] Homeless Health Peer Advocacy & Trustee, Groundswell [UK]

Session 5 | Drug Use & Homelessness: Intersectional Frameworks

The session introduces participants to the concept of intersectionality, a lens through which to analyse and understand social inequality. Intersectionality allows us to

design strategies and activities with the capacity to address the multiple and interrelated experiences of exclusion, marginalization, violence and harm that

people who use drugs and people experiencing homelessness face. The break-out groups allow participants to explore in more depth the intersection between drug use, gender identity, expression and sexual orientation, class, and physical and neural diversity, among others.

Introduction - Ruth Kasper [she/her]
FEANTSA [BEL]

[Intersectional Frameworks](#) - Roberto Perez Gayo [they/them], C-EHRN [NL]

[Homelessness, Drug Use & ...](#) -

[Gender](#) - Aura Roig [she/her], Director Meztineres- Women Who Use Drugs Surviving Violences [SP]

[Migration](#) - Ewa Wielgat [she/her] Social Worker, De Regenboog Groep [NL]

[Sex Work](#) - Billie Stoica [they/them] Community Support Worker, GOSHH [IR] & Becky Leacy [she/her] Case Worker & Outreach Manager, SWAI [IR]

[Physical and mental health](#) - Filipe Costa Miranda [he/him], Director of Services Norte Vida & Psychologist [PT]

Session 6 | Drug Use & Homelessness: Social Justice Frameworks

This session provides participants with foundational tools and examples of advocacy actions to support ensuring the autonomy, self-determination and human rights of people who use drugs and people who experience homelessness. Understanding drug use and homelessness through the lens of vulnerability implies broadening our focus beyond individual behaviour and acknowledging how the social determinants of health - marked by inequalities and exclusion - affect people who use drugs and people experiencing homelessness.

Introduction - Roberto Perez Gayo [they/them], C-EHRN [NL]

[Advocacy Tools & Methods for Harm Reduction & Homelessness Services](#) - Peter Sarosi [he/him], Executive Director, Rights Reporter Foundation [HU]

Common Topics of Advocacy [Break-out Groups]

[Final session: Perspectives & Outlook](#) - Roberto Perez Gayo [they/them], C-EHRN [NL]

