The Mental Health Challenges Faced by Harm Reduction Staff

Civil Society Monitoring of
Harm Reduction in Europe **2023**

Correlation
European Harm
Reduction Network

Title
The Mental Health Challenges Faced by Harm Reduction Staff - Civil Society Monitoring of Harm Reduction in Europe, 2023

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Contents

Acronyms

C-EHRN	Correlation – European Harm Reduction Network
CEE	Central and Eastern Europe
COVID	Coronavirus Disease
EU	European Union
FP	Focal Point
ILO	International Labour Organization
WHO	World Health Organization

1

Introduction & Methodology

Introduction

The World Health Organization (WHO) and the International Labour Organization (ILO)[1] have recently released guidelines on mental health at work, and similar European Union (EU) initiatives[2] have pushed for specific policy and strategic guidelines for improving mental health in work settings. This demonstrates the growing recognition for specific support in fostering positive mental health in occupational contexts. The mental health effects of working as a frontline care worker have been brought to light across various different domains in the health and social sciences, particularly since the COVID-19 pandemic[3–5]. The difficulties of emotional labour and burnout are seen in all areas and often lead to high staff turnover[6]. Issues with funding and a lack of resources can exacerbate these problems and put additional pressure on the capacity of service provision, leaving staff feeling overwhelmed and overstretched. This, in turn, can have a detrimental effect on the effectiveness of client treatment or support which may also affect the mental health of staff[7]. Substance use treatment settings have demonstrated heightened burnout and staff turnover compared to other areas of social work[8]. However, research has often focused on drug dependence staff with little attention devoted to harm reduction workers specifically. Recent research has demonstrated disproportionately high rates of traumatic stress[9] and symptoms of psychological disorders[10] amongst cohorts which have included harm reduction workers. Despite these findings, there has been very little research on harm reduction workers as a unique population who are subject to the same emotional and psychological strain as others working in the sector and who may have unique mental health needs and coping mechanisms.

Additionally, the mental health of harm reduction workers is a theme that emerged throughout the data collection for the Correlation - European Harm Reduction Network (C-EHRN) Monitoring report[11] in 2022. Therefore, for 2023, it was decided that a specific chapter should be dedicated to the wellbeing and working environment of harm reduction staff. The aim of the study was to focus specifically on the characteristics of harm reduction workers, the various challenges they encounter in their work and how those challenges affect them and their organisations. Participants were asked to identify coping mechanisms and protective factors for maintaining good mental health at work as well as mechanisms that exist, or are lacking, within their organisation to support the wellbeing of staff. Based on the findings, we suggest a number of recommendations to ensure the promotion of positive mental health amongst harm reduction workers, safeguarding against the development of serious mental health concerns and ultimately contributing to better service provision and client support.

Methodology

The participants in this study are identified as focal points (FPs) within the Correlation – European Harm Reduction Network (C-EHRN), a European civil society network operating in the field of drug use and harm reduction. C-EHRN encompasses a diverse array of contributors, including grassroots and community-based organisations, service providers, drug user organisations, and research entities. Within this network, FPs act as hubs for collecting data and information on a broad range of issues related to harm reduction in the cities they work. FPs are C-EHRN Members and are selected by the C-EHRN Secretariat based on criteria such as proven expertise in the field, a good overview of the local harm reduction context, and relevant experience in national and international cooperation. At the time of the study, the network comprised a total of 314 members, consisting of 176 organisational members and 188 individual members; there were 40 FPs among the organisational members. C-EHRN strives to appoint FPs in at least one city in all European countries. In some countries, no member is available for such a role, whilst in others more than one representative is present, especially when the harm reduction context varies widely across the territory, or if additional thematic expertise is needed at the local/ city level.

To acquire detailed, in-depth information about the mental health of harm reduction staff, qualitative methods of inquiry were applied. All of 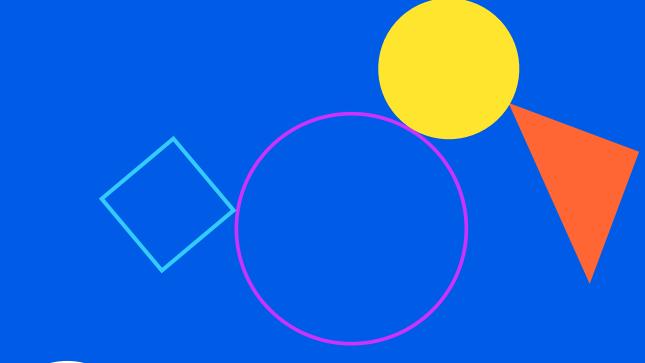the 40 C-EHRN FPs were invited for a semi-structured interview via Zoom. Interviews took place with representatives of 31 FPs (Map 1); most of the FP organisations primarily focus on providing harm reduction services. Additionally, key areas of emphasis among the FPs include advocacy and policy initiatives, as well as training and capacity building. The majority of the study participants work at managerial level within these services but many also had experience of frontline work. Several participants were current frontline workers.

Interviews were conducted in English between March and May 2023 and took, on average, one hour to complete. Where consent was given to do so, interviews were recorded and transcribed using DeScript transcription software. The transcribed data was then coded using Nvivo qualitative data analysis software to look for emerging themes. All participants were invited to review the final manuscript.

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Ljubljana

Sofia

Skopje

Barcelona

Rome

Tirana

Athens & Thessaloniki

Nicosia

● **Participating in 2023**

Map 1: Location of contributing C-EHRN Focal Points

2

Findings

A number of challenges, coping mechanisms and support (or lack thereof) emerged as relevant themes through the data. The findings made clear that harm reduction staff face a number of challenges which contribute to the demanding nature of their work. The importance of interpersonal relationships is evident through the data. These relationships can be complex, with instances of conflict emerging between staff and clients as well as colleagues and external service providers. Ultimately, however, these relationships act as both a coping mechanism and a reason for staff to stay within roles despite facing a range of other challenges and difficult working environments.

Importance of the Topic

The majority of FPs commented on the importance of the topic, noting the lack of existing dialogue on staff mental health and wellbeing both within and outside of their organisations. They welcomed the opening of a discussion on the topic. The dedication of this publication to the mental health of harm reduction workers was enough to begin conversations around mental health within teams, and some FPs noted that they were grateful that it encouraged them to reflect on practices and mechanisms for support that may exist or be lacking for staff within their service.

FP Paris

"…because we basically never talk about this."

FP Warsaw

"And also what I wanted to say is that the mental health of harm reduction workers is like a non-existing issue. It's never there. Or almost never there. No one is really thinking about it because the focus is on clients and on the activities mostly."

FP Berlin

"[this is] a new topic that is a good sign that I think that it's in our field. Mental health issues arrived very late. Maybe it's after COVID 'cause this was really a crisis."

FP Kyiv

"I think mental health [is a] problem, it is [a] real important theme because for now we see this mental health problems among our clients and so we provide some services, but if we will have resources from government in harm reduction programmes to this direction of mental health support […] it'll be easier because we are searching these resources and it is additional work for staff and is not simple."

FP Budapest

"Everybody told [me] that yes, this is a very important issue now and especially in countries where resources are scarce and that organisations are stretched and all [of] these problems we have and so, I think it is a very relevant issue to focus on for the whole network."

Challenges

The results highlighted specific challenges in three areas: system-related challenges; individual and interpersonal challenges; and challenges related to job satisfaction.

——— System Related Challenges

Unsupportive Policy and Political Environment

Largely, the participants felt that the political environment and national and local policies were one of the most influential factors when it comes to challenging the mental health of harm reduction staff. As described later, these trickled down into all areas of service provision and the ability for workers to carry out their duties, thus directly impacting upon the mental health of staff. Restrictive opportunities for funding often leave staff with feelings of being understaffed and underpaid, with a lack of opportunity for job and training development, team bonding and a range of other mechanisms necessary to support staff through their work life. FPs often highlighted the fact that there was a lack of alignment between policies and what is possible in reality or happens in practice. Policies, particularly those related to funding, are often developed without the input of service users or providers and do not reflect the needs of either people who use drugs or services.

This was often also related to complexities in legality, which emerged as a common challenge for harm reduction workers. Being in close proximity to illegal behaviour poses some specific challenges for those working in harm reduction services that those working in many other social or health care services do not have to contend with. The interviews gave evidence to a strong sense of frustration and disillusionment from staff towards their local or national governments in their lack of comprehensive understanding of what organisations and staff need in order to sustain services and continue to provide vital support to clients. In turn, this leads staff to feel a lack of acknowledgement of their own work.

📍 **FP Bern**

"It's in the hands of politics. Because harm reduction workers are everywhere in every country, but depending on the political situation, their working situation changes accordingly. If the political situation is against harm reduction, it makes the work more difficult."

📍 **FP Bălți**

"I think the professional burnout is conditioned also from this social, economic and political environment now happening in Moldova."

📍 **FP Warsaw**

"Are you a part of the system or are you in a way against it, right? It very often seems so like, reducing harms caused by the system, by law, by all this. At the same time, trying to

reduce harms caused by drugs. I wouldn't say these harms are deeper or more severe than the others, but if you have to fight on so many fronts, so many aspects, it's really challenging to keep fighting, basically. [...] In an ideal situation, harm reduction would be not as a contradiction or contrary to existing facilities and programmes that would be just like one of [the] things that are a complete or comprehensive offer. So [it] would be perceived as valuable as addiction treatment or rehabilitation or whatever, not to be outside of the mainstream system. That would definitely make a change because people wouldn't have to deal with this sense of doing work that is not that viable. To feel appreciated and acknowledged [...] it requires such a huge change, not just in law, but basically in this abstinence-based paradigm. And after, when, like thinking about the situation, thinking about this change, this would probably lead to more stable funding and stable money earning and more structured way of work."

Tension with Other Services

Unsupportive political environments can create challenges in the continuum of care for people who use drugs, and a lack of coordination or conflict between the various services used by people who use drugs was noted in almost all interviews. This is exacerbated by the complexity of the needs of people who use drugs, and the diverse range of services they often require. Regularly, FPs noted that clients were rejected from using other services due to their drug use, with homelessness and medical services being noted most often in this context. Often, other services can take a zero-tolerance approach to substance use which is incongruous with the nature of harm reduction. This lack of alignment of services creates tension between the staff working in these services and has a knock-on effect on the staff of harm reduction services who not only have to contend with the tension with other services, but also additional workload and emotional difficulty in witnessing clients being rejected from services they require. There was a sense that staff must become accustomed to dealing with stigmatisation directed towards themselves and clients by these other services, despite prevailing feelings of being drained, powerless and disillusioned by having to do so. When asked what improvements they would make to the working environment to benefit the mental health of their staff, FPs noted that they would like to see less stigmatisation and conflict coming from other services.

📍 **FP Warsaw**

"The biggest challenge is it's very often not possible to address [their] needs and problems. This is the biggest challenge. It's actually not about reaching people or building relationships with them or gaining trust, it's that we cannot really address their needs. We can offer service or help, but there are so many much wider needs which we are not able really to help people with, like homelessness or violence or poor access to treatment. And we can help, but it's very often really difficult or even impossible to get through. The biggest challenge is that the system is so much closed for the clients. [...] The work itself is challenging and, at the same time, you really have to brush through the obstacles, which makes the solution even more challenging."

FP Sofia

"Of course, it'll be in the perfect world, maybe the doctors will be more, more polite. The policeman will be more polite, but we are here. So yeah, this is what it is, and it is part of the picture. And I believe that my colleagues now know it very well."

FP Bratislava

"And also, sometimes they feel hopeless because of the Slovak system of healthcare or social care that actually the linkage to any help or to any care it's zero. So maybe sometimes it's not about that the client doesn't want, or the worker doesn't want to help, But sometimes there are the systematic barriers. Barriers that they cannot be overcome because it's the law. [...] It's frustrating [...] and if the workers are frustrated, I cannot imagine the frustration on the side of the clients."

FP Antwerp

"Also frustration in, we can only do what we can do and we need other organisations, hospitals, psychiatric things, other financial support and our people are not always that welcome in those organisations. So everything comes back to us. That's frustrating. I think that's one of the most frustrating things for workers."

Individual and Interpersonal Challenges

Overall Staff Mental Health

When asked about the overall mental health of their team, FP answers varied. Some felt quite positive about their team's mental health, not finding much difference in comparison to other roles or other sectors. This was despite the fact that almost all FPs highlighted challenges which they felt differed from other areas. Others touched on coping mechanisms or characteristics that allow staff to ensure their own mental wellbeing despite some of the challenges they faced, such as coping, resilience and flexibility, with the focus being on staff's ability to respond to difficult or challenging situations. 'Passion' and 'strength' were commonly mentioned in relation to positive mental health, while 'burnout' and 'stress' were commonly mentioned in relation to negative mental health. The need for both organisations and individuals to be aware of, and on alert for, instances of burnout due to the often challenging nature of the role also emerged across the interviews.

FP Reykjavik

"...overall, there's a lot of strength in the workers. It's strength. It's a group of people who are solution-based. Who are resilient to all kinds of situations. So, there's a lot of qualities. And at the same time, there is also emotional tiredness."

FP Dublin

"If you're on a scale of terrible and excellent. Good. Good to very good. It's not without its challenges and stresses, but then most jobs.... Work is work, right? It's gonna have some stress involved, but this is as I said to you, it's not for everybody, but if it is for you then, and you can cope and manage, then you know it's possible to stay well and healthy as well."

FP London

"I'd say poor, yeah. Poor. I think people are very, it's manifested as angry, I would say most often. And I think that because there's so many new workers, it's sometimes hard to find other people to be angry with at first. If you're surrounded by new starts, you just feel like you're angry by yourself. I would [also] say people are very often feel defeated, again because of the disempowerment relative to the clinical professionals."

FP Tirana

"It's more than 50%. Okay. So, if you put it in a scale from one-to-10, I would say around six. Because I see it [as] good. I see it in a positive way. So yeah, it's not a 10 for sure, because I told you all the other difficulties, the transition part, the processes, and whatsoever, but it's more than half.

Interviewer: And what do you think helps them the most to be at a six rather than a five or four?

Interviewee: The communication between the staff. The thing that they're doing. The fact that they're helping other people. The fact that they're doing the work they want to."

FP Antwerp

"But for me, working in harm reduction is burnout prevention. You have to start with the right mindset when you work in harm reduction."

Some FPs found that there has been a recent increase in staff requesting sick leave, which they felt they could attribute to mental health, officially or unofficially. This highlights that mental health and the need to take time off for mental health may still hold some stigma for staff, feeling more comfortable attributing their absence to physical health illness.

FP Newport

"I was looking at our sickness [register] and [mental health] is the second biggest reason for people to be off sick.[...] I would say in looking at our staff, probably about 30% [...] have a problem with mental health."

FP Vienna

"We have a lot of...what is called day, days off because of sickness. This, the single ones, like one day or two days and then coming back and there is more of these days off due to sickness."

FP London

"[Taking a] mental health day, I would say is a common one. Like once a month, call out sick. That's one of the more advanced techniques you learn. [...] You wouldn't tell your boss, no. You would say, "I have a cold. I'm sick. I don't wanna give anybody COVID."

Ensuring a Work–Life Balance

The ability for staff to switch off and create a work-life balance is a major concern for service providers. Staff must develop a relationship with clients while witnessing the stigma and systemic barriers that they face from other services and the wider social and political environment. Alongside this, there are often cases of violence, illness and death amongst clients. It is clear that there needs to be a balance between passion and dedication to the role, and self-care and burnout prevention. Anecdotes of staff who are contactable 24 hours a day, or do not take holidays or breaks, give evidence to the struggles that they have in separating their job from their personal life. FPs in Bratislava, Reykjavik and Antwerp noted that this ability to separate work and life outside of work becomes even more difficult in managerial positions, feeling a sense of duty towards staff and a need to be available to them at all times. Other FPs have brought policies into their services that prevent staff from being contactable outside of working hours unless in serious crisis situations, in order to ensure a work-life balance. However, the ability to separate work and life goes beyond physically taking time away from service centres or contact points and extends into the ability of staff to mentally disengage from work and focus on their lives without thinking constantly about clients. This is a challenge given the context in which clients are forced to exist in many societies and the often close relationship that is necessary between clients and staff for successful service provision.

FP Warsaw

"It did happen [to one worker] from our team that her involvement in work was so huge and deep that at some point she just didn't have her life. And this is an extreme example, but she got so involved and dedicated to be for people that she just lost track. To keep to mental health, you need to have your life, and real life, not connected with your clients, basically. And she just, she just was accessible 24 hours all the time. If someone called her during the night, needed anything, something, she would pick up the phone and she wanted to help. And that really was a problem. You could say, wow, she's, she was like a warrior worker, right? Always ready, always present, dedicating herself to others. But it got really bad for her. And finally she had to quit because [...] there was not a clear frame where your work ends and when it starts."

FP Sofia

"And I'm trying all the time to ask them to go for holidays, to have a rest from work. But on the other hand, they're very motivated and it is not so easy to send them to have a holiday."

FP Dublin

"Knowing where your role begins and ends. And that can be a problem for people in harm reduction services because sometimes you feel people might feel like it's more of a vocation than a job, but it is a job. And the reason that we put these, there's the legal reasons why you have, number of hours you work and annual leave and all these things, right? But then there's the other reasons, which is to ensure that people mind themselves, and they do have breaks and that kind of thing."

FP Bratislava

"So, we are trying to find the balance. But then there is another thing, and maybe it's not about the hours they work, but actually how many hours they spend thinking about the work."

Navigating Expectations of Change

The relationship between a client and staff member was highlighted as the most important aspect of roles for staff working in harm reduction, yet it was also identified as complex and often nuanced. FPs pointed out that certain staff members, especially those in the early stages of their careers, grapple with reconciling the effort they invest in assisting clients, with disparities arising from the clients' own wishes or ability to change as well as external factors such as resource limitations, challenges with external services, and the influence of policies and politics. As later discussed, the ability to recognise small changes as wins and to contextualise client progression within the grander scheme of things acts as a coping mechanism and reason for staying within roles in harm reduction.

FP Warsaw

"[Workers are] burned out by the circumstances or by the situations or conditions that don't really change. So you are in this standstill, this feeling of being in standstill. They feel that they are losing their energy and ability to really work when they feel that all they can really offer is very limited."

FP Tallinn

"So we see that [new staff] want to save the world, want to save everyone. So it's a good thing, of course, but at the same time, burnout is so easy to come because [...] not everyone wants to be saved. I'm not that important. I can change lives, but not in a way that I thought. And, of course, again, because every person is an expert of their lives, the things that I think that they need, they don't want to take or they don't need it. The feeling of "I gave so much, but he/she didn't go that road". And it's hard to cope with that at first."

FP Skopje

"So it's very hard to work with people who use drugs, to [stay] motivated for something. And put a lot of effort just to finish one thing with them."

FP Newport

"So you could say it's a, it's not defeatist, but it's, there's a great sense of you're changing someone's life around. That's amazing. And I'm not saying you can't do that, but sometimes harm reduction is accepting you might not be able to do that but it's still worth intervening."

Creating Personal Boundaries with Clients

Creating boundaries with clients was noted as a challenging aspect of roles in harm reduction, particularly as many FPs noted that harm reduction is a 'grey area', that there is not a specific rulebook from which staff can draw information about what is right and wrong; often they must quickly assess the situation and rely on their own judgement to make decisions in response to difficult situations. The emotional nature of working with a highly stigmatised group of people who often face systematic discrimination can lead to the creation of blurred boundaries in the relationships between staff and clients. This is especially true for harm reduction services, as they are often the only services accessible to clients, and service providers may be some of the few people clients have the opportunity to interact with on a regular basis. Creating boundaries with clients can also be particularly challenging for those who have previous experience of drug use themselves or through family or friends. Frequently, FPs brought up the complexities of staff encountering clients within their daily life and not knowing how to broach the relationship outside of service settings.

📍 FP Paris

"For example, if the service is located downtown, and professionals live nearby. It's difficult for them to see the users when they're not working, in their personal life. Because the user would yell at them or would say, "Hey, how are you?" And the professional would think, okay, so I'm not working, so how should

I manage this? And sometimes they wouldn't want to think of work [when] they are in their personal life. So, I think the boundaries are not easy to maintain."

📍 FP Ljubljana

"...this is like human nature, I think, to try to push boundaries a little bit and I think as human beings, we usually connect with other people, so it's really hard to still have some boundaries. And that you understand that this is your job and that the drug users understand that you are like only a social worker, that even though we are friendly and we speak a lot about so many things, we are still like...this is my job and you use our services. I think this still has to be, but it's really hard."

These relationships can lead to instances where staff must assess the appropriate way to respond to a particular crisis or an emotionally stressful situation:

📍 FP Warsaw

"With many clients, it's not just, it's much, much more than just, offering services or helping them to access services or treatment. I think it's about the relationship actually, that has to be built on trust. It's not just trust. I will give you an example. So last year we had three women, three clients, and one of them lost her baby, and we went to the funeral with her, to support her in this super dramatic and difficult situation because she was alone, and she was on her own and living in this kind of reality and lack of people like networks and resources. So was it

work or wasn't it work? How, where could we, where can we put it? Like supporting clients when they are burying their, I don't know, friends or children or are [experiencing] violence, which is not really addressed within programmes. It's wider."

The interviews highlighted that harm reduction staff frequently find themselves in situations that they feel extends beyond the responsibilities typically encountered by most social or healthcare professionals, and that knowing how to respond to these situations is not a straightforward endeavour, particularly as budget and resource restrictions can mean that training opportunities are limited.

Coping with a Client's Death

Coping with a client's death emerged as a highly mentally challenging aspect of working in harm reduction, particularly when coupled with the fact that busy services, high client caseloads and overstretched resources mean that staff do not have time to process the death. High rates of client death were attributed not only directly to the risks involved in taking drugs, but also because clients often cannot access other necessary services such as housing and medical facilities. This creates an additional emotional burden for staff who witness the death of individuals that they believe could have been prevented. Due to budget restrictions, many organisations also cannot provide adequate grief counselling opportunities for staff to counteract this, instead often relying on support from colleagues, management or supervision sessions where available.

FP Paris

"It's very difficult for the professional because there are many deaths amongst the users. So, overdose accidents, also complications linked to drug use. Yeah. And it's also linked to the fact that we have a hiring problem. So, you hire new professionals […] and they're not used to those kinds of situations."

FP Reykjavik

"When you are a harm reduction worker, you lose a lot of clients. And what's painful about that, I think that most harm reduction workers can agree on, is that you lose people who didn't have to die. It's just because we don't have the services. Or we have a very, how do you say, like harmful policies. And I think for a lot of harm reduction workers, this can be very challenging."

FP Ljubljana

"No, we [don't have grief counselling]. We just talk between us like between our workers, we talk about the person."

Relationships with Colleagues

The interviews gave evidence to the complex relationship between staff members, and the importance of ensuring a positive team dynamic. This may also be particularly important in light of the fact that staff often experience strained relationships with other external services, and that there is a lack of opportunities for professional networking, again demonstrating the importance of relationship-building in protecting the mental health of staff working in harm reduction. The difficult nature of the work and the range of backgrounds and characteristics of people working in harm reduction can lead to some conflict between staff members. Some FPs noted that there may be some differences in staff who have lived experience of drug use and those who do not. However, the consensus in this regard was that discussing those with lived experience and those without as separate groups would not be possible within the time constraint and broad topics covered within the one-hour interview.

FP Warsaw

"...about the mental health of peer workers. It's a quite different story than talking about the mental health of professionals. So, for that, we would need one hour more to talk about peers [specifically] because this is even more. It's a huge thing to talk about and the way peers are working within teams and with professionals."

FP Dublin

"Communication is always a challenge across teams, across different layers within the organisation, management and frontline staff and such."

FP Bern

"The cohesion of the team is very important. If people don't work well together it can lead to a lot of tension and misunderstandings."

FP Barcelona

"And I think to me it's that the most difficult part is to try to work in a team. [...] I think this is the most stressful part, to take positions, to make opinions, without damag[ing], nobody of the team. For me, it's very stressful in this way. [...] you need to do some things that you are not in agreement with. But it's the decision of the team. And it's complicated."

FP Tallinn

"Boundaries are important, understanding that people are different, of course, but because in our teams in different services, our workers, some of them have their own experience, some of them don't have it. Some are battling some mental or physical health problems, some don't. We have to understand each other. That people are different."

While some FPs felt positively about the fact that a familial relationship developed between colleagues, others felt that staff members could sometimes become too close and that this could cause tension down the line. Again, the theme of establishing personal boundaries and respecting the boundaries of those around you was emphasised. The

interviews also demonstrated that trust between colleagues is hugely important, particularly in situations where resources are scarce and often decisions about their use must be made in difficult or crisis situations.

FP Antwerp

"I think when there are a lot of difficulties within the team, you have to trust each other and you have to trust blindly. And if that's not available, then you have a big issue in the team. Of course, you, in a larger team, you always have people who you love more than the others. But on a professional level, I think trust is basic stuff. And if trust is gone, then it's a big problem. And then you have to act towards it."

FP London

"My sense is the teams that work with the highly vulnerable cohorts tend to develop this [familial relationship] because they're doing a lot of what feels like high stakes crisis management together."

FP Rome

"Some in Italy, I know some groups that are family. Family. That when you are in trouble, your colleague is the first person you talk about, your troubles. It's not always good because all the families have problems. But also, the professional groups, every professional group have problems."

Job Satisfaction and Work Environment

Dissatisfaction with Salary

Across almost all FPs, salary emerged as one of the most prominent challenges in terms of job satisfaction for harm reduction workers. Dissatisfaction with salary was more prominent in FPs located in countries of Central and Eastern Europe (CEE), but was noted as an area of concern in almost all cases (excluding FPs in Antwerp, Krakow, Luxembourg and Vienna). Coupled with the demanding nature of the work, the cost-of-living crisis has exacerbated the difficulties harm reduction staff have in sustainable employment and hinders those who may be suited to the field from entering or staying in roles, elevating stress levels and concerns that go beyond the direct duties of the job.

FP Athens

"They're extremely underpaid."

FP Helsinki

"I think it's underpaid. It always had been."

FP Tallinn

"…for social workers, psychologists, nurses, team leaders, the pay that we are getting is not enough. It's not enough. And you can have your motivation and desire and you can see your purpose in the field, but at some point, you need more money."

FP Newport

"The first, the big problem is obviously the cost-of-living crisis. It's hard that you could be paid probably better at a supermarket than we can afford. Yet, you're working with quite complex needs [of] people. Looking at salaries, it's just horrendous."

FP Bălți

"I think the salary is one of the most important things. Because the salary is low. It's under the medium salary in the economy. That's not enough for the tasks and the responsibility of an outreach worker or of a specialist working in the harm reduction field. Yeah, I think the salaries are the most important. […] But also the socioeconomic situation around the prices that become higher and higher, even for food, for maintaining, for heating in our houses."

In Skopje, at the time of the interview, the situation with funding became so severe that staff salaries could not be paid. They made the decision to continue to work on a voluntary basis once a week in order to prevent complete closure of the service. Other FPs have expressed concerns of similar situations developing in their services. Although demonstrating the dedication harm reduction staff

have to their clients, the strain that this additional burden has on staff morale and wellbeing is evident. Again, the theme of setting boundaries emerged, as staff must contend with making decisions that either affect their own personal lives or are detrimental to service provision and their clients' quality of life.

FP Skopje

"And it wasn't easy to say this, to make this decision, to share this decision with your colleagues and also how that will reflect to all of the community. People need our services and not only needles and syringes exchange, but also services from [a] social worker, medical person, for basic treatment."

FP Bratislava

"Also, the problem is that with some grants, they're limiting us in terms of the salary, for example, that there is like maximum amount per person we can use. And usually, it's really low, so you need to fundraise extra to actually, if you want to give and pay something."

Inadequate salaries that appear to be disproportionate to the work involved in roles in harm reduction have a detrimental effect not only on qualified worker retention rates but also on the job satisfaction and mental health of harm reduction staff, increasing their likelihood of experiencing burnout. FPs reported instances where staff attempt to take on more hours to supplement their salaries. They felt that this leads to increased instances of burnout, stress and other mental and physical health issues and,

again, puts staff in a position where they must make decisions that impact their ability to ensure a good work-life balance. The interviews gave evidence of the negative mental health effects that low salaries have not only on frontline staff, but also on management who feel guilt and frustration at witnessing the dedicated efforts their staff put into work while they are unable to give them the financial security and compensation that they feel is deserved.

FP Warsaw

"...you have to work many hours more to be able to have to earn money that, that is needed."

FP Sofia

"Yeah, the money is important. If I want those people to be good enough and to be empathic and to give their hearts in their job, they need to have some money. They need to have a chance not to think about money and how to pay their bills and how to take care for their children. Unfortunately, this is how it works."

Lack of Job Security

Coupled with low salaries, the majority of FPs highlighted that the workers in their services were on short-term contracts with very little job security. The annual funding model, common in many countries, adds to feelings of instability, leaving workers uncertain about the future and impacting their overall job satisfaction and mental health. Experiences of job instability echo the previously mentioned challenges of navigating political or

organisational instability due to precarious political environments and shifting policy-level priorities and create tension for both staff and services.

FP Milan

"...underpaid with no job security, which is something else that is stressful and a very demanding job to be a street worker or a harm reduction worker."

FP Prague

"I would add the stress from the instability. Financial instability or existential instability because we are based on the year project. If you do your work for 30 years as our drop-in centre is due, then it's not very logical and yeah. The people feel it. Definitely. You don't know what will be next year."

FP Berlin

"...we have a lot of people who have a contract only for a period of time. And, so, they are not sure if this is a long-term job for them and this could be sometimes a challenge."

It is clear that the situation surrounding salaries and contracts for harm reduction staff has a detrimental effect on their job satisfaction, creating insecurities and anxieties and contributing to negative mental health effects. Despite FPs wanting to introduce salary increases and more stable contracts for staff, these factors are often beyond the control of the organisation and change must come from wider policy and governance levels.

Lack of Job Mobility and Professional Development

A lack of job mobility and professional development also emerged as an obstacle for retaining staff within roles. Frontline staff are often not given opportunities to progress within the field of harm reduction, creating feelings of stagnation. Nonetheless, some FPs demonstrated creative ways of allowing staff to develop their professional skills. For example, the FP in Newport described enrolling staff on managerial training courses before new management positions open up, in order to facilitate hiring internally as much as possible. The FP in Paris mentioned the director of one of the services allowing their staff to become involved in a chemsex project which was outside of their usual role. Providing flexibility to allow staff to foster interests in areas outside of their usual role is something that almost all FPs mentioned as having a positive effect on the mental health of staff and was seen as a form of burnout prevention. Additionally, having specific targets and goals within roles fosters a sense of achievement and ambition for staff, benefitting their mental health. However, for many services, overstretched resources can mean that the focus can only be on sustaining the service and supporting clients to the best of their ability.

FP London

"I know some people who also do like healthcare assistant credits while working and like their work are willing to flex their hours for that…but I do think [that] you have to press

for it. I think make some noise to get it. It's not readily presented to you as a training package by your management."

FP Newport

"I think creating a situation where you can create flexibility for individuals, so to play on their strengths."

FP Vienna

"…to have this variety. Like these changes in your duty maybe? Or making a training or a little bit of more focus on this and that, and to have not always the same. It's really important. […] And setting targets that can also be reached is also very important. So, the experience of success is also there."

The Effects of Staff Turnover

Experiences of staff turnover varied across services. For some, the cost-of-living crisis and low salaries have led harm reduction staff to move into higher paying areas of social or health care. Staff turnover has detrimental effects on service provision in many ways. In particular, maintaining a well-trained staff was a huge cause of concern for FPs. A lack of funding and resources means that training opportunities are often minimal. For new staff, this may involve waiting up to a year for specific training that is offered annually. This can lead to situations in which the vast majority of staff within a service may not have accessed training, putting additional pressure on more

senior members of staff and causing tension and additional challenges for all team members.

> **⚲ FP Newport**
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> *"You're losing experience, you're bringing less experienced people into the workforce, that therefore need more support. But actually, you've lost some of those people who provide that support. So yeah, I would say there is a problem of the deskilling of the sector if we're not careful."*

Coping Mechanisms

As well as challenges, FPs were asked questions in relation to coping mechanisms, protective factors and mechanisms for self-care.

——— Self-Care

Answers from FPs varied when asked if they were aware of any specific strategies of self-care used by staff working in their organisation. Common answers included a focus on family and friendships outside of work, physical exercise, hobbies, meditation, mindfulness and breathing exercises. They also included drinking alcohol or taking drugs. One FP noted avoiding watching movies or reading books related to drug use to avoid being overwhelmed. Largely, FPs had difficulties answering the question, highlighting that often staff tend to be in survival mode, focusing their attention and mental resources on the wellbeing of clients, or perhaps that mental health and self-care strategies are not spoken about regularly between staff members. Often, more formal support and resources that encourage and educate staff on dealing with their own mental health are missing due to a lack of funding. Encouraging staff to focus on whatever method of self-care worked best for them outside of work was noted by FPS and that a certain degree of responsibility is on the staff member themselves to monitor their own mental health and notice when they are feeling overwhelmed or burnt out.

> **⚲ FP Bratislava**
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> *"I think that we should focus on mental health. I think we should talk about it more with each other because I think that it's really crucial. If we want to do our job really well, we need to be in a good state, or we need to actually be able to realise that something is going on. And I think this is the problem that sometimes the people, they don't have this reflection. Or they don't have the skills to actually reflect what is actually happening behind or inside of them. And they are understanding it really badly. And then it can create problems in the teams or more with the clients as well, with the relationship. So, I think that this is really important, not just to talk about it, but maybe to actively work on it, educate yourself."*

Developing Personal Relationships with Clients

When asked about the reasons staff stay in the role despite all of these challenges, FP answers ranged from avoiding unemployment, 'madness', 'I ask myself all the time', and 'it's an addiction' to noting a strong desire to help others and make a difference in the world. Often staff members also had personal experiences with drug use, either themselves or within their own circles of family and friends. Overwhelmingly, the opportunity to build a relationship with some of the most marginalised people in society and witnessing even small positive changes in their lives was both a coping mechanism and the reason people remain in roles in harm reduction despite dealing with often adverse working conditions. This is in spite of the fact that relationships with clients were mentioned as a challenging aspect of the role. It appears that although there can be challenging aspects of this relationship, it is rather the challenge of building a relationship with, and attempting to support, someone in the context of a lack of resources, stigmatisation and unsupportive services, policies and politics that creates the biggest burden on staff mental health. It highlights that often a passion for helping others is seen as a prerequisite for entering roles in harm reduction service provision and that somehow this implies that staff must be able to cope with the difficult nature of the job and working with low resources for often very little financial compensation or other benefits in often unsupportive political climates.

FP Reykjavik

"And this is the division between a harm reduction worker and a general worker in healthcare or the social system. The harm reduction worker, he really believes that this matters and harm reduction is the right way to go in this politics of prohibition and criminalisation. And workers build relationships with people who are extremely marginalised in society and have a lot of stigma and prejudice against them. And these relationships are important for both people, both the clients and the workers."

FP Milan

"I think that some people really want to make a little difference in society. And this is one of the ways to make things go in the right way. So not to the politicians who talk to the nation but to be a good street worker that helps people who need support. I think this is the main reason, the good reasons to do difficult jobs because they want to make a difference somehow in society [in a] one-to-one relationship or in a relationship with small groups of people who need help."

Many FPs indicated that awareness of, and belief in, the principals of harm reduction is crucial for people entering the field. The FP in Antwerp noted that bringing awareness to harm reduction within schools or university settings has helped to ensure that those entering the role are knowledgeable about the expectations that they can have for both clients and for the role itself. This awareness has deterred people from entering the field when they do not see themselves as fit for the job, promoting more suitable staff and reducing staff turnover within their service.

Developing Positive Relationships with Colleagues

The relationships between colleagues and ensuring a positive team atmosphere was seen as one of the most important coping mechanisms to ensure positive staff mental health. As noted, the nature of many roles in harm reduction means that staff must work closely together and there is a strong emphasis on trust between team members. Despite noting that there can be complex relationships between colleagues, there was an overall sense of friendship and the ability to discuss mental health within teams that acts as a buffer for the more challenging aspects of the role. Additionally, multiple FPs noted that humour within teams was an important coping mechanism in alleviating the heaviness that can accompany harm reduction work. As mentioned, stigmatisation and conflict between services can mean that staff cannot develop positive relationships with people working in external services, making the relationships between team members all the more important.

📍 **FP Barcelona**

"We work with a lot of joking. Because I think [laughing], it's a cure. With our clients and between the team too. [...] Because I have to trust in my colleague on the right. But also my colleague on the left. This is the only way to pass the days here in a service like ours."

📍 **FP Bratislava**

"Some people have really close relationships with each other. So, if they are going through some hard times, they are sharing it with their colleagues or with other people."

📍 **FP Dublin**

"I think the camaraderie is important too, just to say that, that kinda sense of team, those shared burdens. 'A problem shared is a problem halved'. These analogies are important because they turn out to be true."

Recognising Value

Alongside building relationships with clients and other staff members, having a sense of value and pride in one's work was noted as an important coping mechanism. Despite harm reduction work necessitating that there is no expectation of drastic changes within a client, and the fact that there is often a lot of frustration involved in seeing a lack of cohesion between services and positive changes in policy and the political environment, FPs noted that staff learn to celebrate even the smallest of successes.

FP St. Petersburg

"It seems like they started to value their work more. So, in spite of these adverse outside consequences, you still see that your work bears fruit and that you are helping somebody. And I think it helps them as well. Though it might contradict a bit this notion about not having immediate results. Maybe it's like a paradox, but when you see this outside pressure, you start to value even those results that might seem like [in]substantial more."

FP Tallinn

"People are different. Who we see and feel. Their experiences are also different. But when we see people, drug users just coming in, starting the services. They maybe can be, as I said, more introverted. They don't trust us. They don't speak a lot. They come in, they know what they need and then they go on with their day. But we, when we work, as we work, we talk to them about the weather, we ask questions but accept boundaries if they don't want to talk. If we are working this way and most of us work in harm reduction entirely work like that, at some point we can see, and we have seen, that that person is starting to open up. That person is starting to talk to us also. And listen to us, and we can listen to her or him more and we can see a change. Maybe we can help connect the person with some different services, people and so on. And when they come in and they are smiling and saying that my life has changed maybe just for a little bit, but my life has changed. For me and many, for many of my peers, that's enough to go on."

FP Dublin

"I think people are proud to be harm reduction workers, to [believe] it's an important role and they tell people what they do and people are interested in what they do. And that's important. Having pride in your work is very important. And we'll counter some of that stuff we're talking about cause people who use drugs still feel stigma, do feel shame. And whilst we're trying to empower them and they empower us, what people think of us and our work has to have an impact on, I'm sure, mental health. When we're viewed negatively, it would have an impact."

For many FPs, particularly those from CEE countries where harm reduction services are often viewed in a very negative light, the ability to have a sense of pride in one's work must contend with the stigmatisation towards people who use drugs and service providers by wider society. This is a unique challenge that the majority of staff in other areas of health and social care do not have to deal with and provides a further emotional and psychological burden.

FP Ljubljana

"I think they don't understand the main goal of harm reduction. Because they think that we are promoting drug use, that we are like supporting them in their behaviour and their lifestyle."

FP Warsaw

"I would say it's stigmatised. In the same way as clients of harm reduction. So, working in harm

reduction, you really need to have the sense of value of it. Because otherwise you won't get it from the world outside. You wont get this approval."

📍 **FP Reykjavik**

"And that's the challenge of being a harm reduction worker. It's like you know all the evidence-based implements and services and what needs to be [done] to really assist the people you're working with, but you are working in a society which has a completely different belief system. Yeah. And this is a constant struggle. And it can make harm reduction workers very emotionally tired. It's difficult to know what would be possible if they would only get the treatment they deserve."

Opportunities for Organisational Support

The Importance of Regular Training

Despite being noted as a crucial aspect of being able to sustain a role in harm reduction service provision, opportunities for training varied across FPs. In general, training opportunities were common across most services, but the type and degree of opportunities offered varied. Induction training was most commonly mentioned, and again often relied on informal training from a more senior staff member to a new hire. Some FPs are able to offer a broad training package for new staff which then allows them to feel more confident in their ability to carry out the role. Appropriate and well-developed training packages can alleviate the stress that can come from the aforementioned instability that often accompanies roles in harm reduction while preparing staff for setting up their own boundaries. In turn, this can cause more cohesion between team members and well-functioning service provision.

📍 **FP Reykjavik**

"Harm reduction workers in Iceland, they get good training. For example, in the Reykjavík city and the Red Cross there is an obligation for the workers to go. They have to have a minimum three hours in harm reduction and also trauma informed service. They have a minimum three hours in safe injection. They all have to go to a specialised first aid course. Support overdoses. They have to learn about naloxone. And then there's a lot of other courses, but these are things that each and every worker has to do before they start working. So, they know what they're getting into, how they're supposed to communicate, what are the services they're actually providing."

However, opportunities for training were dependent on the annual budget and, therefore, formal training opportunities are not prioritised for services in

which funding is already constrained and can only cover basic service provision and minimal resources.

> **📍 FP Ljubljana**
>
> *"We have a little bit, but we don't have enough budget usually. Because they usually just finance our programmes, but not like trainings or additional education or something."*

Again, in order to combat this, the FP in Bratislava described fundraising for external funding that could be spent on staff training opportunities specifically. The FP in Skopje explained that despite not being able to organise dedicated training for their team, they instead take advantage of training opportunities offered by external organisations, particularly other civil society organisations, who may have offerings for specific groups, such as entry-level staff. Thus, this demonstrates creative ways of attempting to engage staff within training opportunities despite numerous barriers in terms of funding and policy support. Regardless of the differences in the availability of training opportunities for staff, it is clear that ongoing, comprehensive training is crucial to be able to provide staff with the information and tools they need, not only to enter roles in harm reduction, but to be able to sustain their work and prevent instances of burnout and to promote the continued enthusiasm and passion of staff.

> **📍 FP Antwerp**
>
> *"I think sometimes the staff have to be trained properly in how to guide colleagues, how to support colleagues and also in how to make difficult decisions."*

> **📍 FP Krakow**
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> *"In an ideal situation, maybe organise some training with professionals about how to keep your wellbeing and how to set boundaries. Some training about what you feel in a group and how to improve your mental health."*

> **📍 FP Newport**
>
> *"I think [there needs to be] a greater understanding of mental health. In a sense of, we're a substance misuse agency. Obviously, a lot of people we work with and who work for us have mental health issues. I don't think we understand it sufficiently, really. There's no real training in it, I would say."*

Providing Opportunities for Team Building

Despite noting the importance of the relationship between team members, many services did not have opportunities for team building and often relationships develop on a more informal basis within the daily duties of the role, or colleagues occasionally socialising after work. Reasons for this were largely due to funding and a lack of resources, with some FPs explaining that when it comes down to the choice between spending on resources - such as clean needles for clients - over

team building for staff, supporting clients always comes first. Other FPs, such as in Tallinn, noted that the issue was not about a lack of funding, but rather that the funding specifications prevented spending on team building. Again, organisations explained creative ways around this, developing opportunities for team building that could also be classified as training which, therefore, may allow it to be covered by funding.

> **FP Tallinn**
>
> *"There are different activities that teams do together. To bond, to talk among themselves and to talk not only about the work and our clients. But to talk about just regular things, how's the weather and so on. It's a little bit tricky. How to arrange those different activities and spending time together money-wise. Officially, we are not allowed to spend the government money that is given for us, the funding money to go out ice skating, that we wanna fund. But we have funding for training."*

> **FP St. Petersburg**
>
> *"Yeah, because according to the feedback, people really love and appreciate team building exercises. I think it would be very beneficial to have more of them. At least twice a year."*

FPs who do have the ability to provide team building opportunities for their staff noted the importance of this mechanism of support. Fostering relationships between team members is a crucial mechanism for supporting their mental health and enhancing service provision. Value was seen in being able to come together as a team and show

appreciation for each other's work, again instilling a sense of pride and unity.

> **FP Vienna**
>
> *"In two months, we have a big feast, like the summer feast. This is also [an opportunity] where we can celebrate together, and we hear from the company that [...] they are thankful, and they made it good and stuff. I think that's what we need to focus on more this year. Tell people who are in the harm reduction field it was really important what they did and what they do and to worship them."*

Developing and Fostering Professional Networks

Counteracting the effects of feeling isolated from other services, FPs found that staff being part of a professional network plays a key role in their job satisfaction. Creating a relationship with national and international colleagues is seen as mitigating the effects of stigmatisation and alienation that staff feel from their own local or national societies and services. Often this was described as a specific area for improvement rather than something which is ongoing. FPs felt that this was particularly needed in the context of early-career harm reduction staff or frontline workers who may be excluded from current professional networks aimed at the managerial level. It is clear that creating

opportunities for staff to develop relationships not only with staff within organisations but also with organisations at the national and international levels can alleviate the effects of the mental health challenges that they face.

> **FP Sofia**
>
> *"...and it is very helpful to see how people work and to meet people who are working in the same, in different ways or in the same way, but to have a chance to share your emotions and your vision about the future."*

> **FP Helsinki**
>
> *"And also, the international connections and the people, the meetings. In the beginning, it was so important. Because you are working like enough in the dark hole, with only a couple of your colleagues in small poor NGOs and when you got to meet the international colleagues who became friends right away, because they are same-hearted. Same-minded, like fellows."*

> **FP Rome**
>
> *"Every time we meet in a national meeting, we say to ourselves how good it is. So, I think it works. [...] I think that thinking about people who work in harm reduction as a national community and the European community might help mental health because you know when you say to someone, anybody, 'you are not alone. You're not experiencing this stress, this frustration, this experiencing by yourself. But I also experienced it in the past and oh, now I'm experiencing it.' You are taking care of the mental health of professionals."*

> **FP Budapest**
>
> *"We saw that there was a strong need from the community to organise regular meetings for harm reduction workers [...] I think that's really needed, to create these kinds of spaces where people can open up."*

> **FP Dublin**
>
> *"Obviously, doing things like sending people to training and conferences where we can is important too, to open up the horizons and see that, sometimes, the whole feeling that it's a bigger piece of work than just you and your project."*

Providing Opportunities for Counselling

FPs mentioned that some staff in their organisations go to therapy. Overwhelmingly, there were no specific options for individuals to attend free or subsidised personal therapy sessions. Given the difficult nature of the work and the close proximity to violence, illness and death, it would be expected that the additional emotional burden of harm reduction work suggests that staff will likely need to seek psychological help at some point in their careers. Again, issues in funding mean that services do not have the capacity to offer this support. FPs recognised the irony in giving mental health advice and support to clients when they themselves do

not have the resources to access it. Some FPs noted that the psychotherapist or other mental health professional hired to support clients would unofficially provide sessions with team members to combat a lack of support directly for staff.

📍 **FP Helsinki**

"It appears to me, after all these years, that in the middle of Europe there is no such thing going on as work counselling or clinical supervision or stuff like that. And I was shaking my head that no, are you sure? But still there is no work counselling going on. It has been over here in the Nordic countries for at least, like 20 years, it's a must that you have to have your own personal work counselling or group counselling."

Many FPs did not have specific grief counselling services on offer for staff members, but instead it was something that could be later discussed in team meetings or supervision settings, where available, or more often informally between staff members. The FP in Ljubliana explained that the team gets together to light candles and discuss the client who has passed away in order to process the death. Even for services that do offer grief counselling, there can be limitations to its usefulness.

📍 **FP London**

"Sometimes, there is like a bereavement group that is offered as a one-off and there will be a 'go talk to your manager if you need to take time away' offer. But again, the way it's designed

in practice is most often our clients are all in a community with each other, so when somebody passes away, like there's 3 other people on my caseload that have been deeply impacted, and I'm incredibly worried, or at risk of intentional overdose attempts. And so, you just go into firefight mode for everyone else that was in the community with that person when they died. And so, you don't have time to take up any of the offers. And then two months later, you're walking down the street and something hits you about an outreach spot and you just go into tears, but it's too late and the offer is gone. And like that seems to be the like rhythm of a lot of the sort of crisis work, which is frustrating."

This gives evidence to the importance of developing support that are aimed not only at helping staff members process the difficult nature of their role, but also support that can be implemented in a practical sense and helps individuals at their time of most need. This lack of alignment of policy and what is actually needed in practice has emerged as a recurring theme throughout the interviews.

Regular Supervision and Feedback

Mechanisms for supervision and feedback varied considerably across FPs. Most FPs are able to offer some form of supervision or intervention, whether on a weekly, monthly or ad hoc basis. Some FPs felt that regular, structured sessions were crucial,

while others reported that staff did not feel that they need regular sessions and, instead, would organise them when they feel there is need. Despite this variation, the importance of providing mechanisms for support and feedback was highlighted extensively.

> **⚲ FP Budapest**
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> *"…we still have supervision for staff members. And where there is supervision, that means a lot. So, you can still use that to discuss the problems. If you have a good supervisor, then that can change and help a lot. Although there are things that even the supervisor cannot solve, when you have no funding, for example. But I think that can also make a big difference."*

> **⚲ FP London**
>
> *"We do have what we call those, like clinical supervision. So, we have somebody who we check in with who we can talk through issues with, but it is much more oriented on the, like our caseloads and not like our own, like wellness within the org."*

FPs advised creating spaces for supervision or interventions without management present to allow team members to open-up more about processes within the structure of the organisation. The same was said for creating opportunities for both one-on-one and team supervision, to create the most comfortable environment for staff to talk about their concerns. Largely, FPs noted that staff supervision and intervention sessions mainly focused on issues that they have with clients, and although sometimes there is focus on issues within the

team, there is very little discussion about mental health specifically. Creating an open dialogue, and providing specific opportunities for staff to discuss their mental health, is crucial in order to prevent staff from burnout and further mental health distress.

Creating an Inviting Physical Space

Across the board, FPs identified the physical space of services as something that had a large effect on the mental health of staff and was an area that needed improvement. The majority of service centres are situated in inner city urban areas where space is limited and acquiring more space is an issue even when funding is not.

> **⚲ FP Newport**
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> *"It's about creating beauty in there somewhere, so actually making sure that, where you can, it's nicely decorated. It isn't just looking like a slightly upgraded slum, knowing a space that people will want to be in. But the ideal one is an environment where you feel proud to come into and you feel proud to welcome people into. That's always gonna be, for me, the goal."*

When asked what the ideal working environment looked like for their services, almost all FPs reported needing additional space, not only for service provision but also a dedicated space for staff to be able to take a break away from clients.

This improves the ability of staff to create a boundary with clients where necessary and can also provide space for staff to interact with each other and discuss both work-related and informal processes. Other areas of improvement that were noted included having an outdoor space or garden and safe parking spaces for staff. It is clear that resources often mean that any available space is dedicated to clients rather than staff members. Even in cases where there is a specific space for staff to take breaks, FPs reported that due to workload or understaffing, many staff do not take their full entitled break, instead often staying to ensure other colleagues are not left alone. This again demonstrates that relationships with other team members can often take priority over the focus of staff on their own mental health and wellbeing.

📍 **FP Reykjavik**

"People are working maybe eight, nine, sometimes 12 hour shifts. And if you were in a workplace where you cannot relieve your work, because some of the workplaces are like that, it's essential that they have a room where they can actually just time out, do whatever."

Although acknowledging issues surrounding security, multiple FPs denounced the use of extensive locks and shutters on front doors as they felt that it created a hostile and unwelcoming atmosphere, reminiscent of a prison, which may be triggering for some clients. This demonstrates the sensitivity staff show towards clients, while also attempting to navigate the existence of separation and boundaries between staff and clients.

📍 **FP London**

"Let people freely flow some. Have windows, have walls that are not just white. Have nice art up instead of posters with rules everywhere. I think there's just ways to also humanise the space that you work in so that it doesn't feel like you're there to enforce punishment on people who have done nothing wrong other than be sick and need support."
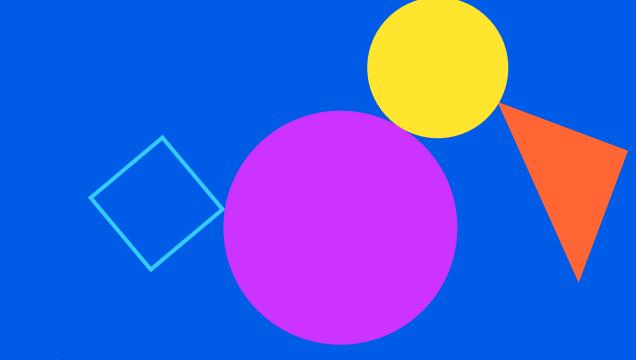
Overall, FPs highlighted that having a sense of value and pride about their space, while allowing space to take breaks, maintain boundaries with clients and develop relationships with other staff has a strong positive impact on their mental health and wellbeing.

3

Conclusions & Recommendations

Conclusions

The interviews revealed the range of challenges faced by harm reduction staff and services and how this affects their mental health. Staff must contend with building relationships with clients and supporting them in ways which may differ from their own preconceived ideas about support and expectations of change. They must also witness client illness and often death while contending with minimal support for their own mental health and wellbeing. Largely, they must deal with more difficult circumstances, yet disproportionately lower salaries than other areas of the social and healthcare sectors. There is a strong sense that the perception of roles in harm reduction as vocational implies that staff should not expect or prioritise higher paying salaries. The primary motivation for entering these roles is seen as the desire to work with, and support, clients rather than financial compensation. Harm reduction staff appear to be constantly forced to navigate a state of equilibrium. Staff must maintain the delicate balance between being passionate and resilient, developing supportive and positive relationships with clients and team members without overstepping boundaries and risking burnout. Meanwhile, services must balance prioritising resources for clients while caring for the mental health and wellbeing of their staff. For many organisations, this also exists within precarious political environments in which the future and sustainability of service provision is uncertain.

It appears that external services continue to demonstrate stigmatisation towards people who use drugs, creating unnecessary additional barriers and constraints to which harm reduction staff must battle on behalf of their clients and services. This leaves harm reduction staff to feel that they are working in silos. Fostering relationships with like-minded professionals at the local, national and international level will help to instil a sense of community which can reduce feelings of isolation and promote the sharing of knowledge, best practices, and mutual support, strengthening the collective effort to combat stigmatisation and improve the wellbeing of clients.

Harm reduction workers volunteering their free time to work in services rather than see them shut down demonstrates the lengths that staff will go to support their clients and is far beyond the scope of what is expected within jobs in most areas. Although it is clear that passion and belief in harm reduction, and wanting to help people who use drugs, are vital elements needed to sustain roles within harm reduction and often it is seen as a vocation or calling; but ultimately, it is still a job and staff should not feel that they are expected to overstep in a way that staff working in other areas would not. They should be given specific, additional support relative to the additional challenges that they face, rather than being largely underfunded, underpaid and overstretched.

Often, harm reduction staff are forced to 'fight fires' caused by unsupportive political environments and a subsequent lack of resources. Staff mental health is something that is often forgotten about, with supporting clients and prioritising the sustainability of services taking the forefront. It is understandable that staff and management in services make decisions to choose additional resources for clients when resources and funding

are scarce, but supporting the mental health of staff is crucial in order to avoid large amounts of staff turnover, deskilling and potentially the eventual closure of services. Although services in the CEE region appear to struggle to sustain services and, therefore, cannot focus specifically on the mental health and wellbeing of staff, their Western European and better funded counterparts still largely demonstrate a lack of comprehensive mental health support packages for their staff. Even in cities in which there is more adequate funding, the specifications for spending this funding often hinders the development of any meaningful or tailored support mechanisms.

The data makes clear that top-level policy and programmatic changes need to take place in order to provide more comprehensive support for harm reduction staff. For the majority of FPs, additional funding for service provision is needed in order for services to come out of survival mode and allow focus on staff mental health and wellbeing. Providing flexibility in the spending of budgets that allows services to tailor funding to the needs of their clients and staff will give opportunities for building staff morale through team building, personal and team skills development and training, professional networking and creating welcoming spaces as well as the ability to respond appropriately in times of crisis when staff need additional psychological support.

Recommendations

For Policy Makers

Increase Funding

Allocating sufficient funding is crucial not only to sustain harm reduction services but in order for services to be able to provide support for the mental health of staff.

Service-Led Funding Specifications

Specifications for the spending of funds should be developed by the services themselves as they understand not only the nuances and needs of working with people who use drugs, but also the entire holistic approach necessary to ensure client, staff and service success within local contexts.

Community Advocacy

Initiatives to advocate for people who use drugs and harm reduction service providers directed towards local communities and societies in order to combat stigmatisation.

Promote Service Cohesion

Educating other service providers on a harm reduction approach and allowing them to develop policies that are inclusive of people who use drugs will allow much more cohesive access to care for clients and take unnecessary

emotional burden and workload off staff, building capacity in other areas of service provision.

Curriculum Development

care and other healthcare curricula will allow students to make informed decisions on whether they want to enter the field. It will also help in building a better understanding of harm reduction among professionals that may partner up with harm reduction services in the future.

Developing Professional Networks

international professional networks, particularly those who are in early stages of their careers and frontline workers, will foster relationships between staff members while contributing to the sharing of knowledge, best practices and research collaborations.

For Organisations

Professional Development

Creating opportunities for professional development for harm reduction staff and allowing them to explore other roles within and outside of the organisation.

Establishing Performance Goals

Organisations should set clear targets and performance indicators for employees to allow them a comprehensive understanding of the duties and tasks expected of them, while promoting motivation and a sense of achievement and pride of work undertaken by staff.

Regular Supervision

Implement a structured system of regular supervision sessions for harm reduction workers. These sessions can serve as a safe space for discussing challenging cases, managing emotions, and receiving guidance and should take place without the attendance of management. They should also allow space for structured mechanisms of feedback.

Wellbeing Strategy

Develop a wellbeing strategy and programme that focuses on stress management, mindfulness, and self-care strategies. Offer workshops, training sessions, or access to resources that promote mental and emotional well-being. Such programmes can help staff to cope with the demands of their roles.

Welcoming Space

Create physical working spaces that encourage clients and staff to feel welcome and have a sense of pride in their environment. This can be developed with staff members but should include the creation of inviting spaces that prevent unnecessary separation and division between staff and clients in service centres.

Dedicated Staff Space

Create a separate space for staff to take breaks and switch off from work duties while also allowing social interaction and relationship building between staff members.

Mental Health Education

Staff should be educated on early warning signs of burnout or other mental health difficulties. They should be given a toolkit and suite of resources for identifying and expressing these issues and specific time to focus on their own best methods of self-care. This could take the form of a mental health day or volunteering allowance to foster their involvement in activities external to the working environment.

Creating Safe and Open Spaces

Organisations should proactively establish and maintain safe and open spaces where staff feel encouraged to speak about their mental health. The organisation's culture should provide resources that combat the stigmatisation of mental health concerns and create an open dialogue that fosters positive mental health.

For Staff

Mental Health Education

Staff should ensure that they keep up-to-date on the latest mental health knowledge and take advantage of resources available to them. They should self-reflect on the most suitable methods of self-care and coping mechanisms, adapting and evolving these strategies as needed to effectively manage stress, prevent burnout, and maintain their mental wellbeing. This commitment to ongoing self-improvement and self-awareness not only benefits individual staff members but also strengthens the overall resilience and support network within the organisation.

Collective Responsibility

Staff have a duty to speak up when they have an additional emotional burden, whether that be within or outside of work. They should participate in open dialogue with other team members, engage in internal or external support and feedback mechanisms and encourage other staff to do the same, creating an environment of mutual support, trust and wellbeing.

Ensuring Work-Life Balance

Staff should ensure that they are consistently monitoring their work-life balance and should not overly prioritise work or clients at the expense of their own personal life.

Boundary Setting

Staff should strive to establish clear and healthy boundaries with clients, other team members and their job.

For Future Research

Quantitative Approach

To supplement this report, future research should take a quantitative approach to examining the mental health of harm reduction workers, allowing a more well-rounded understanding.

Specific Focus
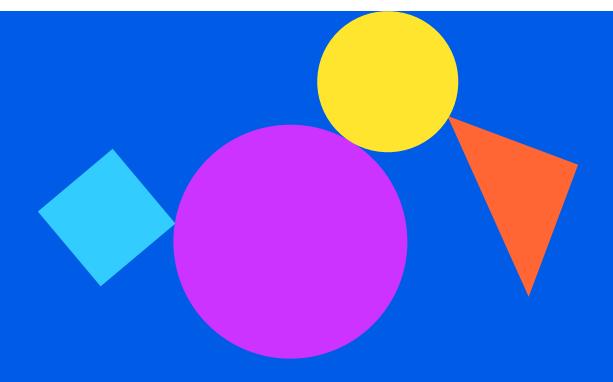
This preliminary research focused on the mental health of harm reduction staff and related challenges from a broad perspective. There is an opportunity for future research to focus on one of the challenges more specifically to get a better in-depth understanding. Similarly, research focusing on one or more coping mechanisms would contribute to a better understanding of the topic.

Case Studies

Examining the topic at the local level will give a better understanding of how the political environment, stigmatisation and resource allocation influences the mental health of harm reduction workers and gives the opportunity for comparison across different geographic regions.

Best Practices

Developing a comprehensive suite of best practices is critical to inform policy-making and organisational strategies. This suite should encompass evidence-based strategies, interventions, and organisational policies that effectively support and safeguard the mental wellbeing of harm reduction staff.

References

1. World Health Organization, International Labour Organization. (2022). Mental health at work: policy brief. Geneva; WHO/ILO. **https://www.who.int/publications/i/item/9789240057944**

2. European Commission, Directorate-General for Health and Food Safety. (2023). A new EU approach to mental health. Publications Office of the European Union. **https://data.europa.eu/doi/10.2875/654952**

3. Sritharan, J., Jegathesan, T., Vimaleswaran, D., Sritharan, A. (2020). Mental Health Concerns of Frontline Workers During the COVID-19 Pandemic: A Scoping Review. Global Journal of Health Science, 12(11), 89. **https://doi.org/10.5539/gjhs.v12n11p89**

4. Lemieux-Cumberlege, A., Taylor, E. P. (2019). An exploratory study on the factors affecting the mental health and well-being of frontline workers in homeless services. Health & Social Care in the Community, 27(4), e367–e378. **https://doi.org/10.1111/hsc.12738**

5. Yang, S., Meredith, P., Khan, A. (2015). Stress and burnout among healthcare professionals working in a mental health setting in Singapore. Asian Journal of Psychiatry, 15, 15–20. **https://doi.org/10.1016/j.ajp.2015.04.005**

6. Willard-Grace, R., Knox, M., Huang, B., Hammer, H., Kivlahan, C., Grumbach, K. (2019). Burnout and Health Care Workforce Turnover. The Annals of Family Medicine, 17(1), 36–41. **https://doi.org/10.1370/afm.2338**

7. Young, S. (2015). Understanding Substance Abuse Counselor Turnover Due to Burnout: A Theoretical Perspective. Journal of Human Behavior in the Social Environment, 25(6), 675–686. **https://doi.org/10.1080/10911359.2015.1013658**

8. Oser, C. B., Biebel, E. P., Pullen, E., Harp, K. L. H. (2013). Causes, Consequences, and Prevention of Burnout Among Substance Abuse Treatment Counselors: A Rural Versus Urban Comparison. Journal of Psychoactive Drugs, 45(1), 17–27. **https://doi.org/10.1080/02791072.2013.763558**

9. Waegemakers Schiff, J., Lane, A. M. (2019). PTSD Symptoms, Vicarious Traumatization, and Burnout in Front Line Workers in the Homeless Sector. Community Mental Health Journal, 55(3), 454–462. **https://doi.org/10.1007/s10597-018-00364-7**

10. Kolla, G., & Strike, C. (2019). 'It's too much, I'm getting really tired of it': Overdose response and structural vulnerabilities among harm reduction workers in community settings. International Journal of Drug Policy, 74, 127–135. **https://doi.org/10.1016/j.drugpo.2019.09.012**

11. Rigoni, R; Jeziorska, I.; Tammi, T.; van der Gouwe, D. (2023). Civil Society Monitoring of Harm Reduction in Europe, 2022. Data Report. Amsterdam; Correlation – European Harm Reduction Network. **https://www.correlation-net.org/wp-content/uploads/2023/02/230220_Civil-Society-Monitoring_Final-Draft-4.pdf**

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