The Relevance of Networks for Risk Reduction, Harm Minimisation, and the Protecting the Right to Health for People Who Use Drugs

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Abstract

Risk Reduction and Harm Minimisation (RRHM) is an evidence-informed approach rooted in human rights and social justice, aimed at mitigating the health, social, and economic harms associated with drug use and related policies. For over 30 years, RRHM strategies in health have gained recognition and institutional support across Europe, particularly in Portugal. Nevertheless, persistent challenges—including limited accessibility to healthcare services, stigma, and underfunding—highlight the ongoing need for strengthened and sustained collaborative efforts. This paper reflects on the vital role of multidimensional, interdisciplinary, and ethically grounded networks in safeguarding the right to health by identifying gaps in current programmes, enhancing the effectiveness of RRHM policies, and ensuring the meaningful inclusion of people who use drugs in decision-making processes and actions.

Keywords: Risk Reduction, Harm Minimisation, Drug Policy, Health Equity, Peer Involvement, Networks, Human Rights, Public Health

Content

Risk Reduction and Harm Minimisation (RRHM) constitutes a public health and social intervention framework informed by scientific evidence, principles of justice, and a human rights-based approach. It seeks to mitigate the health-related, social, and economic harms linked to drug use and related policies, with impact at the individual, community, and societal levels. [1] This framework is operationalised through the implementation of integrated policies, programs, targeted measures, and practical actions that support the identification of risk factors, the prevention of harm, and the mitigation of adverse outcomes. [2,3,4,5]

Across Europe, national strategies have increasingly incorporated RRHM principles, with particular focus on reducing drug-related mortality and infectious disease transmission. Portugal is internationally recognised for adopting RRHM measures within its decriminalisation framework, integrating these into legislation and public health programs. [1,6] Current RRHM strategies include a wide range of interventions: opioid agonist treatment, overdose prevention, drug checking, supervised consumption

facilities, needle and syringe programmes, safer smoking kits, community naloxone distribution, and access to testing and treatment for HIV and hepatitis. These are supported by European policies and directives, such as those coordinated by the European Union Drugs Agency. [1,2] In Portugal, Decree-Law No. 183/2001 formally recognises RRHM and provides the legal framework for service provision since 2001, reflecting a national commitment to health-based responses to drug use. [6]

Despite this progress, multiple reports and campaigns, including the EU Drug Policy Campaign 2025 led by *European Network of People who Use Drugs (EuroNPUD)* e a *Correlation – European Harm Reduction Network*, report persistent disparities in service access and political will, along with stigma and marginalisation of people who use drugs, that unable the full realisation of the right to health. [7,8] Furthermore, these organisations underline key concerns, such as:

- Inadequate accessibility of RRHM services for marginalised groups;
- Failure of current policies to improve public safety, leading to worsening health indicators and deeper stigma;
- An urgent need for human rights-centred reforms that guarantee the direct participation of people who use drugs in risk identification and in the design and planning of HRRM interventions affecting their lives and communities;
- Chronic underfunding of harm reduction at national and international levels.

Collaborative networks as Strategic Platforms for RRHM

The emergence of collaborative networks involving multiple dimensions and stakeholders represents a powerful mechanism for advocacy, policy innovation, service delivery, and—above all—for ensuring effective responses to unmet needs identified and reported by people who use drugs, particularly in relation to RRHM and the protection of their right to health. Moreover, intervention strategies targeting specific health and social needs must be interconnected and designed to be integrated, flexible, and collaborative. These responses should be grounded in shared values and common goals, and defined in accordance with individuals lived realities and contextual circumstances. [7,8]

These networks can be grouped as follows:

- **Peer-led Networks:** Comprising people who use drugs, their families, and communities, these networks play a critical role in identifying risks, advocating for rights, and co-designing interventions that are culturally appropriate, accessible,

and grounded in lived experience. Examples include *CASO*, *Metzineres*, and *EuroNPUD*.[7,9,10]

- **Professional and Academic Networks:** These encompass healthcare providers, social workers, and researchers who deliver services, contribute to the technical and methodological design of interventions, and generate community-based evidence. Their collaboration fosters innovation and enhances responsiveness to emerging health and social challenges. Examples: Clinical Research Programs Targeting People Who Use Drugs.

- **Institutional and Policy Networks:** Including governmental bodies, policymakers, and monitoring agencies such as *EUDA*, these networks are responsible for shaping public policies, allocating resources, and assessing impact. Their integration into multi-actor networks helps ensure that practice informs policy, and that human rights and public health goals are upheld. [1]

- **Multidisciplinary Networks:** These networks bridge diverse sectors and disciplines, supporting the development of ethical and evidence-informed strategies. They promote **coordinated**, person-centred responses that reflect the complex realities of target populations. Notable examples include the *Correlation Network* and *R3*. [4,11]

Key benefits of networked collaboration in RRHM and the protection of the right to health of people who use drugs, include:

- **Improved identification of risks and specific needs** of diverse groups within people who use drugs, across the life course (e.g., youth, women, incarcerated individuals, and migrants), enabling *rights-based, evidence-informed* and tailored RRHM interventions aligned with individuals' realities.

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- **Increased resource sharing and coordination**, enhancing the scope and impact of public awareness campaigns and advocacy actions—such as the *EU Drug Policy Campaign 2025: A Call to Invest in a European Health-Based Drug Policy*. [2,8]

- **Greater efficiency and reduced resource waste**, achieved through the structured and integrated programs based on shared experiences, scientific knowledge, and data derived from clinical research and protocols tailored to this population.

- **Enhanced innovation and diversification of strategies** addressing emerging health challenges:
    - New pharmacological treatments for HIV, HCV and other health conditions;
    - Prenatal monitoring and parenting support for women who use drugs;
    - Alternative treatments for treatment-resistant substance use disorders;
    - Updated community-based naloxone distribution protocols to reach all at risk.

Despite these benefits, participation in networks may also pose challenges, including increased workload and coordination demands, particularly for organisations with limited resources; risks of co-optation by actors with conflicting agendas (e.g., lobbying groups or funders whose objectives may not align with the network's values); and the need to ensure democratic governance and transparent decision-making processes within the networks.

Conclusion

Networks are strategic and essential spaces for collective reflection and action aimed at safeguarding human rights—particularly the right to health—and improving the well-being of people who use drugs, both locally and globally. Multidimensional, interdisciplinary, and ethically grounded, these networks play a vital role in understanding the specific needs of individuals. They are instrumental in the design, implementation, and evaluation of harm reduction and risk minimisation (HRRM) programmes that close existing gaps, ensure equitable and effective access to healthcare and innovation, and build resilience against emerging risks, without compromising individuals' rights, lives, or well-being.

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