## Civil society organisations as health and social care providers: Overview of challenges and needs of harm reduction services in European cities.

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Abstract: Background. Co-production involving non-governmental actors has been an increasingly widespread mode of delivering health and social services in Europe. This is also true for harm reduction services targeting people who use drugs. However, due to the character of the harm reduction approach to addressing drug use, which focuses on assistance rather than social work and changing clients' lives, organisations delivering such services seem to experience a particular set of challenges in their work. Aim. The goal this study was to gain insight into several crucial aspects of harm reduction services operation. This exploratory study focuses on the challenges and needs of harm reduction services. It aims to complement existing data collected by the governments and the European Monitoring Centre for Drugs and Drug Addiction, support advocacy efforts, and inform policymaking.

Methods. This exploratory study involved data collection through an online survey disseminated in spring 2022 among C-EHRN Focal Points, which brought 31 responses. In addition, semi-structured interviews were conducted in June-July 2022 with representatives of 25 focal points to gain a more in-depth insight into harm reduction services in their respective cities. The online interviews lasted for approximately 60 minutes on average. They included main themes of needs of people who use drugs, cooperation of harm reduction services with other services in the drug field and outside the drug field, well-being of the harm reduction services' staff, and focal points' experiences in monitoring and evaluation activities. The interview data were analysed using MaxQDA software.

Results. There is a range of challenges and needs that can be identified at micro-, meso- and macro levels. Concerning the micro, individual/organisational level, the challenges and needs relate mainly to services staff. They include precarious working conditions, overworking and burnout, insufficient training, lack of recognition, and staff shortage. An additional burden has been caused by the Covid-19 pandemic, which still impacts the well-being of the services' staff. At the meso level of the local community and other institutions, focal points highlighted the need for extensive community work and the lack of capacity in other services, which affects cooperation with them. Stigma has also been emphasised as a factor affecting harm reduction work. At the macro level, scarce and precarious funding, instability, lack of integrated, person-centred care models and general marginalisation of harm reduction approach were mentioned as key challenges. Conclusion. Based on data obtained directly from service providers working on the ground, this exploratory study allowed for the identification of a range of needs and challenges faced by harm reduction services in Europe. The data shows that these challenges are unique in delivering health and social care. Some of these challenges (e.g., instability, precarious funding) are characteristic of civil society organisations in general, but others (e.g., stigma affecting service delivery) result from work with a marginalised population that is not perceived positively in society. Further research would be interesting, comparing the challenges identified here with those experienced by more 'mainstream' health and social services targeting the general population.