Nobody left behind: The need for harm reduction and recovery services across the continuum of care

UISCE, Advance and Merchants Quay Ireland

POSITION PAPER

9th of October 2026

ADVANCE

UISCE
Advocacy for People who use Drugs

MQI
Merchants Quay Ireland
Homeless & Drugs Services

Nobody left behind: The need for harm reduction and recovery services across the continuum of care

9th of October 2026

What is harm reduction?

Harm Reduction International defines harm reduction as "policies, programmes and practices that aim to minimise the negative health, social and legal impacts associated with drug use, drug policies and drug laws" (1). It is both a public health approach and a social justice movement- with many of the interventions being developed and deployed by people who use drugs to keep their community safe. Harm reduction strategies have been proven effective at reducing overdoses and rates of infectious disease, such as HIV or Hepatitis C (2–4). Harm reduction spaces, such as drop-in centres or consumption spaces, can help to build trust among marginalised groups, create intervention opportunities, and connect people to resources outside of their drug use, such as housing or mental health care (5,6). At the heart of harm reduction is offering care with dignity and respect for people, no matter their substance use and is critical to a human rights approach to drug policy (7).

Examples of harm reduction for substance use include:

- Reduced overdose deaths through safe/supervised consumption or injection facilities. These spaces offer medical supervision and supports for people to use drugs in a safe location with trained health professionals.
    - *The Medically Supervised Injection Facility (MSIF) ran by Merchants Quay Ireland has reported 22,000 attendances and intervened in 380 non-fatal overdoses from when it opened in December 2024 through the end of May 2026 (8).*
- Syringe service programmes distributing sterile equipment.
    - *Organisations such as Advance in Ballyfermot, JADD in Tallaght, BRACE in Ballymun, Ana Liffey Drug Project and Merchants Quay Ireland have distributed clean equipment for decades, preventing the transmission of diseases such as HIV and Hepatitis C.*
- Overdose education and naloxone distribution.
    - *In 2025, 4,571 naloxone provisions were made, and 417 administrations were documented by the Health Service Executive (HSE) and partner services (9).*

In June 2026, the Joint Committee on Drugs Use released their final report, which aimed to consider the recommendations from the Citizens' Assembly on Drugs Use. In this report, the Committee calls for an integrated, person-centred, and health-led approach to drugs policy that prioritises both harm reduction and recovery approaches. The Committee acknowledges that recovery exists on a spectrum and is inclusive of harm reduction. The report recommends harm reduction approaches, such as over-the-counter naloxone, drug-checking, low-threshold treatment options, expanded buprenorphine access, and fixed or mobile safe consumption spaces (10). It is vital that the continuum of care for substance use remains inclusive of harm reduction, however, challenges are emerging on the global stage.

Challenges facing harm reduction

While Europe has long been considered a leader in harm reduction, the current political climate and public perceptions of harm reduction are cause for concern (11). Examples of politicisation of harm reduction can be seen across the global stage. In Hungary, there are zero-tolerance stance and political attacks against harm reduction (12). In the United States, the Trump administration pulled financial support for harm reduction through grants issued by the Substance Abuse and Mental Health Services Administration by executive order (13).

Even areas that were once considered frontrunners in harm reduction, such as Rome, Italy, have faced budget cuts and lack of political support that are impacting the availability of services (14). While Scotland includes harm reduction as one of four, interconnected, key areas of their Alcohol & Drugs Strategic Plan for 2026 – 2035 (15), hesitation against harm reduction remains circulated in some media outlets, with some questioning the efficacy of harm reduction (16) and calling for a greater focus on recovery (17). While we believe recovery services are equally as deserving of funding as harm reduction, these claims against the benefits of harm reduction have no evidence base and are troubling.

Consequences of deprioritising harm reduction

In areas where harm reduction policies have been de-prioritised or rolled back, serious health consequences have occurred. According to frontline workers in Canada, there was an increase in overdoses following the closure of safe consumption spaces in Toronto (18). Syringe service programmes experienced shortages and closures in Maine, USA, which is believed by public health experts and local advocates to have contributed to the largest HIV outbreak in the state's history (19). Research from Sweden found that in a region with low access to or

slow development of harm reduction, people who used drugs experienced feelings of exclusion in society and internalised stigma (20). Within the Irish context, delays and barriers to harm reduction policy implementation were found to impact the deployment of makeshift safety responses by people who use drugs, that are at times dangerous, and the compounding of inequalities they experience (21).

With this concerning trend in mind, UISCE, Advance, and Merchants Quay Ireland urges policymakers to consider how to best support Ireland's harm reduction progress and realise this service is not at odds with recovery. Both aspects of the continuum of care are important for the wellbeing of people who use drugs.

Recovery and Harm Reduction

At UISCE, Advance, and Merchants Quay Ireland, we do not believe that harm reduction and recovery are conflicting priorities. Rather, we see both approaches to substance use as important for a comprehensive continuum of care. Aspects of harm reduction can be integrated into recovery services, and harm reduction services can serve as a pathway to recovery. Academics who are recovery oriented have noted the important first step in initiating recovery is to prevent immediate harm, in line with harm reduction efforts (22). Harm reduction interventions offer a range of health benefits as outlined in the introduction, and it can also serve as a connector to recovery for those who are interested, with people who use syringe services programmes or safe consumption spaces more likely to seek treatment than those who do not use these services (2,23). Recovery is not a defining aspect of harm reduction, but it is important to understand the relationship between the two approaches. While harm reduction and recovery are closely connected, harm reduction must not be viewed primarily as a pathway towards recovery or given a lesser place within drug policy. It is an essential response in its own right and must remain a distinct, adequately resourced and prioritised within National Drugs Strategies and any human-rights-based approach to drug policy

It is important to understand that with recovery comes the risk of return to use, often referred to as relapse. Similar to other chronic conditions such as asthma or hypertension, approximately 40-60% of people with a substance use disorder will experience a reoccurrence of their condition, putting them at risk of overdose when they return to drug use

(24). Harm reduction protects health, dignity and rights regardless of whether a person wants treatment but given the high probability of return to use or relapse, harm reduction can also offer important tools for those who are recovery minded. Furthermore, the concept of recovery is something that can hold different meanings for each individual engaging in the recovery process. For some, recovery may not involve complete abstinence from all substances and harm reduction may be key in their recovery journey. Beyond this, there are some who would not subscribe to the recovery model at all, and access to care regardless of substance use as a matter of human rights. With this in mind, harm reduction can serve as a key support to recovery; however, solely funding recovery efforts will not support harm reduction and leave people's health at risk.

Harm reduction progress and needs in Ireland

While great efforts have been made to be inclusive of harm reduction in Ireland's drug policy, examples of drug policy shifting away from this evidence-base in different jurisdictions is cause for concern. We believe this concern can also serve as an opportunity for Ireland to reflect on how to best support the harm reduction efforts to protect health.

Despite the strides made in harm reduction interventions in recent years, from the piloting of drug testing to the opening of the safe injection facility, there is still work to be done. Ireland has high rates of drug-related deaths, emphasising the importance of services and interventions that preserve life, such as harm reduction (25). Recent discussions with people who use drugs across some services have raised concerns regarding an increase in syringe and pipe sharing across several regions in Ireland. With increase in stimulant use in recent years (26), there is a demand for stimulant harm reduction resources, such as access to sterile pipes and other drug use materials. Additionally, people who use drugs have felt the loss of drop-in centres closures in recent years and feel that there is a lack of safe spaces for those who use drugs. The closure of these spaces is a critical loss for Ireland's harm reduction infrastructure, as drop-in centres can play an important role in distributing health materials and can create safe spaces for marginalised groups to escape the feeling of stigma (27,28). Through UISCE's networks, several services have shared that they feel funding streams prioritise a recovery lens, which has led to the loss of some harm reduction spaces or a shift towards a recovery approach. While these recovery spaces may strive for inclusiveness, it is important to provide spaces for people in all stages of drug use to ensure safety, community, and resources are available to all. With this in mind, creating spaces that approach

engagement through the recovery lens may facilitate less utilisation among people who use drugs as not every person has the goal of recovery. As Ireland drafts and develops its newest National Drug Strategy, UISCE welcomes the growing support for recovery initiatives, however, the importance of the ongoing need for support for harm reduction work and interventions in Ireland should also be considered.

UISCE, Advance, and Merchants Quay Ireland recommendations:

As the new National Drug Strategy prepares to be launched, UISCE, Advance, and Merchants Quay Ireland would like to emphasise the importance and continued need for harm reduction services. Harm reduction in Ireland has evolved in recent years, but further steps should be considered to improve the health and wellbeing of all people who use drugs- not just those ready to seek treatment. Particular efforts should continue to be made to ensure equitable access to harm reduction for groups who experience marginalisation, such as women, Travellers, migrants, people experiencing homelessness, and people who reside outside of Dublin who may lack access to these services. Additionally, as in line with the roots of harm reduction and UISCE's values, peer work should be at the heart of the development and implementation of these services. The integration of peer perspectives and lived or living experience improves policies and the reach of harm reduction interventions (29,30).

With this in mind, UISCE, Advance, and Merchants Quay Ireland propose the following recommendations:

1.) Recognition of the importance of recovery and harm reduction initiatives across the continuum of care. Training opportunities, seminars, and workshops to discuss how these principles can work together to improve outcomes for people who use drugs should be considered.
2.) Improved funding specifically for harm reduction services, such as drop-in centres, and workforce development. This will help to expand the reach of current services for those who continue to use drugs and are not interested in recovery services.
3.) Increase the availability of Naloxone by making it an over-the-counter medication that does not require a prescription.
4.) Back-of-house drug testing, which is currently in practice at select music festivals, does not return individual results. We recommend the expansion the drug checking to include community-based settings and consider a drug checking pilot that offers user-level information on the contents of the drugs they submit.

5.) Transition of the injection site into a consumption space that can accommodate smoking of substances to be inclusive of stimulant harm reduction. Investment in consumption spaces for other in-need areas of the country, such as Cork or Limerick, should be made and the adoption of mobile consumption spaces where necessary.
6.) Low-threshold, same day access to medications for opioid use disorder, such as methadone and buprenorphine containing products, should be accessible nationwide as waiting lists for treatment put people at risk for overdose or other health consequences during the period of waiting.
7.) Peer leadership in harm reduction services and development of drug policy should include paid roles, governance involvement, and training to increase protections from tokenistic participation or consultation processes.

References

1. Harm Reduction International. What is harm reduction? [Internet]. Available from: https://www.hri.global/what-is-harm-reduction

2. Dow-Fleisner SJ, Lomness A, Woolgar L. Impact of safe consumption facilities on individual and community outcomes: A scoping review of the past decade of research. Emerging Trends in Drugs, Addictions, and Health. 2022;2:100046. doi:10.1016/j.etdah.2022.100046

3. Tabatabai M, Cooper RL, Wilus DM, Edgerton RD, Ramesh A, MacMaster SA, et al. The Effect of Naloxone Access Laws on Fatal Synthetic Opioid Overdose Fatality Rates. J Prim Care Community Health. 2023 Jan 10;14:215013192211472. doi:10.1177/21501319221147246

4. Wodak A, Cooney A. Do Needle Syringe Programs Reduce HIV Infection Among Injecting Drug Users: A Comprehensive Review of the International Evidence. Subst Use Misuse. 2006 Jan 3;41(6–7):777–813. doi:10.1080/10826080600669579

5. Ayon S, Ndimbii J, Jeneby F, Abdulrahman T, Mlewa O, Wang B, et al. Barriers and facilitators of access to HIV, harm reduction and sexual and reproductive health services by women who inject drugs: role of community-based outreach and drop-in centers. AIDS Care. 2018 Apr 3;30(4):480–7. doi:10.1080/09540121.2017.1394965

6. Little J, Franskoviak P. So glad you came! Harm reduction therapy in community settings. J Clin Psychol. 2010 Feb 11;66(2):175–88. doi:10.1002/jclp.20673

7. Elliott R, Csete J, Wood E, Kerr T. Harm Reduction, HIV/AIDS, and the Human Rights Challenge to Global Drug Control Policy. Health Hum Rights. 2005;8(2):104. doi:10.2307/4065336

8. Department of Health. gov.ie [Internet]. 2026 [cited 2026 Sep 9]. Minister Murnane O'Connor grants a twelve-month extension to the licence to operate Ireland's pilot Supervised Injecting Facility. Available from: https://www.gov.ie/en/department-of-health/press-releases/minister-murnane-oconnor-grants-a-twelve-month-extension-to-the-licence-to-operate-irelands-pilot-supervised-injecting-facility/

9. Keenan E. International Overdose Awareness Day 2026. In: HSE Naloxone Programme [Internet]. HSE; 2026 [cited 2026 Sep 9]. Available from: https://www.drugs.ie/features/feature/international_overdose_awareness_day_2026

10. Joint Committee on Drugs Use. Joint Committee on Drugs Use: Final Report [Internet]. Dublin; 2026 Jun [cited 2026 Sep 10]. Available from: https://www.drugsandalcohol.ie/45947/1/Joint-committee-drug-use-final-report_en.pdf

11. Kahn B, Kazatchkine M. Europe must continue to lead on harm reduction. Harm Reduct J. 2024 Sep 20;21(1):172. doi:10.1186/s12954-024-01067-x

12. Vissram N, Schiffer K. European Cities on the Frontline: Harm Reduction and Drug Policy - Needs, Practices and Recommendations [Internet]. Amsterdam; 2025 [cited 2025 Oct 23]. Available from: https://correlation-net.org/wp-content/uploads/2025/09/European-Cities-on-the-Frontline_-Harm-Reduction-and-Drug-Policy-Needs-Best-Practices-and-Recommendations-2025_FINAL.pdf

13. Donald J. Trump. Ending crime and disorder on America's Streets. The White House [Internet]. United States; 2025 Jul 24. Available from:

https://www.whitehouse.gov/presidential-actions/2025/07/ending-crime-and-disorder-on-americas-streets/

14. Moura J, Pomfret A, Ronconi S, Cippitelli C, Perrone E, Rigoni R, et al. City Report - Rome. Drug checking for all: Rethinking Drug Checking to Reach Rome's Marginalised Communities. Civil Society Monitoring of Harm Reduction 2024 [Internet]. Amsterdam; 2024 [cited 2025 Oct 23]. Available from: https://correlation-net.org/wp-content/uploads/2025/05/2024_C-EHRN-Monitoring_City-report-Rome_final.pdf.pdf

15. Population Directorate. Preventing Harm, Promoting Recovery: Scotland's Alcohol & Drugs Strategic Plan 2026 – 2035 [Internet]. 2026 Mar [cited 2026 Sep 10]. Available from: https://www.gov.scot/publications/preventing-harm-promoting-recovery-scotlands-alcohol-drugs-strategic-plan-2026-2035/pages/3/

16. WRD News Team. Scotland's Drug Deaths Crisis: Why Recovery Needs More Support. WRD News [Internet]. 2026 Aug 26 [cited 2026 Sep 10]. Available from: https://wrdnews.org/scotlands-drug-deaths-why-harm-reduction-isnt-enough/

17. Scott M. Drugs: Strategy of harm reduction is all wrong and causes more deaths than it prevents, say experts. The Sunday Post [Internet]. 2025 Sep 28 [cited 2025 Oct 23]. Available from: https://www.sundaypost.com/fp/scotland-strategy-of-drugs-harm-reduction-is-all-wrong-and-causes-more-deaths-than-it-prevents-say-experts/

18. Sood T. 'And the dead cannot recover': The fatal consequences of closing Supervised Consumption Sites. healthydebate [Internet]. 2025 Sep 7 [cited 2025 Oct 23]. Available from: https://healthydebate.ca/2025/09/topic/closing-supervised-consumption-sites-ontario/

19. Pattani A. An HIV Outbreak in Maine Shows the Risk of Trump's Crackdown on Homelessness and Drug Use. KFF Health News [Internet]. 2025 Sep 16 [cited 2025 Oct 23]. Available from: https://kffhealthnews.org/news/article/hiv-outbreak-bangor-maine-syringe-services-programs-trump-homelessness/

20. Holeksa J. Dealing with low access to harm reduction: a qualitative study of the strategies and risk environments of people who use drugs in a small Swedish city. Harm Reduct J. 2022 Dec 4;19(1):23. doi:10.1186/s12954-022-00602-y

21. Hester MR, Hughto JMW, Ravikumar-Grant D, Nic Gabhainn S. "We knew it was coming: we didn't act" perspectives from people who use drugs and substance use workforce on the impact of delays in implementation of the supervised injection facility and drug checking interventions. Harm Reduct J. 2025 Oct 6;22(1):160. doi:10.1186/s12954-025-01305-w

22. Dale-Perera A. Recovery, reintegration, abstinence, harm reduction: the role of different goals within drug treatment in the European context [Internet]. 2017 Oct [cited 2025 Oct 23]. Available from: https://www.drugsandalcohol.ie/28055/1/EuropeanResponsesGuide2017_BackgroundPaper-Recovery-Reintegration-Abstinence-Harm-reduction.pdf

23. Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER. Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors. J Subst Abuse Treat. 2000 Oct;19(3):247–52. doi:10.1016/S0740-5472(00)00104-5

24. NIDA. Treatment and Recovery [Internet]. 2020 [cited 2025 Oct 23]. Available from: https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery

25. O'Keefe C. Ireland is the worst EU country for drug deaths, suffering four times the average fatality rate. Irish Examiner [Internet]. 2024 Jun 12 [cited 2024 Jul 8]. Available from: https://www.irishexaminer.com/news/arid-41414326.html#:~:text=Ireland%20topped%20the%20EU%20table,the%20EU%20average%20of%2022.5.

26. Health Research Board. HRB reports sustained rise in demand for cocaine treatment [Internet]. 2024 Jun [cited 2024 Oct 15]. Available from: https://www.hrb.ie/press-releases/addiction-treatment-ndtrs-press-releases/hrb-reports-sustained-rise-in-demand-for-cocaine-treatment/

27. Truman J, Rankin D, Backett-Milburn K, Platt S. Drop-in services: Findings from an evaluation of the Healthy Living Centre programme in Scotland. Health Educ J. 2007 Mar;66(1):22–31. doi:10.1177/0017896907069368

28. Sophia Lee H, Petersen SR. Demarginalizing the marginalized in substance abuse treatment: Stories of homeless, active substance users in an urban harm reduction based drop-in center. Addiction Research & Theory. 2009 Jan 16;17(6):622–36. doi:10.3109/16066350802168613

29. Ti L, Tzemis D, Buxton JA. Engaging people who use drugs in policy and program development: A review of the literature. Subst Abuse Treat Prev Policy. 2012 Nov 24;7(1):1–9. doi:10.1186/1747-597X-7-47/TABLES/1 PubMed PMID: 23176382.

30. Mercer F, Miler JA, Pauly B, Carver H, Hnízdilová K, Foster R, et al. Peer Support and Overdose Prevention Responses: A Systematic 'State-of-the-Art' Review. Int J Environ Res Public Health. 2021 Nov 17;18(22):12073. doi:10.3390/ijerph182212073