

“Tightening the belt”: The impact of contemporary socio-economic instabilities on outreach work targeting street-involved people who use drugs in Oporto. This qualitative study analyzed the experiences of 10 outreach workers in Porto assisting street-involved people who use drugs. Despite the success of the Portuguese drug policy model, findings reveal that stagnant public funding and recent inflation have heightened the precariousness of harm reduction work. This crisis compromises organizational sustainability, service adaptability and accessibility, and professional well-being. Moreover, to meet client needs, outreach teams implement adaptation strategies to buffer the severe impacts of continuous underfunding. **KEYWORDS:** outreach work; socio-economic instabilities; underfunding; professional well-being; adaptation strategies; drug policies; Portugal.

“Apertar o cinto”: O impacto das instabilidades socioeconómicas contemporâneas no trabalho de proximidade com pessoas que consomem drogas e em situação de sem abrigo no Porto. Este estudo qualitativo analisou as experiências de 10 profissionais de equipas de rua no Porto que trabalham com pessoas que consomem drogas e estão em situação de sem abrigo. Apesar do sucesso do modelo português de políticas de drogas, os resultados demonstram que a estagnação do financiamento público e a recente inflação agravaram a precarização da intervenção de proximidade. Este cenário compromete a sustentabilidade das organizações, a acessibilidade e adaptabilidade dos serviços prestados, assim como o bem-estar profissional. Para responder às necessidades do público-alvo, as equipas adaptam estratégias que atenuam os impactos desse subfinanciamento contínuo.

PALAVRAS-CHAVE: trabalho de proximidade; instabilidades socioeconómicas; subfinanciamento; bem-estar profissional; estratégias de adaptação; políticas de drogas; Portugal.

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INTRODUCTION

Outreach interventions with street-involved¹ people who use drugs (SI PWUD) – harm reduction teams, drug consumption rooms, social reintegration responses, shelters, and peer-led support – are community-based models of care that emerged as compassionate alternatives to punitive and abstinence-only programs (Marlatt, 1996; Riley & O’Hare, 2000; Roe, 2005; Des Jarlais, 2017). These low-threshold and harm reduction-focused responses proved to be comprehensive and essential resources to respond to the needs and priorities of social groups disproportionately impacted by stigma, marginalization, and intersectional inequalities (Roe, 2005; Mikkonen et al., 2007;

1 Bungay et al. (2024) define “street-involvement” (SI) as a broad concept and umbrella term to represent the experiences of people who have high degrees of “public visibility, problematic drug use, minimal connections to social support, and criminalization associated with survival strategies such as stealing, sex work, and drug dealing”, due to structural disadvantages (e.g. poverty, precarious housing, migration, racism, and difficulties in accessing health and social services).

Magwood et al., 2020; Pedroso et al., 2024). Beyond the healthcare needs and psychosocial care of SI PWUD, these interventions act as enabling spaces within cities (Duff, 2010; Parkes et al., 2021). They are recognized as safe, loving, and caring spaces, allowing the restoration of trust, the reinforcement of self-efficacy and adaptive agency, and promoting a culture of care (Parkes et al., 2021; Stevens et al., 2024; Beaugard et al., 2024).

In several countries, low-threshold and harm reduction-focused interventions targeting SI PWUD remain a precarious area, systematically constrained by underfunding, the lack of political and institutional support, and pervasive conservative skepticism and distrust (Serebryakova et al., 2021; Rigoni et al., 2023; Davies et al., 2024). These constraints tend to be amplified during political fluctuations and economic recession periods related to global events such as pandemics, economic/financial crises and armed conflicts, with implications for the sustainability of NGO, accessibility and responsiveness of the teams, and the well-being of professionals (Teles et al., 2015; Lemieux-Cumberlege & Taylor, 2019; Csák et al., 2021; Olding et al., 2021; EMCDDA, 2023; Darragh et al., 2023).

The chronic precariousness of harm reduction imposes extra challenges on the work and amplifies the stress experienced by NGO teams, and professionals working with SI PWUD (Olivet et al., 2010; Shepard, 2013). The limited funding and unstable work conditions are related to the shortage and high turnover of professionals. The reduced budgets also limit the resources and capacity to respond to the complex needs of the service beneficiaries and, together with the lack of professional recognition, may amplify the perception that the professionals' efforts are invisible as well as their sense of powerlessness (Olivet et al., 2010; Lemieux-Cumberlege & Taylor, 2019; Darragh et al., 2023; Rigoni et al., 2023; Pedroso et al., 2024). The job demands, overwork, work conditions, and the perception of a lack of control over them may also compromise the balance between personal and professional life (Unachukwu et al., 2023). These stressors are intensified among peer educators who are most likely already dealing with financial insecurity, lack of recognition and role clarity, difficulties related to work, and overall drug stigmatization (Greer et al., 2020; Greer et al., 2021; Mamdani et al., 2021;).

Moreover, the stories of adversity of SI PWUD may increase the emotional demands of peers and professionals working with them (Scanlon & Adlam, 2012; Kostadinov et al., 2023; Schoenberger et al., 2024). Evidence reveals that those working with stigmatized and marginalized people who use drugs frequently show signs of compassion fatigue, trauma, and grief (Roe, 2005; Shepard, 2013; Treloar et al., 2015; Mamdani et al., 2021; Hill et al., 2023; Schoenberger et al., 2024). The psychological impacts of working with

SI PWUD remain understudied in some contexts, although in recent years, they have received particular attention in the context of the overdose crisis in the United States and Canada (Kolla & Strike, 2019; Winstanley, 2020; Pauly et al., 2021; O’Dare et al., 2023; Kolla et al., 2024) and the COVID-19 pandemic (Csák et al., 2021; Wang et al., 2022; Unachukwu et al., 2023; Taha et al., 2024).

Concern for others and the commitment to social justice tend to be strong motivators to engage in harm reduction work and compassionate care (Pauly et al., 2021; Schoenberger et al., 2024; Pedroso et al., 2024), contributing also to professional well-being (Kostadinov et al., 2023). According to Costa et al. (2021), some professionals are moved by a sense of injustice and of a duty to fairness, emerging and/or being enhanced by their work experience with people impacted by vulnerabilization processes; a sense of (in)justice that encourages (activist) interventions committed with the rights and interests of the people they work with, matching their practices to their ethical-political principles (e.g., humanism, respect for individual choices, inclusion, social justice). Despite this commitment and their ability to overcome the numerous obstacles they face in their practice (Pires et al., 2025), the complex conditions of their work may negatively impact their motivation, purpose, and the meaning they attribute to their activities and relations (Unachukwu et al., 2023; Hill et al., 2023; Taha et al., 2024). Shepard (2013) states, “While harm reductionists have long worked to build less oppressive work environments, much of the process begins with caring for those doing the work.”

Therefore, this study intends to discuss the impacts of the contemporary social and economic instabilities – particularly considering the economic crisis related to the COVID-19 pandemic and the recent armed conflicts – in the low-threshold and harm reduction-focused intervention targeting SI PWUD in Porto, Portugal. By listening and sharing the voices of the professionals involved in these responses, we aim to present their perspectives and experiences of work in an increasingly uncertain context, as well as the perceived impacts on their intervention and well-being.

THE CONTEXT OF THE STUDY

Portugal is known worldwide for being one of the first countries in the world to decriminalize personal drug use (Law n.º 30/2000) and to implement a health-led approach (Decree-Law n.º 183/2001) to respond to the severe drug-related harms the country was facing in the 1990s (Greenwald, 2009; GCDP, 2014). The Portuguese decriminalization model formalized harm reduction (HR) as a new axis of intervention, providing the institutional and political support needed to implement outreach work (Barbosa, 2009). The government outsourced harm reduction care, attributing competitive funding to outreach interventions

capable of responding to the outbreak of HIV and other blood-borne infections among “at-risk” groups and to the urban problems related to the poor and peripheral neighborhoods described as “drug districts” (Mata & Fernandes, 2016). In 2004, there were 28 harm reduction projects in Portugal (16 in Lisbon and 12 in Porto), and most of them ($n = 23$) integrated outreach teams with needle exchange and STI screening programs (Fernandes et al., 2006). Through the years, the national HR tapestry was enriched with opioid substitution treatment (Teles et al., 2015), drug checking programs (Martins et al., 2015), drug consumption rooms (Taylor et al., 2019; Taylor et al., 2022), and recent low-threshold and HR-focused shelter approaches to support SI PWUD during COVID-19 (Fuentes et al., 2021; Azevedo et al., 2023; Pires et al., 2025).

The Portuguese decriminalization model and its health-focused approach are internationally recognized for its/their positive impact in addressing/on to drug-related harms (Greenwald, 2009; Hughes & Stevens, 2010; Félix & Portugal, 2017; Cabral, 2017; Félix et al., 2017; Moury & Escada, 2023). Nevertheless, a study from 2004 (Fernandes et al., 2006) revealed that the outreach teams in Portugal were underfunded, offering precarious work conditions, lacking human and material resources, and dependent on voluntary work for central activities. Other studies highlighted the impact of social and economic crises (Teles et al., 2015; Cabral, 2017) on the already fragile situation of NGO implementing outreach responses and on the mental health of professionals working with SI PWUD (Lopes et al., 2023; Pires et al., 2025). In interviews with the media in 2024, the former director of the Institute for Addictive Behaviors and Dependencies, P.I. (ICAD, I.P.), the national authority in the drug field, expressed his concerns regarding the future of outreach and treatment responses due to the national political and financial disinvestment in the drug field. Moreover, recent data revealed the impact of city-level drug policies on outreach intervention in Portugal, demonstrating that the punitive approaches implemented in Porto increased the financial and social difficulties outreach workers face in the city (Pires et al., 2025).

This study intends to contribute to the discussion of Portuguese drug policies by offering a critical analysis of the perception and experiences of professionals integrated into outreach responses targeting SI PWUD implemented in Porto in the context of economic recession and uncertainty.

METHODOLOGY

This paper is based on the findings of a qualitative study aimed at exploring the experiences and perceptions of professionals who collaborate in community-based responses targeting SI PWUD in Porto regarding the impact of

contemporary socio-economic instabilities on their teams, intervention practices, and well-being. The study design followed the qualitative principles and methods (Braun & Clarke, 2006, 2013). Qualitative interviewing was the chosen method due to its advantages in accessing the subjective discourse, meanings, and reality representation of the participants regarding the topic under analysis (Braun & Clarke, 2013).

PARTICIPANTS

We conducted in-depth semi-structured interviews with 10 professionals in outreach teams and services targeting SI PWUD in Porto. Regarding their socio-demographic profile, the sample included 8 cisgender women and 2 cisgender men, all Portuguese, white, and aged between 27 and 50. All the participants have university degrees – 8 are psychologists, 2 are social workers – and work in NGO implementing community-based intervention in Porto. We purposefully selected the profile of participants to have a sample of professionals intervening with SI PWUD. In this sense, 5 work in harm reduction teams (outreach work including needle and syringe exchange and low-threshold methadone programs, among other services), 2 are part of social reintegration teams targeting PWUD, 2 are involved in a peer-led advocacy organization, and 1 works in a shelter for homeless people, including PWUD.

Considering that we were interested in the lived perspectives of participants in the scope of their professional activities and not in the functioning of their organizations, we are not disclosing the names of their NGO in the analysis.

TABLE 1
Characterization of participants

Participant	Age	Gender	Professional area	Intervention context in the drug field
P1	39	Woman	Social worker	Reinsertion team
P2	34	Woman	Psychologist	Harm reduction team
P3	50	Woman	Psychologist	Peer-led and advocacy work
P4	50	Men	Psychologist	Peer-led and advocacy work
P5	48	Woman	Psychologist	Researcher and supervisor of harm reduction teams
P6	33	Woman	Psychologist	Harm reduction team
P7	27	Woman	Psychologist	Reinsertion team
P8	44	Men	Social worker	Harm reduction team
P9	27	Woman	Psychologist	Harm reduction team
P10	41	Woman	Psychologist	Homeless shelter

DATA COLLECTION

Considering the preferences, workload, and lack of time of the professionals working in this field, the interviews were conducted online, using Zoom, from June 2023 to January 2024. After collecting signed informed consent, the interviews were recorded, while participants were invited to share their perspectives and experiences regarding the impact of contemporary economic and social instabilities on the intervention they deliver, their working conditions, adaptation strategies, well-being, and mental health status. Each interview lasted between approximately 40 and 60 minutes. The audio recordings were transcribed *verbatim*, and the transcriptions were anonymized using the code “P” from “participant” followed by the number of the interview (e.g., P1=the first participant interviewed). The study protocol was reviewed and received ethical approval from the Ethics Committee of the Faculty of Psychology and Education Science of the University of Porto (Ref n.º 2023703-18b).

DATA ANALYSIS

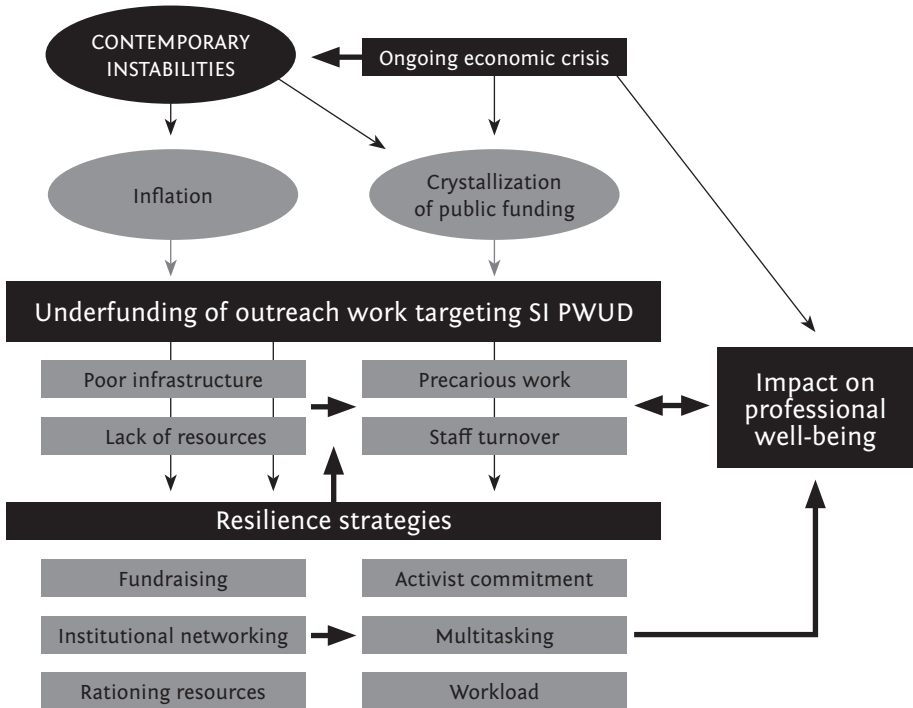
The data were analyzed using the reflexive thematic analysis framework (Braun & Clarke, 2019) to interpret and identify patterns within the data, and to identify major themes and subthemes in the participants’ narratives. After repeated/free-floating readings of all the interviews to familiarize ourselves with the data, we used NVivo software to support the analysis process. We used an inductive approach to generate codes directly from the data and organize the textual data to identify thematic patterns. We then wrote a narrative account of the data, describing the identified themes and illustrating them with data extracts.

RESEARCH FINDINGS AND ANALYSIS

Through the interviews, we captured a rich perspective of the perception and experiences of professionals working with SI PWUD in Porto regarding the impact of contemporary instabilities on work conditions, intervention practices, and well-being. The main themes identified were: “The ongoing economic crisis,” “The impacts of underfunding on community-based interventions targeting SI PWUD,” “Organizational and professional adaptation strategies,” and “Impact on the mental health of professionals”. Due to their interdependence and influence relations, the themes and their subthemes were organized sequentially to reflect the participants’ perceptions and experiences. The thematic map (image 1) illustrates the network of influences between the major themes and subthemes identified in the participants’ discourses.

The description of the results also follows this structure, illustrating some of the thematic patterns identified with data extracts.

FIGURE 1
Thematic map



THE ONGOING ECONOMIC CRISIS

The interview script conceptualized “contemporary instabilities” as the economic and social challenges imposed by the post-COVID-19 pandemic, the armed conflict of Russia against Ukraine, and later the armed aggression of Israel against Palestine. In this sense, the overall context of the research was the current national and transnational crisis, anxiety, and uncertainty related to recent societal events and their localized impacts on community-based intervention and on the experiences of professionals working with SI PWUD in Porto. The participants with longer professional experiences (P1, P3, P4, P5, P8, P10) adopted an ongoing and long-term definition of crisis, contextualizing the current instabilities in a continuum of growing economic deprivation affecting their NGO in Portugal for several years.

We have felt budget cuts since 2007 because funding continues to be the same. The public funding for the [name of their team], in 2007, was [amount] euros per year. The public funding for the [name of their team] team, in December 2021, was [the same amount] euros per year. So, it's a big cut. We will not be able to ignore inflation throughout all these years. (p8)

The expansion that took place some years ago, with the creation of a network of harm reduction teams, was stopped from a certain point onwards. But I would say it stopped before... I think it already stopped before Covid. (...) And... I don't know if there was a decrease in the budget. But it didn't increase, right? (...) In this sense, I can tell you, yes, it is decreasing. It has decreased because it is not increasing, it decreases even more because it must be distributed across more areas [of intervention and needs], and with the increase in the cost of living, of fuel... Therefore, support effectively was decreasing for several years. (p4)

The main impact of the long-term instabilities described by professionals is the stagnation and crystallization of their public funding, which became more visible and was considerably aggravated due to the inflation surge in the post-pandemic context. The professionals revealed that the contemporary instabilities increased the prices of goods, fuel (particularly relevant for outreach teams) and services and the consequent decrease in the purchasing power of money, impacting their service delivery.

What we notice in the teams is not a cut but rather a failure to respond to current needs. (...) We are receiving the same amount that we received at the beginning of the projects, and now salaries are increasing, (...) all products increased, gasoline increased. (...) There are no cuts, but there is not enough support to face the increase and inflated costs (...) caused by the Covid pandemic or now due to war. (p2)

What I noticed with the inflation, due to the war and other factors... is that we had to adapt our budget, and nowadays we have less capacity to be on the streets [outreach work] (...) in 2023, diesel prices increased immensely and after 4 months we had already reached all the annual budget attributed for that particular cost – which (...) then forces us to take resources from one side to be able to respond, to do less outreach work, that is, spending less time on the street. (p6)

Whether in the shelters it [the budget] was enough in the initial phase, (...) now I don't know what to tell you... but the financing has been the same for, I don't know how many years, and the needs are not the same, nor are the prices. (E10)

THE IMPACTS OF UNDERFUNDING ON COMMUNITY-BASED
INTERVENTION TARGETING SI PWUD

Firstly, it is important to clarify why we use the concept of underfunding to define the current status of community-based intervention targeting SI PWUD. According to professionals, the funding they receive from the state to implement their intervention has not decreased. For this reason, defunding does not apply to the situation they describe. Instead, they describe that the funding was the same for several years, and they feel it is inadequate and insufficient in the context of growing inflation. For this reason, underfunding better describes the situation, the funding, and the consequent intervention impacts they describe.

The current underfunded status of community-based intervention in Portugal is reported to have several implications for the resources of outreach teams working with SI PWUD in Porto. Some participants highlighted the poor conditions of their professional infrastructures and the lack of materials as constraints to their intervention and capacity for social innovation.

Our support office is prefabricated (...) It is already very dilapidated... it's not a pleasant place to be, but that's what we have. (p6)

Imagine, we have an idea, and maybe we have an idea and the materials to execute that idea are expensive. Ok, calm down, then let's try to adapt. Can we do this with recyclable materials? How can we do this without spending money? (p7)

Furthermore, all professionals revealed their difficulties in adapting their intervention models to new trends in drug use and related risks. Specifically, given the increase in the smoked use of base/crack cocaine, participants identified the unavailability of crack-use paraphernalia (e.g., crack pipes) among the prevention and harm reduction materials provided by the state as an intervention gap. They also stated that, despite these needs, the teams are financially unable to acquire this harm reduction equipment.

While syringes, for example, are provided by the DGs [Directorate-General of Health] and the National Health System, pipes [for smoking use] are not. And, therefore, they must be purchased... and there is no budget for that and, for about 1 year, 1 year and a half, we didn't have pipes available... we and almost all the other institutions. And therefore, we can hardly intervene in smoked drug use. (p6)

In our project, when these pipes [provided by the state to the teams during COVID-19] ran out, we no longer had pipes [to distribute]. We don't have the funds needed to buy pipes. (p9)

In addition, some participants revealed that the donations and food support they received from other organizations and individuals have decreased in recent years. For this reason, the support they can offer their beneficiaries is also decreasing, even though the number of people needing their services has increased. Sometimes, they must invest in specific goods to meet their beneficiaries' needs (e.g., medication).

In 2018, we used to go to the Food Bank twice to fill our vans. But then we started bringing much less quantity and cheaper food, right? Now we bring more rice and pasta, and other things are inaccessible for our intervention, either because there were fewer donations [of food to the Food Bank] from people or because the institutions themselves and the supermarkets made fewer donations. (p2)

Most of the food we deliver comes from donations (...) Now we have more users in our services, and the amount of donations is the same, so we need to ration. Our users sometimes even say they used to carry a full bag, and now they sometimes carry one sweet and one savory each. (p9)

Many times, we need to provide medication ourselves. Otherwise, users won't do it... The doctor prescribes an antibiotic when discharged from the hospital, we cannot say, "Look, live your life, make money, and buy medication". We take it on, don't we, but it's another expense... (p8)

The participants also revealed that the underfunding of their teams strongly impacts the management of human resources.

The participants highlighted as critical aspects the increasingly understaffed teams in the context of growing demand, high worker turnover due to the low salaries, and precarious labor conditions.

It is really difficult to find people who want to work in solidarity earning the minimum wage, with very hard work (...) The teams that work on funded projects are (...) sparsely paid, and they end up leaving (...) Often these teams' technical stability (...) is a bit fragile. (p1)

(...) We always work with very small and very precarious teams regarding human resources. Although in my institution, everyone has an employment contract (...), not all service providers do. (p2)

(...) when we have a dizzying turnover of nurses (...) In some situations, we are there until the day before, waiting for the confirmation of a nurse to do a shift. (p8)

At the team level, there is always a very high turnover because the people working in this area are poorly paid. (...) And sometimes it's not difficult to find something better. Therefore, some people stay because of their vocation (...) and salary is just one factor; but it is very difficult to maintain the team. (P10)

At this point, some participants stated that this precariousness in community-based teams working with SI PWUD was already felt before the contemporary instabilities and reflected the overall disinvestment in this field of work that ultimately impacts the beneficiaries of the services.

(...) We suffered from this situation before [she referred to the period between 2015 and 2019, where she worked in a harm reduction team], namely, the instability, the irregularity of salary payments, which was completely irregular... The longer the situation remains like this, the worse... Therefore, mobility [turnover of professionals] is also great, isn't it? Therefore, it is difficult for teams to remain stable. (P3)

(...) In this statement [a collective protest document signed by professionals working in the drug field], the first sentence is “This cannot continue like this, because the professionals are unmotivated and experiencing burnout”. So, they couldn't be clearer about this urgent need - this in 2017 (...) the social area is the one who pays... with deficits in the services that, instead of providing integrated responses that are unable to include the community of users [their beneficiaries] in the dynamics of the institution itself (...) Therefore, those who pay, in this case, are the users... (P4)

ORGANIZATIONAL AND PROFESSIONAL ADAPTATION STRATEGIES

Constrained by budget limitations, organizations tend to develop and implement adaptation strategies, such as reinforcing their fundraising activities and their institutional networking or rationing their resources.

[They are trying to raise funds] through the patronage law, corporate social responsibility, appealing to our partners so that the response is given free of charge, the sale of products created by people [their target group]. (P1)

(...) This investment [to recruit a fundraising professional] was made by the management board (...) after Covid, a person was hired to work on fundraising and contacts with patrons, isn't it? Potential funders. (P10)

Through institutional coordination with parish consultations, pharmaceutical laboratories, with other private entities. We also try to be more creative and launch other struggles, other projects whose financing can make up for the deficit created by our projects. Another

strategy, unfortunately, is to tighten the belt... We began informing [their funders and beneficiaries] that some activities would have to be... I'm not saying suppressed but well-considered because we can't do everything. (p8)

The growing underfunding of teams and overall lack of resources are described as affecting human resources management, with staff having to take on new roles and engage in multitasking and unpaid working hours.

I already do many things outside my working hours to make it move forward; otherwise, it would be very complicated. (p7)

What I was saying before about not dedicating enough time to psychology services mirrors the lack of resources because I need to do other things instead of doing my job. (p6)

We are always able to respond [to the needs of their target group] (...), but then the work accumulates... (...) I'm always trying to not penalize the users [of the service], but the work ends up being completely delayed... (p9)

IMPACT ON THE MENTAL HEALTH OF PROFESSIONALS

The challenges arising in the current context of widespread disinvestment in community-based intervention targeting SI PWUD are impacting the professionals' performance, well-being, and mental health. Participants reveal that, in addition to the inherent complexities of this field of intervention, the underfunding of teams, precarious work conditions, workload, and bureaucracy have strong psychological consequences, such as demotivation, frustration, stress, psychological exhaustion, and burnout.

Sometimes we go home feeling useless and won't be able to change anything because our client will continue to sleep on the street, and we can't help him... We also don't have any place to refer him because the rooms in Porto...besides being all full, shelter houses on the street are also full. We have more and more homeless people and more and more users [PWUD], and fewer and fewer responses for them, and this ends up being stressful for us who are with them every day, and they demand it from us... an answer almost immediately. (p7)

We had no resources to work with users, no stability in our personal lives... often no technical capacity to respond to the situations we see... I broke out, burnout... (p1)

I think that even the professionals are overloaded and unable to provide the service they would like. (...) This combination of overload, with sometimes not seeing this work financially valued... brings some emotional exhaustion. (p10)

It's frustrating that I want to do my job [as psychologist], but I can't because I must do a thousand other things that maybe one more psychosocial technician could do. (...) I feel like things are always behind schedule. There is a lot, a lot of bureaucracy (...). It's absurd (...), and it's a bureaucracy because we must apply [for funding] every year. (P6)

The professionals report that the work demands compromise their motivation, activist commitment, professional well-being, and mental health.

People working on harm reduction are resilient and, above all, like what they do. But we work with limited resources, often feeling like we are constantly rowing against the tide. It wears out. Burnout exists... (P7)

Institutions often don't have resources; therefore, professionals are stretched thin and no longer know where to turn. And not even on the days they should stay at home because they need to rest... they can't do it, because this will reflect on their colleagues, on the team. And it is this lack of resources in addition to the life stories that these users [SI PWUD] carry... Half is the institution's fault, half their fault... It is our fault, too, because we must know how to take care of ourselves and know that life is not only work and we cannot change the world. (P10)

However, this is once again linked to underfunding... the teams do not have the resources needed to take care of their well-being, namely through, for example, supervision. And this contributes to people working at a very intense pace, with very difficult circumstances, with very complicated problems... that they face daily. And this deteriorated their well-being... Therefore, I have no doubts that militancy is necessary to work for many years over... time [in this field of work] under these conditions. (P5)

DISCUSSION

THE CHRONICALLY UNDERFUNDED STATUS OF HARM REDUCTION IN PORTUGAL

Participants in this study consistently identified the underfunding of outreach teams as the main impact of the ongoing economic crisis in Portugal. The long-term crystallization of public funding for outreach teams explains the country's underfunded status regarding harm reduction. Despite the political legitimacy introduced by the Decriminalization model (Barbosa, 2009), harm reduction remained trapped in a precarious condition, being framed as long-term but low-budget projects (Fernandes et al., 2006; Teles et al., 2015) and experiencing uncertainty in moments of political transition and economic crises (Teles et al., 2015; Pires et al., 2025). The participants stated that the

post-pandemic inflation surge and consequent purchase power loss aggravated the budget limitations and exposed the underfunded status of the outreach teams. The increasing budget limitations are felt as a penalizing burden, particularly after the exhaustion and anxiety accumulated during the COVID-19 pandemic (Pires et al., 2025). According to our data, NGO running outreach teams are implementing adaptation strategies to buffer the effects of underfunding and, even before that, of the underbudgeting of the intervention costs defined by the State. Some organizations are investing in fundraising to reach alternative funders (e.g., private sector) and increasing their local networking to guarantee their beneficiaries' access to resources they could not provide before (e.g., food).

Moreover, some organizations are adapting the work to the increasing funding limitations, by rationing resources and reducing the outreach activities. This strategy of organizational adaptation has, as a side effect, decreased the accessibility of harm reduction for SI PWUD.

This study also reveals that professionals perceive financial constraints as a daily obstacle, compromising their ability to adapt outreach responses to emerging needs. They revealed the impossibility of addressing the risks of smoking base/crack cocaine, a drug use trend growing in Portugal, since the State doesn't have an ongoing delivery of crack-use pipes to harm reduction services, and the teams don't have the budget to acquire them. In addition, there are new social groups of PWUD emerging in Portugal (e.g., migrants from South Asia) and drug use patterns (e.g., people engaged in chemsex) that are raising new concerns regarding their specific needs and drug-related harms. Harm reduction teams don't have the financial resources to adapt and expand their intervention to target new groups and drug use patterns. In a context of chronic underfunding, it is the organization and professionals' voluntarism and activism that are leading social innovation in harm reduction and the efforts to respond to the needs of women, LGBTQIA+, migrants, and people engaged in chemsex (Pires et al., 2022; Canêdo et al., 2022). Moreover, recent evidence demonstrates that economic downturns impact drug use patterns and risky behaviours among young adults and socio-economically vulnerable subpopulations of PWUD (EUDA, 2024), which may require extra adaptation efforts in the delivery of outreach care.

THE INVISIBLE SIDE OF THE SUCCESSFUL PORTUGUESE DECRIMINALIZATION MODEL

Harm reduction teams led the implementation of outreach approaches that contributed to the normalization of the HIV and opioid use health crisis and the territorial pacification of drug districts (Mata & Fernandes, 2016). Moreover,

low-threshold outreach spaces emerged as safer spaces within the city, buffering, supporting and caring for SI PWUD even in demanding and uncertain contexts (Teles et al., 2015; Pires et al., 2025). In this sense, outreach teams are also responsible for the positive results of the health-centered approach of the Portuguese decriminalization model. Nevertheless, beyond the positive health and social impacts of drug policies in Portugal, other dimensions remain overlooked and invisible. Our study revealed new evidence by shedding light on the daily reality of outreach teams and professionals. Specifically, it sheds light on the constraints they face in delivering their intervention, and their effort, engagement, creativity, and adaptation to buffer the effects of underfunding and keep their intervention accessible and responsive. The professionals interviewed revealed accumulated unpaid working hours and job-unrelated activities, which they must perform to sustain their outreach activities and continue supporting SI PWUD.

Moreover, they must manage the complaints of their beneficiaries regarding the reduced goods or support they are receiving. This increases professional frustration, making them feel powerless at a time when public social and health responses are increasingly inaccessible, while a growing number of people facing homelessness due to the housing crisis in Porto are seeking support. In their discourses, the participants in this study reveal that their activist commitment to outreach beneficiaries — possibly driven by a sense of (in) justice (Costa et al., 2021) — motivates them to continue working in this area. Our data are consistent with existing evidence (Olivet et al., 2010; Shepard, 2013; Lemieux-Cumberlege & Taylor, 2019; Darragh et al., 2023; Rigoni et al., 2023; Pedroso et al., 2024), revealing how the chronic precariousness of harm reduction exposes outreach workers to numerous stressors, impacting their professional well-being and mental health. The study participants expressed how the daily tasks inherent to their job, the emotional demands of outreach work, the precariousness of their work conditions, and the activities they implement to maximize sustainability and accessibility significantly impact their well-being and mental health.

These effects are amplified by the precariousness and uncertainty that constantly permeate harm reduction and their job positions. For this reason, we can state that harm reduction professionals experience a double precariousness by managing their work in an underfunded context and by holding insecure employment.

The participants revealed their exhaustion, compassion fatigue, anxiety, professional frustration, and burnout, and we can consider these mental health symptoms as the psychological costs of sustaining harm reduction in the context of economic deprivation. For this reason, we can affirm that the

beneficial impacts of the Portuguese drug policies are strongly anchored in outreach workers' professional and personal effort and commitment. These professionals may well be partially assuming the State's constitutional obligation to protect public health and people facing social vulnerability. As previous research has described (Teles et al., 2015), the outreach teams have a "cushion effect", buffering the consequences of economic crises to protect their beneficiaries, even if it implies resorting to the personal resources of the professionals (like paying for essential goods or using personal vehicles to take clients to essential services).

Finally, recent evidence is uncovering high levels of burnout among professionals working in governmental drug treatment responses in the post-pandemic context (Lopes et al., 2023). This reveals that, in a period of social and economic instability, taking care of professionals working with SI PWUD is a priority in the drug field.

THE NEED TO TAKE CARE OF CARE PROVIDERS

A study implemented in 2004 in Portugal (Fernandes et al., 2006) claimed the need for measures to avoid burnout among harm reduction teams. Our data reveal that the underfunded status of harm reduction makes it difficult to implement the responses needed to promote professional well-being.

The stressors faced by outreach workers may be considered occupational hazards. These may be amplified by the absence of individual, social, and workplace adaptation and coping strategies to support and care for staff engaged in care responses targeting SI PWUD (Hill et al, 2023; Schoenberger et al., 2024). Harm reduction may require reimagining organizational practices to build a professional care and wellness culture. In this sense, drug policies must prioritize professional well-being, and the public funding provided for drug intervention must be reinforced to counteract precariousness in this field, guarantee professional stability and working conditions that allow them to respond to the real needs of the people they work with, and integrate wellness plans for the staff. This process must also be evidence-based, introducing greater rationality into the budgeting of outreach projects whenever calls for intervention proposals are planned and launched. Ideally, this would involve an economic study of the costs of delivering each type of harm reduction service per beneficiary.

Evidence also identifies the following as critical areas of investment to promote a culture of care and wellness and prevent burnout: supervision; training to better manage the relational and emotional dimensions of the work; staff support groups; and other team-building dynamics (Raffi Balian & White, 2010; Olivet et al., 2010; Shepard, 2013; Hill et al., 2023; Kolla et al., 2024).

Finally, “organizations should consider how they can continue to advocate for harm reduction across ‘the system’ and within their local communities as a means of reducing the ‘weight’ of harm reduction staffs’ roles” (Hill et al., 2023).

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DECLARATIONS

Ethics approval and consent to participate

The study protocol was reviewed and received ethical approval from the Ethics Committee of the Faculty of Psychology and Education Science of the University of Porto (Ref n.º 2023703-18b). Informed consent was obtained from all participants before they participated in the study.

Consent for publication

Not applicable.

Availability of data and materials

Data are not publicly available, in order to respect the confidentiality of participants in this study.

Data and materials are sensitive, and participants did not consent to the transcripts of their interviews and focus groups being publicly available.

Data extracts about which editors have questions or concerns may be provided upon request after de-identification of details that may compromise the confidentiality of the participants.

Competing interests

The authors declare no competing interests.

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