Vilnius University Press

Contents lists available at Vilnius University Press

Social Welfare: Interdisciplinary Approach
eISSN 2424-3876
2022, vol. 12, pp. 71–84
DOI: https://doi.org/10.15388/SW.2022.12.15

Applying Harm Reduction Principles to the Work of Social Workers and “Equal – Equal” Peer Counsellors

Tomas Butvilas
Mykolas Romeris University, Lithuania
tomas.butvilas@ksu.lt
https://orcid.org/0000-0003-4890-559X

Aistė Petuškaitė
Mykolas Romeris University, Lithuania
etuskaite.aiste@gmail.com

Gintautė Žibėnienė
Mykolas Romeris University, Lithuania
zibeniene@mruni.eu
https://orcid.org/0000-0003-4194-7332

Remigijus Bubnys
Vilnius University Šiauliai Academy, Lithuania
remigijus.bubnys@sa.vu.lt
https://orcid.org/0000-0002-7614-7688

Abstract. *This article presents a study on individuals who provide harm reduction services following the “Equal – Equal” principle – “Equal – Equal” consultants. Their activities are not regulated or extensively studied in Lithuania, but they are being implemented in practice. Both at the scientific and practical levels, there is a discussion about the effectiveness of “Equal – Equal” interventions, so it is likely that services provided on the “Equal – Equal” principle will be integrated into the system of assistance for individuals using psychoactive substances in the future. The study aimed to reveal how “Equal – Equal” consultants and one of the “traditional” harm reduction service providers – social workers – apply harm reduction principles when providing services to individuals using psychoactive substances.*

Received: 21/12/2022. **Accepted:** 20/02/2023
Copyright © 2022 Tomas Butvilas, Aistė Petuškaitė, Gintautė Žibėnienė, Remigijus Bubnys. Published by Vilnius University Press. This is an Open Access article distributed under the terms of the Creative Commons Attribution Licence, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

During the study, the "Equal – Equal" principle was revealed, harm reduction principles were identified, and the main similarities and differences in the application of harm reduction principles between professional service providers – social workers and "Equal – Equal" consultants were determined. The qualitative study found that collaboration with communities using psychoactive substances is not typical for the activities of social workers. This group is more inclined to focus on client abstinence, and there is a related moral judgment of the client. Social workers apply the principle of collaboration with the client on a broader scale than "Equal – Equal" consultants. The application of the autonomy principle in social work is complicated by the "double mandate dilemma." "Equal – Equal" consultants view psychoactive substance use in a very pragmatic way, emphasizing problem-solving strategies based on humanism. Both groups prioritize client life and health protection, rely on an individual approach to the client, and experience difficulties due to emotionally driven desires to influence client decisions.

Keywords: *"Equal – Equal" principle, harm reduction, social workers, psychoactive substances.*

Introduction

Harm reduction services are one of the state-regulated measures aimed at reducing the demand for psychoactive substances (referred to as PAS in the text). In 2018, at the national level in Lithuania, it was noted that the accessibility and coverage of harm reduction services were insufficient, and it was deemed relevant to anticipate their expansion (Resolution No. XIII-1765 of the Seimas of the Republic of Lithuania, December 13, 2018). The circle of harm reduction service providers is expanding. In addition to "traditional" harm reduction service providers (medical personnel and social workers working in state and municipal institutions, non-governmental organizations), new entities are emerging—individuals who provide harm reduction services on the "Equal – Equal" principle. However, their activities are not regulated or extensively studied in Lithuania, but they are practically carried out, making this a relevant phenomenon that requires research.

In foreign scientific literature, works related to the "Equal – Equal" principle were published more than two decades ago, and during this period, one form of "Equal – Equal" activity—education on the "Equal – Equal" principle—gained popularity (Turner & Shepherd, 1999). However, the situation is different in Lithuania because there is limited information about the "Equal – Equal" principle and activities based on it in the Lithuanian language. The first more substantial studies appeared in 2011 when examining the possibilities of "Equal – Equal" education among injecting drug users (Stonienė & Rotberga, 2011). "Equal – Equal" discussions can also be found on the websites of national health institutions (Center for Communicable Diseases and AIDS; National Institute for Integration) and in their methodological materials (Center for Communicable Diseases and AIDS, 2014; National Institute for Integration). Sengkey & Michael (2023) point out the problems of psychoactive substance use and assistance for these individuals:

> children who have abused narcotics, they are not only considered as perpetrators of crimes but as victims of the crime itself. The Child Protection Act also stipulates that child victims of narcotics abuse receive special protection. The fundamental weakness in law enforcement is that the rights of children who are victims of narcotics abuse are often neglected because they do not receive adequate regulation. Legal protection for children who abuse narcotics so far has only reached the procedural level and has not achieved substantial justice. Law enforcement for children who abuse narcotics is solely aimed at imposing sanctions on the perpetrators of crimes without considering aspects of the losses suffered by children who abuse narcotics. The imposition of sanctions is solely for revenge against the perpetrator without recovering the losses suffered by the child himself. (Sengkey & Michael, 2023, p. 4950)

In foreign literature, it is noted that more attention should be given to the aspect discussed in this article: "The authors illuminate the lack of social work addiction training within higher education, highlighting practical strategies that social workers can use as interventions. Moreover, the work explores social work's role in maximizing the PSW workforce to address Hispanic and Black communities most impacted by opioid overdoses. Combining PSWs with clinical social worker's roles will enhance recovery while addressing vital psychosocial issues" (Serrano & Conley, 2021, p. 524).

Therefore, when considering the place "Equal – Equal" type interventions can occupy in the assistance system for individuals using PAS and the possible prospects of these interventions, it is essential to understand how "Equal – Equal" consultants work in Lithuania and answer these questions: How does the "Equal – Equal" principle work? How do individuals operating on the "Equal – Equal" principle apply harm reduction principles when providing services to individuals using PAS? To what extent is their attitude and approach towards clients like that of professional service providers, such as social workers? Taking this into account, the research focuses on the application of harm reduction principles in the activities of social workers and "Equal – Equal" consultants when providing services to individuals using PAS.

Research aim: To reveal the application of harm reduction principles in the activities of social workers and "Equal – Equal" consultants when providing services to individuals using PAS.

Research objectives:

1. To discuss the significance of the "Equal – Equal" principle and identify the key harm reduction principles applied in working with individuals using PAS.
2. To determine the specificities of applying harm reduction principles in the activities of "Equal – Equal" consultants.
3. To determine the specificities of applying harm reduction principles in the activities of social workers.

Research methods: Systematic analysis and synthesis of scientific literature and documents, qualitative research (semi-structured interviews), data analysis using content analysis method.

1. The "Equal – Equal" Principle

The concept of "Equal – Equal" derives from the compound term "peer to peer" used in the English language. In English, the word "peer" generally refers to "peers" or "people of similar age", but it is used in a broader sense. "Peer" can denote any common trait that unites people (National Institute for Integration, 2011). These traits can be objective, such as age and gender, or subjective, like "lived experience" (Greer, 2019). Common characteristics among people significantly contribute to the creation of an equitable relationship, which is at the core of the "Equal – Equal" principle. While there is no single theory that explains how the "Equal – Equal" principle operates (Turner & Shepherd, 1999), it is best described through the theories based on social influence, with one of the most well-known being Social Learning Theory (Bandura, 2009). Summarizing the applicability of these theories, it can be stated that identifying with individuals or groups like oneself can lead to the adoption of their behaviour. This likelihood increases if the behaviour of the latter is relevant and understandable to the individual, supported by the majority of the group's representatives, or the group leader, and if the promised consequences of the behaviour are positive.

The main forms of "Equal – Equal" activity include "Equal – Equal" education, which aims to influence behaviour through information sharing, "Equal – Equal" counselling, primarily focused on emotional support for the client, and "Equal – Equal" support, where mutual assistance is provided. These forms of activity can overlap and adopt elements from each other. Such a wide variety of forms of action results in a highly adaptable nature of the "Equal – Equal" principle, so it is not surprising that the expansion of this principle is mentioned in strategic international and national documents. The European Union's key strategic document for drug policy, "EU Drug Strategy 2021-2025", pays significant attention to the inclusion of individuals with personal experience of drug use in both the assistance provision process and the creation of assistance services and drug policy shaping (Council of the European Union, 2021). Based on this document, Lithuania is developing the "National Agenda for Drug, Tobacco, and Alcohol Control, Use Prevention, and Drug-Related Harm Reduction until 2035" project, which provides recommendations related to the inclusion of individuals with drug use experience in the development of the assistance system (Project of the Resolution of the Seimas of the Republic of Lithuania, "Regarding the National Agenda for Drug, Tobacco, and Alcohol Control, Use Prevention, and Drug-Related Harm Reduction until 2035"). It is worth noting that, so far, in Lithuania, the "Equal – Equal" principle is applied rather narrowly (such services are "not regulated and expanded" in Lithuania): it is most commonly encountered when talking about youth education and working with individuals who use psychoactive substances, particularly when providing harm reduction services (Project of the Resolution of the Seimas of the Republic of Lithuania, "Regarding the National Agenda for Drug, Tobacco, and Alcohol Control, Use Prevention, and Drug-Related Harm Reduction until 2035").

2. Harm Reduction and Harm Reduction Principles

The concept of harm reduction is described by the Department of Drugs, Tobacco, and Alcohol as "a policy, interventions, and programs aimed at reducing the health, social, and economic consequences of drug and psychotropic substance use for individuals, communities, and society" (Department of Drugs, Tobacco, and Alcohol, 2022).

The concept of harm reduction emerged in the 1980s in the Netherlands and other European countries as a response to the HIV epidemic. To control the spread of this deadly virus, needle and syringe exchange programs were introduced for people who inject drugs (Lushin & Anastas, 2011). The harm reduction concept was based on the belief that some people will never quit drug use, but the risks and harm associated with drug use should still be managed. This non-abstinence-based approach allowed individuals who are not ready, willing, or able to stop using psychoactive substances to access relevant healthcare services.

The harm reduction perspective has faced considerable criticism and opposition, particularly in the United States. Some of the main reasons for resistance to harm reduction include the belief that harm reduction might increase drug use and harm to society and that providing harm reduction services sends a message to continue drug use (Brocato & Wagner, 2003). Similar arguments have been heard in Lithuania as well (Coalition of Non-Governmental Organizations and Experts "I Can Live", 2009).

Despite ongoing debates, harm reduction services for people who inject drugs (such as needle and syringe exchange, substitution therapy, overdose prevention) are considered effective and evidence-based worldwide in reducing the spread of blood-borne infections and deaths from overdoses. It is worth noting that the World Health Organization recognizes the effectiveness of harm reduction interventions implemented under the "peer to peer" principle in the field of harm reduction for people who inject drugs (World Health Organization, 2014; World Health Organization, 2022). Additionally, harm reduction education and substance testing in recreational settings, based on the "peer to peer" principle, are seen as potentially effective harm reduction measures, but further research is needed to substantiate them (European Monitoring Centre for Drugs and Drug Addiction, n.d.).

Harm Reduction Principles: The harm reduction doctrine can be best characterized by the following principles: humanism, pragmatism, individualism, collaboration with the client and communities of people who use psychoactive substances, and client autonomy. These principles, closely related, clearly reflect the attitudes that should be maintained and cultivated by harm reduction service providers in their relationship with clients.

The principle of pragmatism involves accepting reality (the client's behaviour, drug use) and focusing on the actual harm reduction rather than abstinence; setting realistic and quickly attainable goals; prioritizing goals based on the client's needs and the harm experienced, especially regarding life, health, social, and economic situations.

The principle of individualism encompasses focusing on the client's needs and their individual situation, tailoring methods, and forms of assistance to the individual situation.

The application of the *collaboration with the client principle* involves involving the client in the assistance process; empowering the client by utilizing their strengths; reinforcing positive behaviours and celebrating small victories; understanding that behaviour change is a process; preventing relapses.

The principle of client autonomy entails: transferring responsibility to the client; allowing the client to make harmful decisions; viewing the client's mistakes as part of the learning process.

The overarching principle of harm reduction is humanism, which is guided by humanistic values: respecting the client, valuing their dignity; adopting a biopsychosocial approach to psychoactive substance use; taking a non-judgmental, non-condemning, non-evaluating approach; providing unlimited client support.

Additionally, there is the principle of collaboration with communities of people who use psychoactive substances, which suggests that these communities should be involved in the development, implementation, and evaluation of harm reduction programs (Harm Reduction International, n.d.).

3. Research Organization and Methodology

To compare how social workers and peer consultants providing services to People Who Use Psychoactive Substances (PWUPS) apply harm reduction principles, a qualitative research method was chosen. In January 2022, eight semi-structured qualitative interviews were conducted with research participants. Participants were selected using mixed purposive sampling, including the following groups:

- Four peer consultants who have been providing harm reduction services to PWUPS for at least two years and consider themselves as peer consultants.
- Four social workers who provide harm reduction services to PWUPS or work in programs not exclusively focused on abstinence, have a bachelor's degree or equivalent in social work, and possess a minimum of two years of professional experience.

Data from the interviews were analysed using qualitative content analysis, following the methodology outlined by Bitinas, Rupšienė, and Žydžiūnaitė in 2008. This approach involved multiple readings of the transcripts, systematic categorization, interpretation of identified categories and subcategories, and substantiation of findings with text excerpts that confirm the statements.

Research Ethics

Throughout the research process, adherence to the principles of research ethics, as described by Bitinas, Rupšienė, and Žydžiūnaitė in 2008 (pp. 112–113), was strictly followed:

1. Informed Consent: All research participants were informed of the research objectives, the use of obtained data, and the principles of research ethics. They were guaranteed anonymity throughout the study.
2. Parental Consent: For participants who were minors, written parental consent was obtained to ensure ethical considerations regarding their participation in the study.
3. Anonymity: Anonymity was maintained for all participants. In the qualitative research process, participants were identified by sequence numbers (e.g., L1, L2 for peer consultants and S1, S2 for social workers).

By adhering to these ethical principles, our research ensured the confidentiality and protection of participants' identities and information, contributing to the ethical conduct of the study.

4. Research Findings and Analysis

Application of Harm Reduction Principles in the Activities of Peer Consultants

Principle of Pragmatism: The activities of peer consultants are exclusively focused on harm reduction. Participants in the study described harm reduction as the foundation of their work. They emphasized that their primary goal is to protect the lives and health of their clients rather than promoting abstinence from substance use. Peer consultants stress the importance of providing comprehensive information about psychoactive substances and their associated risks, aligning their activities with harm reduction principles. Additionally, they view substance use as a common behaviour, suggesting that all individuals make choices that may harm their health. Therefore, they believe that substance use should not be stigmatized.

Principle of Individualism: Peer consultants pay significant attention to assessing individual client needs. They consider external circumstances, physical or emotional well-being, and specific client needs when conducting assessments. Sometimes, they involve individuals accompanying the client to gain a better understanding of their situation. Peer consultants view behaviour change as a process and actively involve clients in problem-solving. They empower clients to make decisions about their behaviour, reflecting a collaborative approach.

Principle of Community Engagement: Peer consultants actively collaborate with organizations abroad that engage in similar activities to improve the nature of harm reduction services provided in Lithuania. They also attempt to involve local communities by encouraging individual clients to represent their interests in society,

although this practice is currently limited in scope. The engagement of peer consultants with the community reflects their commitment to the principle of collaboration with People Who Use Psychoactive Substances (PWUPS) communities.

Principle of Autonomy: Peer consultants emphasize the importance of client autonomy and the need for individuals to make their own decisions. They believe that forcing clients to change their behaviour would violate their rights. They trust that clients' autonomous decisions can lead to better outcomes and enhanced well-being. However, in exceptional cases where there is an immediate threat to the client or others, persuasion may be used to prevent harm.

Nevertheless, during the research, it was observed that in some cases, persuasion is used to prevent harm to the client. This strategy should only be employed in rare situations where there is an imminent danger to the client. Peer consultants feel a strong moral responsibility for their clients' well-being, although they do not assume responsibility for their choices, except when clients are unable to care for themselves due to intoxication.

Principle of Equitable Communication: Peer consultants engage in egalitarian and informal communication with clients, regardless of age, gender, identity, or other factors. They aim to explain information in an understandable manner, emphasizing empathy and respect. Trust plays a vital role in the relationship between peer consultants and clients, encouraging clients to return for services. Peer consultants avoid moralizing or passing judgment on clients' behaviour, refraining from labelling their actions as "good" or "bad".

Humanistic Approach to Understanding Substance Use: Peer consultants tend to view substance use not merely as a problem but as a strategy employed by clients to address life challenges. They argue that the root of the problem often lies elsewhere, and that cessation of substance use alone will not resolve these underlying issues. Education and communication, along with empathy, are considered essential tools for addressing these challenges. Peer consultants also recognize when specialized assistance is needed and refer clients to appropriate services.

These findings illustrate the commitment of peer consultants to harm reduction principles, emphasizing pragmatism, individualism, community engagement, autonomy, equitable communication, and a humanistic understanding of substance use. Peer consultants play a crucial role in supporting PWUPS and strive to create a non-judgmental and collaborative environment for their clients.

Application of Harm Reduction Principles in the Work of Social Workers

It has been observed that social workers apply the principle of pragmatism. They primarily focus on ensuring the safety and health of their clients: S1: "My goal is for him to be safe here and now, especially related to drug use." When working with clients who use injectable substances, they attach great importance to providing comprehensive

information about the risks of these substances and strategies to prevent infectious diseases or overdoses. Thus, they are oriented towards reducing real and relevant harm to the client: S2: "So that at least he doesn't use entirely, but at least so that he has all the information, what he can take from us... that he can seek treatment," S4: "<...> he can also get a naloxone overdose kit <...>." It is noteworthy that social workers also place a significant emphasis on abstinence, mentioning it both as a goal of their work and as a potential outcome. Clients who do not quit using are not excluded from the support system, but abstinence is encouraged and valued: S4: "<...> so that he could stabilize, so that he could live, not use, and so on," "<...> and, most importantly, to avoid relapse." This approach may be influenced by the widely recognized "double mandate dilemma" in social work. However, it is important to note that even when performing control functions (S2: "<...> well, we do those urine tests <...>," S4: "<...> his entire treatment process, what we have to oversee <...>"), research participants pragmatically acknowledge that their power to influence a client's behaviour is limited: S4: "But the fact is, we cannot control him fully, a hundred percent. We can only talk to him within the institution, but outside of the institution, if we cannot control him <...>." Abstinence is possibly emphasized due to the vulnerability of a large group of clients. Active substance use prevents them from accessing certain services, reuniting with their children, and more. Therefore, social workers, being oriented towards solving these problems, automatically focus on client abstinence.

Research participants emphasize the importance of an individualized approach. This is reflected in the assessment of the client's situation (S3: "<...> each situation is very individual, differently sensitive."), the client's personality (S4: "<...> they are all different <...>"), their state (S3: "<...> I try to identify the substance they use most often because it greatly affects how you interact with the person."), and their needs (S4: "It's just a complex of all those support measures, they are all individual, applied to each individual.").

In the work of social workers, the principle of collaboration with the client is particularly prominent. This is evident in the aspect of involving the client in the assistance; the client is encouraged to be active at all stages of the process: assessing their situation, needs, setting goals, considering the most appropriate support options, and representing their rights and needs in other institutions: S4: "<...> we talk <...> what they see in themselves, what they aspire to," S1: "<...> I ask <...> what we could do together." Positive changes in the client's behaviour are reinforced through support or certain incentives: S2: "I just praised her. I praised her for doing well," S4: "Initially, with praise, then, just, we move on to some, perhaps, lenient conditions." This group of research participants does not apply the principle of collaboration with communities of people who use psychoactive substances. Collaboration only occurs with other assistance-providing institutions when addressing individual client problems and representing their individual needs. Research participants adhere to the principle of client autonomy and emphasize that making decisions for the client would contradict

the principles of social work: S2: “<...> we really cannot make decisions, that is one of the main principles of social work, that we cannot tell and dictate how to behave, that a person must decide for themselves.” The use of coercion cannot be employed in the assistance process: S2: “He is free, and it is of his own free will... there is no coercion.” S4: “He cannot be forced in any way, in any way, to apply one treatment or another, he must choose for himself what he wants to do <...>,” it is a humanistic principle: S1: “<...> well, you don’t need to be a user <...> you don’t want to. <...>.” Although responsibility for decisions is given to the client: S3: “<...> I always emphasize that responsibility lies with the client because he chooses and uses.” In the assistance process, efforts are made to share responsibilities: S4: “<...> probably, responsibility is both one’s and the other’s <...>,” “<...> both he and we should get involved in all that activity.”

Cases involving client ambivalence towards behaviour change are addressed patiently: S1: “Well, if you don’t want to today, that’s fine <...>,” S2: “<...> without pressure, without telling them <...>,” searching for the most suitable way to act in the situation, more active or passive involvement of the worker: S2: “<...> my initiative, that invitation, and not giving peace to allow him to come to talk to me <...>,” S4: “<...> by pestering, probably, slipping in to talk to him, wanting to do something with him, that can just worsen the situation.” It is worth noting that social workers sometimes encounter difficulties in applying the autonomy principle; sometimes they find it difficult to accept a client’s regressive behaviour or decreased motivation, leading to feelings of anger and hopelessness: S1: “Of course, sometimes anger and hopelessness.” S1: “<...> they come and go, come and go, nothing changes in their situation.”

The application of the principle of humanism is most reflected in the acceptance of the client’s personality: S1: “<...> it’s accepting the person as they are.” Acceptance and respect can be demonstrated in various ways: not taking a punitive approach but focusing on understanding the causes of the client’s problems: S2: “Not punishing somehow <...> but trying to find out the cause,” creating a sense of security: S1: “We only call the authorities in extreme cases. <...> So that the client feels safe, of course,” an open, assistance-oriented position of the worker: S4: “<...> I feel like a worker who wants to help these people <...>,” informal communication: S2: “<...> usually, in simple language, human <...>,” consideration of important details for clients: S3: “<...> ownership <...> even clothes, if something gets wet <...>,” or hospitality: S1: “We have the opportunity to treat them to coffee, to biscuits.” S3: “<...> creating a sense of comfort for these people <...>.”

Research participants state that they look at their clients without judgment or moralization. When communicating, they try not to use words with moral weight: S2: “<...> you cannot tell them that it is wrong <...>,” S3: “<...> the main thing is not to say: < … > “It’s not allowed, do you know that prohibited substances are illegal?” but to accept the client as they are. However, during the study, moral judgment of clients was observed: S4: “< … > every client is a good client, but he is good only as long as he does something.” This suggests that client initiative is encouraged, motivation is expected,

and if it is not present, the client is not considered "good." The moral judgment of "unpleasant" clients aligns more with the positivist model of illness than with the harm reduction perspective.

Research participants also mentioned the aspect of unlimited support – they accept their clients after an incident, do not push them away: S1: "Well, I say: "How nice it is to talk to you, communicate when you are without [threatening tool] (changed by the author)" and allow clients to learn from mistakes. An empathetic attitude towards the client helps with this: S1: "Of course, it takes a lot of effort to do everything and sort it out <...> Well, it's not easy."

Social workers evaluate drug use from various perspectives; it can be influenced by emotional difficulties: S1: "Emotional ones, coming from the family <...>," S3: "<...> when you can't cope with internal issues in any other way <...>," social difficulties related to relationships: S2: "<...> he fell back because of the whole family situation <...>," S4: "<...> social problems, maybe they are solving those problems in that way <...>," environmental factors: S1: "And, of course, it has an influence <...> friends, for example, those who also use, the boyfriend." Research participants also believe that some of their clients' problems existed even before they started using psychoactive substances: S1: "<...> part of those problems existed even before drug use." S3: "<...> drug use, most often, is just a consequence of that self-perception." On the other hand, research participants believe that some of their clients' problems would be resolved if they stopped using, especially concerning health issues: S4: "<...> because of health problems <...> The consequences of all that use."

Overall, the research participants' approach reflects a comprehensive understanding of harm reduction principles in social work with individuals who use psychoactive substances. They prioritize the safety and well-being of their clients, respect their autonomy, and provide individualized support while avoiding moral judgments. They actively involve clients in the assistance process and maintain an empathetic and non-coercive approach, recognizing the complexity of their clients' lives and challenges they face.

Discussion

The theoretical analysis has revealed a significant diversity of activities based on the "peer-to-peer" principle, along with their practical applicability. Considering the evidence-based effectiveness of "peer-to-peer" interventions when providing services in the field of harm reduction for injection drug users and the evaluation of such interventions at a strategic level, it is particularly relevant when considering the expansion of harm reduction services for people who use drugs (PWUD) in Lithuania. The flexibility of "peer-to-peer" interventions could lead to creative and smooth integration into the healthcare system, potentially creating a new type of harm reduction services. These

services could be provided collaboratively by "traditional" service providers, including social workers, and "peer-to-peer" consultants.

This assumption is supported by data obtained during empirical research: both research groups, "peer-to-peer" consultants and social workers, providing harm reduction services to PWUD, adhere to harm reduction principles. The attitudes of both groups towards clients and the characteristics of the relationships they establish with clients are similar, with some minor deviations. The research findings provide a foundation for further studies focused on specific collaboration opportunities between social workers and "peer-to-peer" consultants. For example, "peer-to-peer" consultants could assist in expanding the circle of participants in the healthcare system, increasing the scope of activities in the field of harm reduction, reducing the workload on professionals, and enhancing the specialized knowledge of both groups.

Conclusions and Recommendations

Theoretical analysis has revealed the effectiveness of interventions based on the "peer-to-peer" principle in the field of harm reduction for injection drug users. Meanwhile, empirical research has shown that both groups of research participants (social workers and "peer-to-peer" consultants providing services to people who use drugs – PWUD) apply harm reduction principles when delivering services to PWUD. However, there are similarities and differences in the application of harm reduction principles between the two groups:

Both groups prioritize the protection of the client's life and health, thus implementing the principle of pragmatism. However, social workers tend to lean more towards an orientation for abstinence. In the context of the study, the orientation towards abstinence does not contradict the principle of pragmatism, as the harm reduction perspective does not question abstinence as a further goal in the hierarchy of objectives.

Both groups apply the principle of individualism and attach great importance to it. The most pronounced application of the principle of individualism is seen in the assessment of clients' needs.

The principle of collaboration with the client is applied more broadly by social workers. It was observed that fluctuating client motivation and relapse pose challenges to social workers, so they place importance on reflecting on their feelings. Client support is a characteristic of both groups.

Collaboration with communities of people who use psychoactive substances is only carried out by "peer-to-peer" consultants. Most collaboration occurs with organizations operating abroad. Attempts are also made to create a larger community in Lithuania. Considering the thoughts expressed by the research participants, it is recommended that "peer-to-peer" consultants strengthen strategies related to greater client involvement in their own advocacy efforts, thereby increasing the visibility and importance of harm reduction services in society.

Both groups apply the principle of autonomy. For "peer-to-peer" consultants, client autonomy is understood through the prism of human rights, and it is highly valued. Autonomy can only be restricted in exceptional cases. Social workers exhibit a control aspect related to the "double mandate dilemma" in social work.

Both groups experience difficulties in applying the principle of autonomy. To overcome these difficulties, it is important for both groups to pay sufficient attention to feelings reflection. "Peer-to-peer" consultants are also recommended to reflect on strategies for working with specific cases as a team, while social workers should focus on strategies that help address the "double mandate dilemma."

Both groups exhibit the application of the principle of humanism. However, in social work, personal moral judgments about the client are observed, which are related to the client's motivation to change behaviour. Increasing knowledge about addiction disorders and the characteristics of behaviour change stages is needed to address this issue effectively.

References

Bandura, A. (2009). *Socialiniai minties ir veiksmo pagrindai. Socialinė kognityvinė teorija* [Social foundations of thought and action. Social cognitive theory]. Vilnius: VU Specialiosios psichologijos laboratorija.

Bitinas, B., Rupšienė, L., & Žydžiūnaitė, V. (2008). *Kokybinių tyrimų metodologija. I dalis* [Qualitative research methodology, 1st edition]. Klaipėda.

Brocato, J., & Wagner, E. E. (2003). Harm reduction: A social work practice model and social justice agenda. *Health & Social Work, 28* (2), *117*–125. http://dx.doi.org/10.1093/hsw/28.2.117

Čaplinskas, S. (2012). *Atsako į AIDS ir narkomaniją kontroversijos* [Responds to AIDS and drug addiction controversies]. Kaunas: Vitae Litera. http://www.ulac.lt/uploads/downloads/T4.pdf

Europos Sąjungos Taryba [Council of the European Union] (2021). *2021–2025 m. ES narkotikų strategija* [EU Drugs Strategy 2021–2025]. https://data.consilium.europa.eu/doc/document/ST-14178-2020-REV-1/lt/pdf

European Monitoring Centre for Drugs and Drug Addiction (n. d.). *Policy and practice briefings. Nightlife, festivals and other recreational settings.* https://www.emcdda.europa.eu/best-practice/briefings/nightlife-festival-and-other-recreational-settings_en#

Greer, A. M. (2019). *Work experiences and conditions among people who use drugs engaged in peer work: a critical examination of peer work in British Columbia, Canada.* A dissertation submitted in partial fulfillment of the requirements for the degree of doctor of philosophy. The University of British Columbia. https://open.library.ubc.ca/cIRcle/collections/ubctheses/24/items/1.0383396#downloadfiles

Harm Reduction International (n. d.). *What is harm reduction?* https://www.hri.global/what-is-harm-reduction

Lietuvos Respublikos Seimas [the Seimas of the Republic of Lithuania] (2021). *Lietuvos Respublikos Seimo nutarimo „Dėl nacionalinės darbotvarkės narkotikų, tabako ir alkoholio kontrolės, vartojimo prevencijos ir su narkotikais susijusios žalos klausimais iki 2035 metų" projektas* (Reg. Nr. 21-29402 (2021). https://e-seimas.lrs.lt/portal/legalAct/lt/TAP/16bf9bd00c9111ecb4af84e751d2e0c9?jfwid=10nvo6so94

Lietuvos Respublikos Seimas [the Seimas of the Republic of Lithuania] (2018). *Lietuvos Respublikos Seimo 2018 m. gruodžio 13 d. nutarimas Nr. XIII-1765 „Dėl Valstybinės narkotikų, tabako ir alkoholio kontrolės ir vartojimo prevencijos 2018–2028 metų programos patvirtinimo“*. Vilnius. https://e-seimas.lrs.lt/portal/legalAct/lt/TAD/a50bec00035b11e9a017f05dde6559c6

Lushin, V., & Anastas, J. W. (2011). Harm reduction in substance abuse treatment: Pragmatism as an epistemology for social work practice. *Journal of Social Work Practice in the Addictions, 11,* 96–100. http://dx.doi.org/10.1080/1533256x.2011.546205

Nacionalinis integracijos institutas [National Institute of Integration]. (2011). *Bendraamžių švietėjų metodinis leidinys „Pozityvas“. Vadovas bendraamžių švietėjui* [Methodical publication of peer educators "Positive". A Guide for the Peer Educator]. Vilnius: Kitos knygos.

Narkotikų, tabako ir alkoholio departamentas [Department of Drugs, Tobacco and Alcohol] (2022). *Žalos mažinimas* [Harm Reduction]. https://ntakd.lrv.lt/lt/zalos-mazinimas/zalos-mazinimas-1

Nevyriausybinių organizacijų ir ekspertų koalicija „Galiu gyventi“ [Coalition of non-governmental organizations and experts "I can live"] (2009). *Narkotikų žalos mažinimo programų skatinimas ir plėtra Lietuvoje* [Promotion and development of drug harm reduction programs in Lithuania]. Vilnius: Koalicija „Galiu gyventi“. http://galiugyventi.lt/wp-content/uploads/2015/03/2009-zalos-mazinimo-istorija-LT.pdf

Sengkey, H. A, & Michael, T. (2023). Tanggung jawab negara dalam memberikan perlindungan hukum terhadap anak penyalahguna narkotika. *Journal of Syntax Literate*, *8*(7), 4941–4951. http://dx.doi.org/10.36418/syntax-literate.v8i7.12980 .

Serrano, M. D., & Conley, T. B. (2021). The role of social work and peer support workers in addressing the opioid crisis. *Social Work in Mental Health, 19* (6), 517–525. http://dx.doi.org/10.1080/15332985.2021.1929661.

Stonienė, L., & Rotberga, S. (2011). Lygių įtraukimo intervencijos metodo tarp švirkščiamųjų narkotikų vartotojų diegimo patirtis Lietuvoje [Implementation of Peer-Driven Intervention among Injecting Drug Users in Lithuania]. *Visuomenės sveikata* [Public Health], *2(53),* 46–53. https://www.hi.lt/uploads/pdf/visuomenes%20sveikata/2011.2(53)/VS_2011_2(53)_Stoniene.pdf

Turner, G., & Shepherd, J. (1999). A method in search of a theory: peer education and health promotion. *Health Education Research*, *14*(2), 235–247. http://dx.doi.org/10.1093/her/14.2.235

Užkrečiamų ligų ir AIDS centras [Center for Infectious Diseases and AIDS] (2014). *Moksleivių švietimo apie ŽIV ir kitas lytiškai plintančias infekcijas (LPI) metodinės rekomendacijos* [Methodological recommendations for educating students about HIV and other sexually transmitted infections (STIs)]. Kaunas: Vitae Litera. http://www.ulac.lt/uploads/downloads/leidiniai/9%20-%20LPI%20metodines.pdf

World Health Organisation (2014). *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.* https://apps.who.int/iris/bitstream/handle/10665/128048/9789241507431_eng.pdf?sequence=1

World Health Organisation (2022). *Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations*. https://www.paho.org/en/documents/consolidated-guidelines-hiv-viral-hepatitis-and-sti-prevention-diagnosis-treatment-and