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Technologies of Care: Harm Reduction and Queer Community Practices in Lisbon

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Master in Sociology

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SOCIOLOGIA
E POLÍTICAS PÚBLICAS

Department of Sociology

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To those working towards justice, care, and freedom.

Acknowledgments

I am deeply grateful to the participants who shared their experiences, knowledge, and time with me. This research exists because you trusted me with your stories. You taught me more than I could have imagined.

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Finally, I write this in solidarity with all oppressed peoples resisting violence and fighting for their right to exist freely.

Resumo

Esta dissertação investiga a intersecção entre redução de danos, cuidado e experiências queer em Lisboa, examinando como as práticas de redução de danos se entrelaçam com o cuidado coletivo dentro das comunidades queer. Apesar da pioneira descriminalização de drogas em Portugal desde 2001, a investigação sobre experiências LGBTQIA+ dentro deste enquadramento permanece limitada, criando lacunas na compreensão de como políticas progressivas de drogas se intersectam com experiências de minorias sexuais e de género. O estudo aborda três preocupações principais: taxas desproporcionalmente elevadas de uso de substâncias entre populações LGBTQIA+ que permanecem subatendidas pelos serviços convencionais; pressupostos heteronormativos na paisagem portuguesa de redução de danos; e o aumento de práticas de chemsex que requerem respostas culturalmente específicas. A investigação contribui para debates teóricos sobre organização do cuidado, mediação de ONGs entre estado e necessidades comunitárias, e adaptação profissional para servir populações estigmatizadas.

Baseando-se em estudos críticos de drogas, estudos feministas de ciência e tecnologia, e teoria queer, esta investigação desafia enquadramentos centrados no risco e modelos de stress minoritário que patologizam o uso de substâncias queer. Examina como as substâncias funcionam como “tecnologias do eu” que possibilitam formação identitária e construção comunitária, recorrendo aos conceitos de “saúde contrapública” e “alegria queer” como alternativas a narrativas centradas no trauma. Utilizando metodologia qualitativa com entrevistas em profundidade a doze participantes, o estudo emprega análise temática reflexiva examinando perspetivas institucionais e de base. A investigação revela como comunidades queer criam práticas de cuidado contra-hegemónicas que desafiam paradigmas dominantes enquanto negociam políticas progressivas portuguesas. Os resultados contribuem para a compreensão da resiliência comunitária, sociologia do cuidado, e como grupos marginalizados criam sistemas de apoio coletivo, oferecendo perspetivas sobre reprodução social, resistência, e limites do bem-estar estatal.

Palavras-chave: redução de danos; LGBTQIA+; cuidado comunitário; trabalho de pares; Lisboa; política de drogas.

Abstract

This dissertation examines the intersection of harm reduction, care, and queer experiences in Lisbon, exploring how harm reduction practices become intertwined with collective care within queer communities. Despite Portugal's pioneering drug decriminalisation since 2001, research on LGBTQIA+ experiences within this framework remains limited, creating gaps in understanding how progressive drug policy intersects with sexual and gender minority experiences. The study addresses three key concerns: disproportionately higher substance use rates among LGBTQIA+ populations who remain underserved by mainstream services; heteronormative assumptions within Portugal's harm reduction landscape; and the rise of chemsex practices requiring culturally specific responses. The research contributes to theoretical debates about care organisation, NGO mediation between state and community needs, and professional adaptation to serve stigmatised populations.

Building on critical drug scholarship, feminist science and technology studies, and queer theory, this research challenges risk-centred frameworks and minority stress models that pathologise queer substance use. Instead, it examines how substances function as "technologies of the self" enabling identity formation and community building, drawing on "counterpublic health" and "queer joy" concepts as alternatives to trauma-centred narratives. Using a qualitative methodology with in-depth interviews of twelve participants, the study employs reflexive thematic analysis to examine both institutional and grassroots perspectives. The research reveals how queer communities create counter-hegemonic care practices that challenge dominant paradigms while negotiating Portugal's progressive policies. Findings contribute to the understanding of community resilience, the sociology of care, and how marginalised groups create collective support systems, offering insights into social reproduction, resistance, and the limits of state welfare.

Keywords: harm reduction; LGBTQIA+; community care; peer work; Lisbon; drug policy.

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Glossary of Acronyms

AIDS = Acquired Immunodeficiency Syndrome

BIPOC = Black Indigenous People of Colour

cfr. = confront

DIY = Do It Yourself

e.g. = *exempli gratia*, for example

HIV = Human Immunodeficiency Virus

LGBTQIA+ = Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and + (plus sign) for all other diverse sexual orientations and gender identities not listed

NGO = Non-Governmental Organisation

Introduction

This dissertation examines the intersection of harm reduction, care, and queer experiences in the Portuguese context, with a focus on Lisbon. It studies how harm reduction practices become interwoven with collective care in the social fabric of queer communities, influencing both patterns of substance use and broader social dynamics. The research emerges at a critical juncture in European drug policy, where traditional punitive approaches are increasingly challenged by evidence-based harm reduction strategies (EUDA, 2024; European Harm Reduction Network, 2024). Yet harm reduction services for people who use drugs continue to lack adequate resources and political support, particularly for marginalised populations (European Harm Reduction Network, 2024). In Portugal, despite pioneering drug decriminalization policies implemented in 2001 that shifted focus from criminal justice to public health approaches (Ferreira *et al.*, 2021; Hughes & Stevens, 2010), research on the specific experiences of LGBTQIA+ individuals within this harm reduction framework remains limited. This creates gaps in understanding how decriminalisation intersects with sexual and gender minority experiences of substance use.

The social importance of this research is threefold. First, LGBTQIA+ populations face disproportionately higher rates of substance use, with adults being more than twice as likely as their heterosexual counterparts to use illicit drugs and almost twice as likely to suffer from a substance use disorder. The odds of substance use for LGBTQIA+ youth are, on average, 190% higher than for heterosexual youth (Marshal *et al.*, 2008; Kaliszewski, 2019). Despite these disparities, such populations remain underserved by mainstream harm reduction services, with disparities attributed to minority stress and stigma (Paschen-Wolff *et al.*, 2024). Second, Portugal's harm reduction landscape, while progressive, has been critiqued for its heteronormative assumptions, with harm reduction organisations recognising the need to “challenge heteronormative assumptions so we can better support LGB/TGNC+¹ people who use drugs” (National Harm Reduction Coalition, 2025). Third, the rise of chemsex practices among men who have sex with men in urban centres like Lisbon has created new challenges. Chemsex involves “the intentional combining of specific drugs with sex, primarily by gay,

¹ LGB/TGNC+ = Lesbian, Gay, Bisexual, Transgender and Gender Non-Conforming populations. This acronym is sometimes used in academic literature as an alternative to LGBTQ+ or LGBTQIA+, particularly in contexts that want to explicitly distinguish between sexual orientation (LGB) and gender identity/expression (TGNC). For consistency with broader academic literature and readability, this study employs the more commonly used term LGBTQIA+.

bisexual, and other men who have sex with men (GBMSM), to enhance intimacy, pleasure, and prolong sexual sessions”, and practices vary significantly across geographic and social settings (Hawkinson *et al.*, 2024). Specifically, chemsex refers to the use of particular drugs – crystal methamphetamine, cathinones (mephedrone, 3MMC, 4MMC), and/or GHB/GBL – known as “chems”, which are distinct from other recreational drugs due to their disinhibiting effects that facilitate sexual pleasure and expression. The phenomenon is primarily culturally specific to gay male communities, though it can extend to other populations, and is associated with contemporary online hook-up culture and digital sexual networking platforms (Stuart, 2019), requiring culturally specific harm reduction responses (Pires *et al.*, 2022).

Moreover, this research addresses critical sociological questions about how harm reduction practices intersect with community care within marginalised populations. It contributes to theoretical debates about the social organisation of care, the role of NGOs in mediating between state services and community needs, and how professional practices adapt to serve stigmatised populations. By examining how harm reduction workers in Lisbon understand and respond to queer community needs, this study illuminates the social processes through which care is negotiated, defined, and delivered within contexts of marginalisation and resistance.

This research supports the claim that drug use within queer communities cannot be fully understood through risk-centred frameworks (e.g. Hughes, 2011). These approaches reduce complex practices of community formation and identity exploration to individual pathology, thereby obscuring how substances function as “technologies of the self” that facilitate queer sociabilities and enable resistance to normative constraints. Traditional deficit-based models that have historically dominated both drug policy and LGBTQIA+ health research – exemplified by Hughes’ (2011) epidemiological focus on alcohol-related problems among sexual minority women – emphasise statistical disparities and risk factors while neglecting the sociocultural meanings and community functions of substance use. While such research documents significant health inequities, it fails to capture how substances can facilitate connection, pleasure, and identity exploration within queer contexts. Instead, this research builds on emerging scholarship that analyses how substances enable identity formation, promote community building through shared practices of experimentation, and generate care practices that prioritise pleasure and harm reduction within LGBTQIA+ cultures (Pienaar *et al.*, 2020).

The theoretical landscape has evolved significantly through the work of critical drug scholars who challenge biomedical reductionism. Pienaar *et al.* (2020) provide crucial empirical evidence demonstrating how LGBTQIA+ individuals use substances as “technologies of the

self,” enabling identity formation and community building. Their research reveals how drugs facilitate gender play, enhance intimate connections, and create spaces for exploring non-normative expressions of sexuality and gender. This work builds on Race’s (2009, 2020) conceptualisation of harm reduction as a form of “counterpublic health.” This approach emphasises pleasure, autonomy, and agency rather than solely focusing on risk mitigation. Importantly, the integration of feminist science and technology studies perspectives, particularly through the work of Campbell and Herzberg (2017), further develops this theoretical framework by examining drugs as gendered technologies that actively configure social relations. This approach reveals how Connell’s (2002) gender order structures not only individual experiences of substance use but also the cultural meanings attributed to different substances and users, systematically reproducing inequalities that marginalise specific populations.

The concepts of “care” and “community” are central to this analysis, as they led the interviews and fieldwork. However, they are contested in both sociological and activist discourses. Carnes (2019) exposes the paradox within queer communities, where ideals of inclusivity coexist with ideological policing. In contrast, Pearson (1995) critiques romanticised notions of community by demonstrating how power dynamics and exclusionary mechanisms structure care and support. These tensions are particularly relevant in harm reduction contexts, where grassroots initiatives may reproduce the very inequalities they seek to address. Yet empirical work by Pires *et al.* (2022) in the Lisbon context demonstrates how harm reduction organisations can challenge these dynamics through community-driven, context-sensitive care practices that prioritise community knowledge and lived experience over professional expertise, illustrating how local contexts shape the implementation of harm reduction principles and highlighting the potential for such approaches to overcome institutional limitations.

The theoretical framework also engages critically with minority stress models (Meyer, 2003; Hendricks & Testa, 2012), which suggest that elevated drug use among queer populations results primarily from psychological burdens of stigma and discrimination. While acknowledging the reality of structural oppression, this research follows Pienaar *et al.* (2020) and Baker (2023) in arguing that pathology-centred approaches oversimplify complex dynamics of queer substance use by neglecting pleasure, agency, and community formation. The concept of “queer joy” (Baker, 2023) provides a theoretical counterpoint to trauma-centred narratives, illustrating how drug use can facilitate embodied, pleasurable experiences that transcend victimisation frameworks. This perspective aligns with Race’s (2020) advocacy for

pleasure-inclusive harm reduction that recognises the relational and communal dimensions of substance use practices.

Portugal's decriminalization model has attracted international attention, yet despite its pioneering twenty-year history of evidence-based public health approaches, research examining how these policies serve marginalised populations – particularly LGBTQIA+ communities – remains scarce. While Pires *et al.* (2022) provide essential initial insights into Lisbon's chemsex harm reduction initiatives, broader questions about how queer communities navigate Portugal's harm reduction system remain unexplored. This research fills this critical gap by examining how Portugal's unique policy context shapes queer harm reduction practices, whether it yields more inclusive services for LGBTQIA+ populations, and how community-driven initiatives complement or challenge institutional provision.

The research questions guiding this thesis are: 1) How do harm reduction practices and collective care intersect within queer communities in Lisbon, and how do these practices influence queer identities and sociality? 2) What role does marginalisation (e.g., related to sexuality, gender identity, race) play in shaping harm reduction needs and strategies? 3) What forms of care emerge from these interactions (within queer communities that engage with harm reduction), and how are these practices influenced by cultural, political, and social factors? 4) How can institutional harm reduction efforts better align with the lived experiences of LGBTQIA+ individuals?

This research employs qualitative methodology, building on Taylor *et al.*'s (2015) approach to studying marginalised communities, which emphasises participatory methods and community-centred analysis. This methodological choice addresses limitations in existing research that often impose external frameworks on community practices rather than examining how communities themselves understand and organise their harm reduction efforts. The methodology involves in-depth interviews with both NGO professionals and community members, allowing for examination of institutional and grassroots perspectives on harm reduction practice. This dual approach enables analysis of how formal services interact with community initiatives and where tensions emerge. The focus on lived experience aligns with the theoretical framework's emphasis on centring community knowledge and challenging expert-led approaches to harm reduction.

Drawing from diverse theoretical perspectives, this study contextualises harm reduction through historical and sociological lenses. It engages with the role of community in queer harm reduction (Carnes, 2019; Pearson, 1995), gendered and racialised dimensions of drug-use (Campbell & Herzberg, 2017; Connell, 2002; Mata *et al.*, 2023, Baker; 2023), and the

sociocultural significance of drugs as pleasure-producing technologies (Pienaar *et al.*, 2020; Baker, 2023). Sociologically, this work contributes to several key areas: theories of community resilience, the sociology of care, and critical studies of how stigmatised groups create counter-hegemonic practices. The intersection of sexual identity, substance use, and community response reveals how social marginalisation produces both vulnerability and innovative forms of collective support. This offers insights into broader questions of social reproduction, resistance, and the limits of state-centred welfare provision in neoliberal contexts. More broadly, the research contributes to understanding how social movements and community organising intersect with the implementation of health policy. By examining how queer communities in Lisbon negotiate Portugal's drug policies, the study provides insights into the complex relationships between state provision, community autonomy, and social justice. These insights extend beyond harm reduction to broader questions of citizenship and belonging in contemporary Europe.

Moving beyond traditional harm prevention, this research aims to explore how harm reduction can foster pleasure, agency, and transformative experiences within queer lives. It provides a framework for analysing the connections between harm reduction and queer community practices while addressing the nuanced ways care is negotiated in spaces of marginality and resistance.

This dissertation is organised into four main chapters. Following this introduction, Chapter 1 provides a comprehensive literature review that situates the research within broader discussions of gender and race in the context of drug use. It traces the historical development of harm reduction, paying attention to Portuguese decriminalisation policies and narcofeminist approaches, and it explores theoretical frameworks related to community and care. Chapter 2 outlines the methodology, detailing the qualitative research design, data collection processes, analytical framework, and ethical considerations. It also addresses questions of positionality and reflexivity in conducting research within these communities. Chapter 3 presents a thematic analysis of the findings, exploring five key themes: care as relation infrastructure, peer work as a bridge between institutions, DIY and informal harm reduction practices, the role of pleasure and autonomy in identity formation, and how structural vulnerability shapes community resistance and survival strategies. Finally, Chapter 4 synthesises these findings in a discussion of how harm reduction intersects with queer care practices. It examines the informal, embodied, and political dimensions of care, concluding with a discussion of its limitations and implications for future research.

Literature Review

The intersection of harm reduction, queer communities, and substance use forms a dynamic and contested terrain where care, resistance, and identity merge. Conventional public health discourse often frames drug use within pathology-centred narratives, treating it as a byproduct of stigma, marginalisation and trauma (Meyer, 2003; Hendricks & Testa, 2012). While these explanations highlight structural violence affecting queer people, they frequently fail to capture the complex lived realities of queer drug users, who often experience substance use not just as harm, but also as pleasure, self-exploration, and community bonding (Race, 2020; Pienaar et al., 2020).

This literature review examines how broader social, political, and cultural dynamics shape harm reduction. Engaging with critical drug studies, queer theory, and feminist scholarship highlights how harm reduction encompasses not just risk mitigation but also agency, desire, and relational care (Race, 2020). The following sections explore the historical evolution of harm reduction and its relation to queer communities, the gendered and racialised dimensions of drug use, and the reframing of substance use as pleasure and identity formation. Harm reduction's early political roots – emerging in response to the HIV/AIDS epidemic – demonstrate its historical entanglement with queer activism (Smith, 2012). Despite its radical origins, harm reduction has undergone institutionalisation processes, as evidenced in cities such as Lisbon (Pires *et al.*, 2022).

These theoretical frameworks converge to reveal the complex sociological dimensions of harm reduction within queer communities. Critical drug studies (Race, 2020; Pienaar *et al.*, 2020) challenge pathology-centred approaches by examining substance use as a social practice embedded in relations of power, pleasure, and meaning-making. This framework enables analysis of how queer communities navigate drugs as sites of both risk and connection, resistance to normative temporalities, and identity exploration. Queer theory becomes essential for understanding how non-conforming sexualities and gender identities reshape both substance use experiences and care practices; this lens reveals how mainstream harm reduction services, despite progressive intentions, often reproduce heteronormative assumptions about kinship and individualistic therapeutic models that miss the relational and politically-charged nature of queer care.

Feminist scholarship on care offers analytical tools for examining how marginalised communities develop alternative support networks that serve as both survival strategies and political practices. This framework understands care not merely as emotional labour but as contested terrain where agency and collective resistance are negotiated. Theories of community resilience illuminate how these care networks operate as spaces where immediate harm reduction needs intersect with broader struggles against structural violence. Together, these frameworks allow examination of harm reduction as a site where personal needs, community solidarity, and political resistance converge, revealing how queer spaces in Lisbon function as laboratories for alternative approaches to both substance use and collective care that challenge dominant biomedical and state-centred models.

1.1. Gender, Race, and the Social Ordering of Drug Use

Drug use is not neutral; it is shaped by gendered, racialised, and class-based inequalities (Campbell & Herzberg, 2017). Drug-related stigma has not been applied uniformly but has instead been structured by dominant racial and gendered power hierarchies. Gender operates relationally as a performative and socially constructed hierarchy embedded in what Connell (2002) terms the “gender order,” shaping how bodies are perceived, regulated, and governed across domains such as drug policy, healthcare, and criminal justice. This gender order faces ongoing challenges to its legitimacy, leading to emerging gendered arrangements of advantages and limitations, with drugs often serving as tools through which individuals construct and express identities.

Understanding drugs as gendered technologies that actively configure human behaviour and social relations (Campbell & Herzberg, 2017), we can examine how Connell’s (2002) gender order structures both individual experiences of substance use and the cultural meanings attributed to different substances and users. This gendered framework becomes embedded in policy responses and treatment modalities, systematically reproducing inequalities that marginalise particular populations of drug users. Mata *et al.* (2023) demonstrate that bisexual, pansexual, and queer (bi+) male youth experience heightened substance use vulnerability compared to their heterosexual and gay/lesbian peers, with diverse motivations ranging from stress management to experimentation. Their findings reveal that while sexual orientation-related stress was not directly cited as motivation, general stressors, including mental health problems, school pressures, and family dynamics, significantly influence substance use patterns.

Moving beyond deficit-based explanations, Pienaar *et al.* (2020) challenge dominant narratives that frame LGBTQ+ substance use solely through lenses of stigma and marginalisation, instead conceptualising drugs as “technologies of the self” that enable the articulation of new subjectivities and contribute to queer world-making. Their analysis reveals how drug consumption can function generatively within LGBTQ+ communities, facilitating gender experimentation, enhancing intimacy, and enabling novel forms of sociality that transcend normative sexual and gender boundaries. This analysis responds to risk-centred frameworks on substance use. Hughes (2011), as representative of research that “tends to conceive drug consumption as a response to stigma, trauma and marginalisation” and reduces it “to an individual pathology or problem” - precisely what Pienaar *et al.* argue against (2020, p. 2).

Campbell and Herzberg (2017) argue that drug discourses are saturated with gendered assumptions: women’s drug use has historically been framed as threatening maternal instinct or domestic order, reinforcing punitive responses cloaked in moral concern. Simultaneously, gendered binaries such as the masculine “pusher” versus the feminised “addict” obscure the structural and relational nature of drug-related harm. In harm reduction practice, these normative scripts continue to influence who is deemed a “deserving” subject of care, whose drug use is medicalised and who remains stigmatised or excluded. Despite high rates of substance use among trans and nonbinary individuals, most research on queer drug use focuses exclusively on (white) gay men and chemsex practices, excluding other queer populations (Pienaar *et al.*, 2020). Additionally, non-white queer individuals often encounter harm reduction spaces as sites of exclusion, where white queer norms shape access to resources, construct risk narratives, and define safety standards (Mata *et al.*, 2023). This matter raises questions about how harm reduction initiatives either reinforce or resist dominant social inequalities.

The dominant minority stress model (Meyer, 2003; Hendricks & Testa, 2012) shapes much research on LGBTQ+ substance use, attributing high consumption rates to social stigma and psychological distress. While useful for specific research contexts, this model often pathologises queer drug use by framing it solely as a response to oppression. The criteria for classifying “problematic” drug use remain inconsistent across studies, shaped by divergent methodological approaches and disciplinary lenses (Schlag, 2020). The intersection of drug use with pervasive stigma renders objective measurement precarious.

The minority stress model operates within a deficit-based framework centring trauma, victimisation and marginalisation. It inadequately accounts for queer individuals who have not

internalised stigmatisation or who have cultivated affirming identities and support systems. This narrow lens risks erasing agency and multidimensionality of queer lives, reinforcing the very disempowerment it seeks to critique. Pienaar *et al.* (2020) and Race (2020) propose pleasure-based models that recognise drug use's role in facilitating self-exploration, intimacy, and community formation, analysing (queer) drug use through agentic, relational, and identity-affirming dimensions (Baker, 2023).

1.2. History of Harm Reduction

Harm reduction is an evolving approach that minimises drug-related harms while promoting public health, dignity, and social equity (Denis-Lalonde *et al.*, 2019). Its journey from grassroots activism to institutionalised public health strategy reveals both complexity and innovative potential. Rooted in pragmatism, it challenges entrenched ideologies of prohibition and zero-tolerance, offering nuanced approaches to mitigate harm without demanding abstinence. The term “harm reduction” first gained global recognition when the World Health Organisation proposed it as an alternative to punitive drug policies in 1973 (Ball, 2007). Despite early emergence, the concept’s definition remained ambiguous until the first International Harm Reduction Conference in Liverpool in 1990 solidified its place in global discourse (Erickson, 1995).

Denis-Lalonde *et al.* (2019) argue that analysing the conceptual evolution of harm reduction is essential for fostering collaboration and crafting evidence-based practices. Emerging in the 1980s as a response to HIV/AIDS, harm reduction disrupted prohibitionist norms. The virus’s alarming spread catalysed the adoption of needle exchange programs and opioid substitution therapies, marking a departure from punitive drug policies toward evidence-based public health strategies. As Smith (2012) observes, while rooted in grassroots and sometimes anarchist activism, harm reduction gradually became institutionalised, connecting community-led initiatives with formal policy frameworks. Crucially, the movement emerged when drug users, sex workers, and queer and trans people were abandoned mainly by public health systems and forced to build their own informal infrastructures of care; networks of material resources, embodied knowledge, and relational support that made survival possible (RQHR Project).

Harm reduction diverges sharply from abstinence-focused models, prioritising risk reduction over substance cessation (Lenton & Single, 1998). On individual levels, strategies may involve transitioning from injection to smoking or moderating use patterns. At broader

scales, it addresses social, economic, and health determinants that heighten substance-related risks (Denis-Lalonde *et al.*, 2019). Such adaptability reflects an acknowledgement that substance use is a persistent human behaviour that requires practical, compassionate responses (Riley *et al.*, 1999). Diverse initiatives reflect the breadth of challenges in substance use contexts. Needle exchange programs, supervised consumption sites, naloxone distribution, and opioid replacement therapies represent harm reduction measures. The Lisbon-based NGO *GAT* exemplifies these initiatives, offering safe injection and smoking rooms, free STD tests, HIV prevention and treatment, and chemsex tools. These interventions actively reduce overdose deaths, curb infectious disease transmission, and connect individuals to treatment and support services.

Regarding chemsex specifically, Stuart (2019) highlights the critical importance of developing care approaches that move beyond traditional addiction models to embrace gay-affirmative, culturally competent interventions respecting individual agency and addressing unique psychosocial factors underlying chemsex engagement. Effective care must avoid external labelling of use as inherently “problematic,” instead supporting individuals to reflect on their own experiences and define their relationship with chemsex themselves. When chemsex becomes problematic, drugs often serve as solutions to underlying issues rather than being the primary problem, requiring integrated services that understand the intersection of sexuality, identity, and substance use within gay male communities. Harm reduction’s flexibility underscores its core principle: meeting people where they are (Denis-Lalonde *et al.*, 2019). Klein (2015) highlights the counter-hegemonic potential of this model, emphasising how it empowers drug users to challenge oppressive systems.

The principle of “nothing about us without us” (Canêdo *et al.*, 2022), championed by drug-user advocacy groups worldwide, exemplifies harm reduction’s commitment to participatory, inclusive practices. Pragmatism remains defining, prioritising achievable outcomes over ideological purity and focusing on realistic measures to reduce substance-related harm. Klein (2015, p. 449) describes it as “elevating pragmatism over prohibitionist ideology,” emphasising tangible benefits over moral judgments. The “war on drugs,” with punitive and stigmatising policies, has often exacerbated the very harms it seeks to address, disproportionately impacting marginalised communities (Lenton & Single, 1998).

Harm reduction advocates for evidence-based interventions that directly challenge systemic inequalities perpetuated by prohibitionist approaches (Riley *et al.*, 1999). Human rights serve as the cornerstone of harm reduction. By promoting healthcare access and centring dignity and respect, harm reduction aligns with international human rights frameworks (Boyd *et al.*, 2016).

It advocates for substance use decriminalisation, emphasising that individuals should be treated as society members deserving care, not punishment. This humanistic perspective improves individual health outcomes while fortifying communities by addressing structural health determinants (Denis-Lalonde *et al.*, 2019). However, while harm reduction literature extensively examines public health implications, fewer studies explore its role in queer identity formation and community care. Most existing research focuses on the effectiveness of harm reduction in reducing risk, with less attention to how these practices interact with broader queer cultural and social dynamics (Pienaar *et al.*, 2020; Race, 2020). The role of informal, peer-driven harm reduction networks, especially within queer spaces, remains underexplored.

Despite successes, harm reduction remains contested. Critics argue that its nonjudgmental stance may implicitly condone substance use, while proponents assert this neutrality is essential for fostering trust and engagement (Smith, 2012). This tension reflects broader debates surrounding morality, risk, and public health, reorienting discussions away from punitive measures toward strategies rooted in dignity, inclusion, and practical solutions.

These insights call for shifting from narrow, behaviour-focused interventions to comprehensive, context-aware strategies. This approach advocates for “social science for harm reduction” rather than a limited examination of existing practices (Rhodes, 2009, p. 193), proposing multidimensional and adaptable responses to substance-related risks. By grasping interdisciplinary knowledge, this model seeks to alleviate social suffering while challenging dominant narratives that often pathologise drug use and its contexts.

1.2.1. The Portuguese Context of Decriminalisation and Harm Reduction

Portugal’s 2001 drug decriminalization law represents one of the most significant policy shifts toward harm reduction, positioning drug use as a public health issue rather than a criminal offence. The law removed criminal penalties for personal possession of all illicit substances, distinguishing between users and traffickers (Greenwald, 2009). Individuals found with small amounts – defined as up to a ten-day supply – are referred to Commissions for the Dissuasion of Drug Addiction (CDTs), multidisciplinary panels offering treatment referrals, social service support, or administrative sanctions (Félix *et al.*, 2017).

This shift from punitive policies was driven by a severe 1990s heroin crisis, during which Portugal experienced Europe's highest HIV/AIDS transmission rates among people who inject drugs, alongside rising overdose deaths and incarceration (Greenwald, 2009). The failure of criminalisation led policymakers to adopt evidence-based harm reduction strategies,

significantly expanding opioid substitution therapies, needle exchange programs, and outreach initiatives focused on harm reduction.

Contrary to fears that decriminalisation would increase drug consumption or attract drug tourism, empirical analyses show substantial public health improvements. HIV transmission rates among people who inject drugs dropped over 90%, drug-related mortality declined significantly, and problematic opioid use measurably reduced (Félix *et al.*, 2017). Decriminalisation also eased criminal justice burdens, reducing incarceration for minor drug offences and allowing law enforcement to prioritise large-scale operations (Greenwald, 2009).

Portugal's approach differs from depenalization models in other European countries by explicitly separating drug use from criminal law and encouraging voluntary engagement with health services rather than retaining criminal elements through fines or compulsory treatment (Greenwald, 2009). Despite ongoing bureaucratic challenges, Portugal's model remains a benchmark for progressive drug policy, demonstrating how harm reduction principles can be effectively institutionalised within national legal frameworks (Félix *et al.*, 2017). However, decriminalisation has not entirely dismantled the deep-rooted drug use stigma. Legal framework shifts do not necessarily alter social perceptions associating substance use with deviance or moral failure (Greenwald, 2009). Many drug users, particularly from marginalised communities, continue facing social exclusion, healthcare discrimination, and employment and housing barriers (Félix *et al.*, 2017), highlighting the distinction between legal reform and social transformation.

The biopolitical logic of decriminalisation reinforces divisions between “deserving” and “undeserving” drug users. As Foucault (1978) conceptualises, state mechanisms classify populations through moral economies of care and discipline. Individuals engaging with state-sanctioned programs are perceived as responsible and deserving care, while those refusing treatment or using recreationally may remain stigmatised as irresponsible (Félix *et al.*, 2017). This moral hierarchy mirrors broader racialised, classed, and gendered disparities in drug policy implementation. Recent research that situates harm reduction within lived, community-based experiences illuminates these structural inequities. Canêdo *et al.* (2022) highlight the limits of institutional harm reduction programs in meeting the complex relational needs of marginalised populations, pointing to peer-led care practices – including emotional support networks, mutual aid, and street-based interventions – that operate outside state-sanctioned services. These demonstrate how harm reduction is often enacted through informal infrastructures rooted in solidarity, autonomy, and survival. Similarly, Pessoa and Ferreira (2024) explore how Brazilian

trans and *travestis*² sex workers in Lisbon navigate racialised and gendered norms to access care. Their visual ethnographic work demonstrates how harm reduction services often necessitate performances of legibility and respectability, thereby reinforcing the notion that only certain bodies are deserving of support. While Portugal's decriminalization model has been internationally celebrated, its real-world application remains uneven, frequently requiring those most affected by drug criminalisation to create their own care systems.

1.2.2. Narcofeminism and Creative Community Care

Narcofeminism has emerged as a robust theoretical and activist framework fundamentally rethinking drug use, care, and feminist analysis (Campbell & Herzberg, 2017). More than critiquing punitive policies, it invites understanding drug use through lenses valuing pleasure, relationality, and resistance to intersecting oppressions. This framework resonates with practices observed in Lisbon collectives, such as *Manas*, where harm reduction and community care appear as deeply political and ethical practices rooted in gendered and intersectional experiences.

Campbell and Herzberg (2017) demonstrate how critical drug studies, though often attentive to race and class questions, frequently marginalised gender or treated it as secondary. However, gender profoundly shapes how drug use is constructed, policed, and pathologised. Women who use drugs have been framed as doubly deviant: violating both legal norms and ideals of femininity, motherhood, and domesticity. This construction legitimised harsh punitive responses, intersecting with racial and class hierarchies to target the most marginalised. Campbell's earlier work (2000) highlights how drug-using women have been depicted as failures of democracy, femininity, and motherhood, reflecting and reproducing broader social anxieties. Narcofeminism, as described by Dennis *et al.* (2023), builds on this foundation by centring the voices and knowledge of women and gender-diverse people who use drugs.

Coined in 2018 by Eastern European and Central Asian activists, the term claims identities that mainstream feminism often saw as incompatible. Narcofeminism functions simultaneously as an activist movement, a critique mode, and an everyday world-making practice, insisting that

² Travestis is a culturally specific identity term used in Brazil to refer to a transgender expression distinct from transsexual identities. Historically, travestis were understood as individuals who feminize their bodies without necessarily seeking complete gender-affirming surgery, contrasting with transsexual women. These distinctions have blurred due to changing social conditions, broader access to information, and the complexification of gender identities, making travestis best understood as one among many local forms of transgender experience rather than a fixed category (Pessoa & Ferreira, 2024).

drug use is a feminist issue given heightened gender-based violence, stigma, surveillance, and legal penalties faced by drug-using women, compounded by race, class, sexuality, and geography. Central to the movement is rejecting dominant binaries framing drug-using women as either irresponsible or passive victims. Instead, narcofeminism foregrounds pleasure, autonomy, and embodied knowledge, recognising drug use not only as risk but as potential sites of care, solidarity, and creativity. Women build informal support networks, advocate for decriminalisation and challenge stigma, excluding them from feminist and harm reduction spaces.

Narcofeminism also critiques paternalistic harm reduction forms, treating users as passive care recipients. It imagines harm reduction as deeply relational and participatory, shaped by the lived expertise of those most affected. This vision resonates with *Manas*' practices in Lisbon: harm reduction built around listening, creativity, mutual aid, and creating safer spaces rather than enforcing abstinence or external control. Theodoropoulou (2025) expands this perspective by positioning drugs as tools that question social hierarchies and reimagine care. Her work emphasises care as a collective and often insurgent practice emerging from below, shaped by users themselves.

This resonates with grassroots harm reduction initiatives blending feminist ethics, practical support, and political critique. Significantly, narcofeminism destabilises boundaries between licit and illicit drugs, medical and recreational use, and care and pleasure, allowing understanding of drug use as embedded in social contexts reflecting and challenging power relations. Florêncio (2023) connects narcofeminism to queer theory, nightlife, and embodied pleasure through an auto-theoretical exploration of techno culture, demonstrating how drugs, music, and dance create collective becoming spaces where bodies are reimaged and relations are transformed. Pleasure becomes a resistance to neoliberal and patriarchal norms that value discipline, productivity, and respectability over joy, connection, and experimentation. This perspective offers ways to understand how some spaces not only address harm but also create room for drug users to experience dignity, connection, and joy.

1.3. Harm Reduction and Queer Community

Within queer communities, substance use rates are often elevated, commonly attributed to minority stress from systemic stigma and discrimination (Meyer, 2003; Xin *et al.*, 2023). Nevertheless, Pienaar *et al.* (2020) reject understanding queer substance use solely through pathological lenses, instead spotlighting its role in fostering social connections and identity

formation. Drawing on Foucault's (1988) technologies of the self, Pienaar *et al.* (2020) interpret queer drug use as a medium through which individuals actively shape gendered and sexual subjectivities. Foucault describes technologies of the self as methods people use to perform "operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves" (1988, p.18). Rather than viewing substances purely as harm sources, this framework sees them as tools for becoming embodied practices of transformation and relational care, challenging trauma-centred narratives in public health discourses on queer substance use. Baker (2023) reinforces this position by connecting substance use to experiences of queer joy, embodiment, and affirmation.

Together, these perspectives complicate addiction versus abstinence binaries, inviting frameworks considering pleasure, experimentation, and creative self-making as central to queer drug engagements. Preciado (2008, 2013) deepens this discourse by foregrounding pharmaceuticals as instruments producing sexual subjectivities. His analysis shows how hormones, psychoactive substances, and other ingestible technologies participate in the material reconfiguration of gender and sexuality. Departing from biomedical essentialism, Preciado demonstrates how pharmacopolitical substance use blurs boundaries between medicine and recreation, treatment and transformation. In queer contexts, pharmaceuticals can be mobilised not as normativity stabilisers but as tools of resistance, gender experimentation, and community formation.

Despite this growing theoretical work, current harm reduction literature often overlooks everyday care practices within queer communities themselves. While NGO- and state-level interventions are well-documented, peer-driven and community-embedded harm reduction strategies remain underexamined. These informal practices, ranging from shared drug-checking knowledge to mutual emotional support, often resist or operate outside biomedical and institutional logics, illustrating how harm reduction functions not only as a public health tool but also as a social ethics grounded in trust, relationality, and lived expertise. Denis-Lalonde *et al.* (2019) emphasise the importance of collective agency and co-designed interventions, which are especially vital for marginalised groups within BIPOC queer communities. Such models challenge hierarchical care delivery and prioritise horizontal, reciprocal forms of support. This research contributes to filling this gap by analysing how queer harm reduction efforts in Lisbon operate beyond formal institutions, particularly within grassroots and peer-led networks.

1.4. The Generative Role of Drugs in Queer Sociability

Pienaar *et al.* (2020) critically evaluate explanations rooted in trauma and stigma, advocating for perspectives recognising the pleasures and benefits of queer drug use. They emphasise how substances enable queerness to flourish, acting as conduits for intimacy, gender experimentation, and resistance to hegemonic norms. Chemsex exemplifies how drugs facilitate sensuality and collective experimentation (Race, 2020).

Beyond individual consumption, Pienaar *et al.* (2020) underscore drugs' productive capacities in shaping collective queer practices. Substances play pivotal roles in forming socio-sexual architectures that challenge traditional gender norms and expand erotic possibilities. These encounters foster experimentation and relationality, pushing bodies toward connections outside binary frameworks. Drugs become critical agents in generating play, pleasure, and intersubjective connections, enabling participants to reimagine bodily possibilities together. This understanding aligns with broader sociological perspectives on substance use's role in identity formation and sociality within queer communities. Pienaar *et al.* (2020) offer an ontological reframing of drugs as emergent and contingent, rather than intrinsically defined. Drawing on Barad's (2007) "intra-action," they challenge assumptions that drug effects stem solely from pharmacological properties. Instead, effects are co-produced through the interplay of bodies, social contexts, and non-human actors. This relational perspective disrupts deterministic drug action models, highlighting the influence of environmental, social, and psychological factors on substance-related experiences.

Trans and gender-diverse participants in Pienaar *et al.*'s study described how drugs enabled congruence between self-perception and gendered bodies. This alignment was articulated as a profound, embodied identity affirmation, demonstrating how drugs can catalyse psychic and bodily transformation. Rather than focusing exclusively on risk, these findings suggest substance use plays more nuanced roles in queer sociability as tools for self-exploration, identity performance, and creating shared affective experiences.

1.5. Towards "More-than-Harm" Approaches

The advocacy for reorienting harm reduction practices draws on Denis-Lalonde *et al.*'s (2019) "more-than-harm-reduction" framework, which emphasises the importance of initiatives that go beyond risk mitigation to enhance the pleasurable and beneficial aspects of drug use. By conceptualising drugs as "matters of care", they argue for approaches that prioritise safety, connection, and agency within queer communities. This shift requires acknowledging the

generative role of substance use, where drug practices become intertwined with queer world formation.

The relationship between harm reduction, queer communities, and care is shaped by the need to address the distinct vulnerabilities and strengths within LGBTQ+ populations. Substances, when viewed as “technologies of the self” (Foucault, 1988), serve not merely as coping mechanisms for stigma but also as mechanisms that foster pleasure, intimacy, and resilience. Reframing substance use within care frameworks allows harm reduction efforts to challenge stigmatising narratives, promoting a nuanced understanding of how queer communities engage with drugs to reimagine social and personal realities.

Queer care emphasises relationality and mutual support, countering isolation imposed by systemic oppression. Pienaar *et al.* (2020) illustrate how drug practices embody care ethics by facilitating spaces for experimentation, connection, and collective well-being. An ethico-political care approach recognises the interdependence of human and non-human actors (Puig de la Bellacasa, 2011). Embedding this perspective into harm reduction strategies enables a better understanding of diverse LGBTQ+ needs while fostering the transformative potential of community-based care. Shifting the focus from pathology to possibility enables harm reduction to evolve into a practice that not only mitigates risks but also enhances the lived experiences and collective flourishing of queer populations. Community-led initiatives demonstrate this potential by tailoring responses to queer-specific needs through innovative, culturally sensitive approaches. Pires *et al.* (2022) document Lisbon’s chemsex networks, where peer education and harm reduction interventions work together to promote safety, challenging abstinence-based models by affirming drug users’ autonomy and recognising pleasure’s significance in harm reduction (Race, 2020). Mandler (2016) illustrates grassroots queer harm reduction in nightlife spaces, where the interaction of bodies, music, and substances fosters community care. These informal networks underscore the significance of mutual aid as a harm reduction practice. Spade (2020) extends this notion by advocating for community-based care systems rooted in collective solidarity rather than institutionalised frameworks. These examples illustrate how harm reduction practices serve as sites of social and cultural resistance, challenging conventional narratives and expanding possibilities for community well-being.

1.5.1. DIY Trans Harm Reduction as a Practice of Autonomy and Collective Care

DIY harm reduction practices represent vital, community-driven responses to formal medical and institutional system failures, particularly within queer and trans communities experiencing compounded marginalisations. These practices emerge not merely as necessary acts but as

expressions of autonomy, resistance, and care. Where access to affirming, affordable, and non-pathologising healthcare is structurally restricted, individuals and collectives develop their own care infrastructures, as the Re-Queering Harm Reduction (RQHR) report terms them: “embedded care” (RQHR, 2023). This embeddedness is grounded in mutual support, lived expertise, and refusal to be pathologised or passively dependent on institutions that often reproduce harm.

DIY hormone replacement therapy (HRT), as documented by Datta (2024), exemplifies transgender individuals self-administering gender-affirming hormones in response to medical gatekeeping, bureaucratic barriers, and financial constraints. Rather than positioning DIY HRT solely as risk, Datta advocates framing it within harm reduction paradigms valuing informed autonomy and community knowledge-sharing. This ethos aligns with the RQHR framework, which distinguishes between “care as drug use” and “care for drug use,” referred to as prosthetic and remedial relations, respectively (RQHR, 2023). DIY harm reduction operates within both registers, addressing immediate psychosomatic needs through substances and techniques deemed outside institutional sanction while mitigating the harmful effects of structural exclusion and unregulated supply chains through peer education, community accountability, and mutual aid. DIY harm reduction not only fills care vacuums left by neoliberal and punitive health systems but enacts alternative models of relational and collective care, redefining health and agency from the margins.

1.6. Theories of “Community” and “Care”

Community and care concepts are central to the relevance of this research to harm reduction practices within queer contexts. These notions, while often framed as inherently positive and cohesive forces, are more complex and contested than initially apparent. Scholars such as Carnes (2019), Pearson (1995), and Powell (2011) illustrate how community and care are embedded within power relations, ideological struggles, and historical contingencies rather than being neutral or universally benevolent constructs. Community, as Pearson (1995) argues, is frequently idealised as a space of solidarity and mutual aid. However, this assumption rests on a simplistic understanding of human social organisation. Rather than arising from an intrinsic moral commitment to collective well-being, communities often emerge from pragmatic concerns related to survival, resource distribution, and social status. This practical foundation reveals community as a site where exclusion and inequality are continuously reproduced. The communitarian ideals critiqued by Pearson assume a balance between individual autonomy and

collective cohesion, yet historical and sociological evidence indicate that this balance is rarely achieved. Belonging, far from being unconditional or natural, is intensely mediated by cultural, economic, and social forces determining who accesses communal resources and who remains marginalised.

Inclusion and exclusion dynamics within communities are particularly relevant in queer contexts. Carnes (2019) illustrates how queer communities, despite roots in resistance to societal exclusion, are similarly shaped by boundary-making and ideological gatekeeping processes. These communities do not rely on traditional social anchors, such as geography, family, or religion; instead, they emerge from shared experiences of marginalisation and political struggle. Yet this origin does not inherently shield queer spaces from internal hierarchies or exclusion mechanisms. Belonging criteria within queer communities can become rigid, often requiring individuals to align with specific social or political norms to maintain collective legitimacy. This performative nature of queer belonging introduces tension between inclusivity ideals and lived community practice realities, where ideological conformity may supersede genuine connection.

Care similarly is neither inherently altruistic nor egalitarian. Powell (2011) examines how institutionalised care, when administered through formal bureaucratic systems, often becomes detached from relational and ethical dimensions, giving care its social significance. In the UK state-led community care initiatives context, Powell identifies how performance metrics, audits, and standardised protocols create distrust climates, transforming care into transactional, efficiency-driven processes. These “techniques of distrust” demonstrate how mechanisms designed to ensure equitable care can undermine relationships they seek to support. When trust is displaced by bureaucratic oversight, care loses its grounding in interpersonal, empathetic practices and becomes a tool for social regulation. Tronto and Fisher’s (1990) work frames care as inherently political, structured by power relations, labour distribution, and historical exclusions. Within queer harm reduction networks, care often emerges in gaps left by formal services, excluding those not fitting institutional expectations. As Pires et al. (2022) describe in Lisbon, harm reduction initiatives targeting chemsex practices bridge formal frameworks with decentralised, peer-led networks. These informal systems can respond flexibly and empathetically to community needs but often rely on unpaid, emotionally demanding labour disproportionately performed by women, femmes, and trans people. This raises critical questions about who is expected to care, under what conditions, and at what cost.

Trust becomes fragile yet essential in these contexts. Powell (2011) notes that care trust is contingent and socially patterned, shaped by proximity, recognition, and shared codes. Within

racialised queer spaces, harm reduction care may be more readily extended to those deemed “deserving,” while others remain invisible or excluded. Moreover, care itself can be ambivalent: peer interventions may reproduce informal surveillance, enforce norms, or police resource access, reflecting broader tensions within harm reduction as it institutionalises while retaining radical origins.

Nonetheless, queer harm reduction creates possibilities for non-normative and agentic care forms. Practices rooted in pleasure, consent, and co-presence, such as sharing space during altered states, debriefing after parties, or building safety rituals, transform care into world-making modes. Here, care contests structural abandonment and reclaims agency over bodies, pleasures, and kinship structures. As “subaltern care systems,” these practices demonstrate that care need not only flow downward from institutions but can be enacted horizontally and relationally, often defying exclusionary systems.

Recognising the political, relational, and contested nature of both community and care offers a more grounded understanding of harm reduction in Lisbon. Rather than viewing community as synonymous with inclusion or care as inherently supportive, this analysis highlights how both operate through ongoing negotiation, shaped by historical legacies and unequal access to resources. This perspective underscores the need for harm reduction approaches that are attentive to these complexities, centring on trust and relational care in ways that acknowledge, rather than erase, community life tensions.

Methodology

After presenting the broader discussions in the context of harm reduction, current debates, and the chosen geographical context, this research will now delve into the methodology process, positionality, and ethical considerations. Four key questions drive this inquiry: beginning with mapping the intersections between harm reduction and collective care in Lisbon's queer communities and their impact on identity and social life, the research then interrogates how various forms of marginalisation shape both harm reduction needs and community responses. It further investigates the specific forms of care that develop within these contexts and their relationship to broader cultural and political forces, before considering how these insights might inform more responsive institutional approaches to LGBTQIA+ harm reduction. In addressing these questions, this research aims to move beyond traditional harm prevention approaches through direct collaboration with collectives, NGOs, and community members themselves.

2.1. Research Design

This research employs a qualitative approach to explore the intersection of harm reduction, community care, and queer experiences in Lisbon, drawing on the perspectives of NGO and community workers. A qualitative framework is particularly well-suited for exploring complex, subjective experiences. It enables an interpretative, context-sensitive understanding of participants' lived realities, particularly valuable when examining marginalised and underrepresented communities. As Denzin and Lincoln (2011) argue, qualitative research is inherently concerned with meaning-making, allowing researchers to trace how individuals construct, interpret, and communicate their social worlds.

Given this focus, the study employs semi-structured interviews as its primary method of data collection. This choice aligns with the goal of qualitative inquiry: capturing the complexity of lived experiences through open, flexible conversations. Semi-structured interviews provide participants with the space to freely navigate their narratives, reflecting on their personal and communal experiences with harm reduction. Inspired by the work of Bourdieu *et al.* (1999), who described the interview as an encounter that redefines both the interviewer and interviewee, this method prioritises fluidity and reciprocity. Bourdieu *et al.* (1999, pp. 608-609) reflect on interviews as a “shared construction” in which the process itself “modifies the interviewer as much as the interviewee”, and as an encounter where social trajectories collide.

The objective is to prioritise participants’ perspectives, encouraging reflective, responsive, and context-sensitive dialogue. Qualitative interviewing is inherently dynamic, rejecting rigid structures in favour of open-ended and nonstandardised interactions (Taylor *et al.*, 2015). This method draws on Seidman’s (2013) observation that qualitative interviewing reveals meaning through narratives, which allows for understanding the meaning individuals ascribe to their experiences and captures the participants’ perceptions of harm reduction practices and their role in queer community care.

2.1.1. Data Collection and Themes

The key thematic domains, designed to capture the multifaceted nature of harm reduction within queer communities, guided the semi-structured interviews:

Table 1: Interview Guide Themes

Theme	Focus
Professional Background & Role	Participants’ roles, experiences in harm reduction, motivations for entering the field
Institutional Harm Reduction Practices	Design and delivery of harm reduction programs; service accessibility
Community-Based & Informal Care	Peer-led initiatives, grassroots collectives, relational care practices
Gender, Sexuality & Identity	Addressing diverse needs (queer, trans, racialised people); inclusivity in services
Pleasure, Risk & Stigma	Understanding of substance use; tensions between risk and agency
Perspectives on Collective Care	Notions of care, support, and responsibility within harm reduction contexts
Institutional vs. Grassroots Tensions	Differences in values, approaches, and accessibility between formal and informal practices
Future Visions	Recommendations, imagined futures for harm reduction, structural changes needed

These thematic domains are interconnected through analytical threads that reflect the complex realities of harm reduction within queer communities. The professional background and institutional harm reduction themes establish the formal service landscape, directly connecting to participants' engagement experiences and revealing how institutional positioning shapes access and barriers. Community-based care and collective care perspectives explore how peer-led initiatives emerge in response to formal service gaps, illuminating care networks that operate across institutional and relational boundaries. Considerations of gender, sexuality, and identity intersect with the theme of pleasure, risk, and stigma as participants navigate how their identities shape both experiences of substance use and service encounters, revealing whether institutional approaches account for diverse ways queer people understand risk and agency. The institutional versus grassroots tensions theme synthesises these insights by comparing formal NGO models with peer-led initiatives in terms of values, accessibility, and care approaches. Finally, future visions integrate all domains by inviting participants to reflect on transforming current tensions between formal and informal networks while addressing queer communities' specific needs, creating space for articulating alternatives that bridge different care modalities.

Interviews were audio-recorded with participants' consent and subsequently transcribed using Otter AI software, an automated transcription tool. To ensure accuracy, each transcript was manually reviewed and corrected through repeated listening to the original recordings. This process also supported familiarisation with the data before coding, consistent with the first phase of reflexive thematic analysis (Braun & Clarke, 2006). Moreover, the interviews were transcribed with pseudonymization of identifying information.

2.1.2. Analytical Framework

The analysis integrates descriptive accounts grounded in participants' words, interpretive insights informed by theory, and a critical discussion on how these findings contribute to sociological debates on care, marginality, and resistance. Following Braun and Clarke's (2006) reflexive thematic analysis, the analytical process unfolded through two iterative phases, during which themes emerged through sustained engagement with the data.

Phase one consisted of familiarisation and initial coding. This phase involved reading and re-reading transcripts, highlighting emotionally charged passages and contradictions, and coding instances of peer support, informal care, pleasure, institutional barriers, and experiences of marginality. A codebook was developed, featuring excerpts that illustrate each theme. This phase emphasised openness to unexpected meanings, contradictions, and emotionally charged language, particularly in relation to care, pleasure, and community practices. Representative

quotes captured how participants described harm reduction not simply as a service, but as an ethic of recognition, trust, and survival, with several participants articulating harm reduction as a lifestyle rather than a set of interventions.

Phase two involved thematic synthesis and theoretical integration. This phase introduced a deeper interpretive layering, where themes were refined in dialogue with each other and with the broader theoretical frameworks (like intersectionality) guiding the research. Contradictions were critically examined, including the tension between institutional funding and political autonomy, risk-based discourses versus pleasure-centred approaches, queer inclusion efforts and persistent invisibility, and the emotional cost of peer work alongside its transformative potential. This process involved identifying tensions and ambivalences between institutional and informal care, as well as between stigma and affirmation. Through this iterative process, three cross-cutting meta-themes were distilled that span across all domains: 1) Care as infrastructure built through peer work, DIY practices, and pleasure; 2) Knowledge from the margins: particularly from trans communities, sex workers, and migrants; 3) Community as resistance and recovery: beyond institutional frameworks.

These meta-themes provide a framework for theorising harm reduction not only as a set of health practices but also as a sociopolitical ethic embedded in queer and trans survival strategies, thereby building thematic narratives that link data to theory and demonstrate harm reduction as a relational, situated, and political concept. The following sections present the key themes and subthemes that emerged, using participants' voices to trace the contours of harm reduction as a practice of care, resistance, and relation.

2.1.3. Participant Recruitment

Participants were recruited from Lisbon-based NGOs and grassroots collectives working in harm reduction and queer care. The organisations – *Crescer*, *GAT in Mouraria*, *Kosmicare*, *Manas*, and *Opus Diversidades* – were chosen because they actively apply harm reduction principles, work with marginalised groups such as people who use drugs, migrants, and LGBTQIA+ individuals, and represent diverse types of spaces and approaches in Lisbon.

First, all of them, as shown on their websites, demonstrate a clear and sustained engagement with harm reduction principles, not only in health-oriented interventions (e.g., syringe exchange, housing-first programs, safer-use spaces) but also in their broader commitment to non-punitive, rights-based approaches to drug use and social vulnerability. Second, they serve highly marginalised and often overlapping populations, including people who use drugs, unhoused individuals, racialised migrants, LGBTQIA+ persons, and sex workers. Hence, they

show how harm reduction is practised in relation to structural inequality and social exclusion. Third, the organizations represent diverse institutional formats and spatial geographies within Lisbon: from *Crescer*'s integration into municipal housing strategies in Alcântara and Amadora³, to GAT's rootedness in Mouraria's historic community, to *Kosmicare*'s intersection of drug checking, nightlife culture, gender activism, and mutual aid, and to *Manas*' creative resistance for women and gender-diverse people who use drugs, promoting workshops on sexual health, peer education, fanzines production, collective cooking, and storytelling. Moreover, *Opus Diversidades* – one of the longest-standing queer organisations in Portugal – offers free psychological support to LGBTQIA+ people, as well as STIs⁴ testing, and it provides emergency housing and psychosocial support to LGBTQIA+ people experiencing homelessness, including migrant people, through a harm reduction approach focused on structural vulnerability.

The individuals who adhered to participate are all harm reduction workers, and this includes professionals in community work, social workers, psychologists and psychiatrists, activists, peer workers, and individuals with experiences in queer community care, like training professionals on Hormone Replacement Therapy (HRT) for DIY trans harm reduction. Apart from being workers in these NGOs, their professional backgrounds and specialisations were not previously known. This enabled the capture of diverse and situated perspectives across formal and informal care settings through the data collection.

Participant recruitment employed a flexible, iterative strategy that incorporated online searches, email outreach, and peer networks. The researcher made initial contacts through online search and publicly available listings of Lisbon-based organisations and collectives in harm reduction. The researcher reached out to 10 organisations in total; out of these, five did not answer at all, and five did. Out of these five, multiple people expressed interest in being interviewed, allowing to conduct interviews with 12 individuals in total. Some did not respond initially, requiring follow-ups; others redirected to more relevant staff or community members. As interviews progressed, participants often recommended other individuals or collectives, allowing the researcher to expand the scope organically through networked relationships. This process also introduced to organisations and harm reduction actors that the researcher was previously unaware of.

³ Amadora is a city located in the metropolitan area of Lisbon; because of the proximity, *Crescer* operates in these locations.

⁴ Sexually Transmitted Infection.

Interviews were conducted between April 22 and June 4, 2025, resulting in a total of 12 participants. Each interview lasted approximately 45 minutes. The first interview took place in person at GAT in Mouraria, including a site tour of their supervised consumption rooms. Subsequent interviews occurred at *Crescer* (in Alcântara and Amadora) and *Opus Diversidades*, where the workers guided me through outreach, community spaces, and psychological help units. Interviews with *Kosmicare* were online. Interviews with *Manas*, a collective supporting women and gender-diverse people who use drugs and live in public spaces, offered crucial insight into grassroots harm reduction. One of these was conducted online with one of the founders. Out of 12 interviews, three were online. Participants chose interview settings to ensure comfort and privacy.

Table 2: Participants Overview

Code	Organization	Type	Location	Format	Notes
P01	GAT Mouraria	Community-based centre for People who Use Drugs (PUD)	Lisbon – central	In person	Social worker, showed me supervised consumption rooms on the site
P02	GAT Mouraria	Community-based centre for PUD	Lisbon – central	In person	Coordinator
P03	Kosmicare	NGO – Harm Reduction & Drug Checking	Remote	Online	Long-term activist, psychiatrist, chemsex campaign
P04	Opus Diversidades	NGO – Social Solidarity & Harm Reduction	Lisbon – central	In person	STI testing, (queer) peer work, community outreach, HIV+
P05	Opus Diversidades	NGO – Social Solidarity & Harm Reduction	Lisbon – central	In person	DIY harm reduction and informal trans health support
P06	GAT Mouraria	Community-based centre for PUD	Lisbon – central	In person	Community health worker, peer work, chemsex consultations

P07	Kosmicare	NGO – Harm Reduction & Drug Checking	Remote	Online	DIY trans harm reduction, activist
P08	Crescer	NGO – Community Intervention	Lisbon – western	In person	Coordinator, housing first project, outreach team
P09	Crescer	NGO – Community Intervention	Amadora	In person	Created peer workers network, homelessness and addiction experience, educator, anthropologist
P10	Opus Diversidades	NGO – Social Solidarity & Harm Reduction	Lisbon – central	In person	Psychologist, queer support, hormone treatment support, outreach team
P11	Manas	Collective For Women and Gender-Diverse People Who Use Drugs	Lisbon – central	In person	Long-term activist, Substance experience, hepatitis, coordinator of artistic practice with community health
P12	Manas	Collective For Women and Gender-Diverse People Who Use Drugs	Remote	Online	Founder of community collective

In addition to formal interviews, the researcher attended an online event on trans DIY harm reduction, organised by a harm reduction worker affiliated with Kosmicare, who was later interviewed. Though not initially part of the research plan, this opportunity enriched the understanding of community-based care strategies and the emergent practices of DIY HRT. The student holds a certificate of participation for this event. The student has also participated in events where Kosmicare was present to provide drug-checking services and information on available substances to the public. Another event of an ethnographic nature was attending the online webinar “Radical Care in Practice”, in which representatives of different organisations around the world – also a few of the ones that were interviewed – talked about how care and

community can be reimagined and strengthened, with various testimonies and ideas from EuroNPUD⁵, CASO⁶, ESWA⁷.

Moreover, before the interviews, several participants showed the researcher the space where they work and operate, as well as the services they provide. At GAT in Mouraria, a worker showed the supervised consumption room (or supervised injecting facilities), which is one of the only few in Lisbon, and it can host up to 10 people with their personal safe kits. Consumption rooms are usually located in areas where drug use in shared spaces is widespread. These facilities provide a safer environment for the users. GAT in Mouraria used to have a smoking room open, which is now temporarily closed. Opus delivers safer-use kits to distribute to people who visit for consultations. As GAT, Opus also has chemsex and STIs pamphlets. Manas has safe-use kits in a bag, along with menstrual products and artistic tools to create fanzines, which they deliver to participants in their meetings.

This ethnographic approach enabled access to a diverse range of voices across institutional, activist, and informal harm reduction spheres. It also reflects the dynamic and often relational nature of qualitative fieldwork in sensitive contexts, where trust and opportunity frequently unfold through existing networks rather than formal structures alone.

2.2. Positionality and Reflexivity

This research is positioned in the understanding that knowledge is always partial, situated, and shaped by the researcher's social position. Drawing on Haraway's (1988) concept of situated knowledges, the researcher approached fieldwork not as an objective outsider, but as someone whose identity – shaped by gender, sexuality, class, and institutional context – influences access, trust, and interpretation. Rather than aiming for neutrality, the project embraces reflexivity as an ethical and political stance.

In studying harm reduction practices within queer communities, I am not an outside observer peering into a foreign world; I am implicated, and at times, positioned both within and against the structures I seek to analyse. As Haraway argues, "the only way to find a larger vision is to be somewhere in particular" (1988, p. 589). Reflexivity, then, is not a procedural accessory but a fundamental mode of inquiry that recognises the relational nature of knowledge production. My own social location mediated how I entered the field, interpreted narratives,

⁵ European Network of People who Use Drugs.

⁶ *Consumidores Associados Sobrevivem Organizados* – 1st organization in Portugal of people who use drugs.

⁷ European Sex Workers' Rights Alliance.

and built relationships with participants. These relationships were not assumed but instead developed gradually through respectful and sustained engagement. I initiated contact via personalised emails that explained the project's aims and ethics, and often followed up based on mutual connections or referrals from previous participants. In several cases, trust was fostered through informal conversations before or after the interview, through participation in events (such as the online workshop on trans DIY harm reduction), or by accepting invitations to visit organisational spaces. Allowing participants to choose the setting of the interview – in their office, a neutral location within the space, or online – was essential to promoting comfort and mutual respect. These gestures helped to establish the conditions for open dialogue and reciprocal exchange, grounding the research in relational accountability rather than extraction. Working with queer and trans communities, and across both institutional and informal harm reduction spaces, required a constant awareness of relational dynamics. Following Powell's (2011) call for "care-full" research, I aimed to build trust through transparency and responsiveness.

2.3. Ethical Considerations

This study adhered to the principles outlined in the Code of Ethical Conduct in Research – ISCTE-IUL (2016), grounding all phases of the research in the ethical principles of responsibility, integrity, and respect for participants' dignity, autonomy, and well-being. Participation in this study was entirely voluntary, with all individuals provided with clear information about the research aims, the nature of their involvement, their right to withdraw at any point without explanation, and the intended use of the data. All procedures (informed consent, anonymisation) were aligned with ISCTE's formal guidelines (pp. 3–9). Consent was obtained from the participants in a manner appropriate to the context: while written consent was preferred, in cases where participants could meet online, they sent the form after the meeting, and verbal consent was recorded.

Because the study addressed sensitive topics such as substance use, precarity, stigma, gender identity, and marginalisation, additional steps were taken to ensure participant safety and emotional well-being. No personally identifying information was retained beyond what was necessary, and pseudonyms were used in all transcriptions, with identifying features removed during analysis. All audio recordings and notes were stored on encrypted devices, with access limited to the researcher, and deleted upon completion of the project.

Recruitment took place through trusted community organisations, many of which work with populations considered vulnerable under ISCTE guidelines (cfr 3.27). In these contexts, ethical research required going beyond formal consent. Confidentiality was viewed as a dynamic and negotiated process, rather than a mere procedural step. In some cases, participants requested that certain parts of their narratives remain off the record; in others, they chose to speak with attribution, especially in activist settings. These choices were respected within the bounds of minimising risk and harm. Additionally, participants were offered the option to review their transcripts and receive a summary of the study's findings, supporting transparency and participant agency throughout the process. Importantly, ethical concerns did not end with the interview. During and after field encounters, follow-up conversations remained available, and it was ensured that participants felt comfortable with the interview process. Ultimately, this study approached ethics not merely as a regulatory framework but as an embedded, evolving practice of care, dialogue, and accountability. It aimed to produce knowledge of public relevance without compromising the rights, well-being, or agency of those who made that knowledge possible.

CHAPTER 3

Analysis

Following Braun and Clarke's (2006) reflexive thematic analysis, themes emerged through iterative engagement with the data across two interpretive phases, revealing how harm reduction operates as both practice and politics within Lisbon's queer communities. The analysis integrates descriptive accounts grounded in participants' words, interpretive insights informed by theory, and critical discussion on how these findings contribute to sociological debates on care, marginality, and resistance.

Participants' narratives consistently positioned harm reduction as extending far beyond conventional health interventions, functioning instead as a framework for recognition, solidarity, and resistance that challenges dominant narratives about substance use, risk, and recovery. Five interconnected themes emerged that structure the following analysis:

1. Care as relational infrastructure: harm reduction emerges through recognition, patience, relational time, and non-judgmental presence that creates sustainable networks of support, rather than merely through provision of materials or referrals.
2. Peer knowledge as institutional bridge: peer workers navigate gaps created by institutional limitations – whether legal, cultural, or spatial – offering insider perspectives and trust-building that formal services cannot provide.
3. Contested geographies of safety: spaces of care exist as fragile and contested terrains, where closure of consumption rooms or withdrawal of funding exposes precarity, with communities actively defending them as vital resources.
4. Pleasure, autonomy, and identity: within queer contexts, substance use interconnects with sociality, sexual expression, and identity exploration, requiring harm reduction approaches that acknowledge pleasure alongside risk.
5. Community, resistance, and survival: structural vulnerability – shaped by legal status, language barriers, and immigration policies – produces harm reduction as a collective survival strategy, with services attempting flexible responses within systemic constraints.

These themes connect directly to the study's central research questions by illuminating how harm reduction practices both respond to and reshape experiences of marginality within queer communities. The analysis reveals persistent tensions between institutional frameworks and

community-led care, between risk management and pleasure recognition, and between individual support and collective resistance – tensions that participants navigate through what emerges as a distinctly relational and political praxis.

3.1. Thematic Analysis

3.1.1. Care as Relational Infrastructure

Across interviews, harm reduction was described not merely as a set of tools or interventions but as a way of navigating care, relation, and politics from within structurally unequal contexts. Several participants articulated harm reduction as “a lifestyle” or “a way of being with others,” highlighting its role beyond institutional health frameworks. This framing was particularly robust among peer workers and community organisers who positioned harm reduction as inseparable from mutual aid, trust, and daily survival, especially for those excluded from formal services.

A participant who works in daily contact with people who inject drugs, emphasized that the role is not to dictate safer practices but to listen: “harm reduction is not just give people or teach them a better consumption, give them clean materials. It’s much more than that. It’s like learning what you are consuming, why you are consuming” (P01). This shift from prescribing to listening aligns with Race’s (2020) concept of counterpublic health, where care emerges through dialogue rather than surveillance.

Another participant expanded this philosophy to explicitly address systemic conditions: “Harm reduction is a philosophy that focuses on the well-being of the community, no matter what that community is. For me, harm reduction is a philosophy to save lives and to understand not only people's individual needs, but also social needs. And to understand how this capitalistic mechanism operates within not only marginalised communities, but also everyone. But it makes sense in that way of ‘what can we do with the system that we have and with the conditions that you are living right now?’ And how can we reduce your harm not only in the way of physical harm, but emotional, social harm” (P10). Their work organising “women who use drugs or trans women who use drugs” through the collective *Manas* demonstrates harm reduction as identity-building practice: “we created this kind of sisterhood... *Manas* has a part of political identity that is very important... the first group... was to create self-identity. To overcome self-stigma, we create an identity.”

From the same collective, another participant articulated harm reduction as “radical tenderness, full spectrum, queer and migrant inclusivity, community care, of course, and living

experience knowledge... it's kind of what specific patrimonium about community, grassroots harm reduction" (P12). This frame positions harm reduction as emerging from lived experience rather than clinical expertise, challenging the hierarchies that typically structure public health interventions.

Another participant frames harm reduction as inherently political and ethical, not limited to health outcomes: "It is for sure... because we are touching taboo subjects in our societies... harm reduction is a stance on what it means to use drugs and what it doesn't mean" (P03). They emphasise that affirming people who use drugs as "not less people" directly contests dominant political and social narratives. Moreover, they highlight structural embeddedness: "It's political because... besides the social discourses, it has to do with the dimension of the politicians themselves... It's completely dependent on laws... on the presence of states that would provide certain services... and because it's very connected with the ways we organise our services, our cities, our territories." This reflects harm reduction as both ethical commitment to social justice and political intervention that actively shapes urban space and public policy.

They also note the constant negotiation with institutions: "There is a tendency because harm reduction is dependent on financing... institutions that provide the grants are not that interested in that part... so harm reductionists have to keep that humanist and political part, although they have to subdue it a bit in public communication" (P03). Yet they affirm the importance of maintaining "a critical voice and political autonomy" even while applying for funding, underscoring the political tensions inherent to harm reduction practice.

P06 powerfully framed daily practice as resistance: "Existence as resistance... It's pure politics to sit at my desk every day and open the door to them and help them in whatever needs they have." Ethics is sustained here through presence – opening doors, answering questions, and recognising users' agency. This echoes Dennis *et al.*'s (2023) vision of harm reduction as minoritarian worldbuilding, where everyday acts constitute political practice.

These articulations reveal a consistent reframing from risk-centred narratives to relational ones, where harm reduction is interwoven with social recognition, collective memory, and ethical responsibility. Particularly within trans and undocumented contexts, harm reduction became a site of autonomy, subverting state-sanctioned care through informal practices like street-based naloxone distribution or DIY hormone access. This expansive framing aligns with Lenton and Single's (1998) definition of harm reduction as a strategy not oriented around abstinence but around reducing harm "on the balance of probabilities," prioritising pragmatic, lived knowledge. It also resonates with Pienaar *et al.*'s (2020) claim that harm reduction serves as a space for community building, identity work, and pleasure.

The convergence across participants – from P01’s emphasis on listening, to P10 and P12’s articulation of radical tenderness and sisterhood, to P03’s structural analysis and P06’s politics of presence – suggests harm reduction functions as what might be termed relational infrastructure: the everyday practices, affective bonds, and political commitments that sustain life when formal systems exclude or harm. For many participants, harm reduction became a language of care that affirms and sustains rather than surveils. These narratives demonstrate harm reduction not as a fixed intervention but as an evolving, relational practice deeply embedded in everyday lives, operating simultaneously as an ethical stance, emotional infrastructure, and collective resistance.

3.1.2. Peer Work as Institutional Bridge-Building

Some participants repeatedly highlighted peer work as the heart of harm reduction, a human bridge between institutions and communities often suspicious of official structures. Peer work emerges as a crucial emotional infrastructure within harm reduction, grounded in the power of shared lived experience to build trust and connection, as a participant described: “I’m a technician from the academic point of view, but I’m also peer person... a person that has lived experiences and that helps others through those experiences to follow their path” (P04). This dual role moves beyond professional expertise to create spaces of empathy and relational care. They described this relational immediacy vividly: “Through this peer experience, I think we can connect very fast to a person that’s in front of me”, highlighting how emotional proximity becomes an essential part of harm reduction’s effectiveness (P04). The depth of this connection becomes especially clear when shared identity matters, as they illustrated: “It’s very different for a person to be tested by me and receive the news... instead of hearing this from... a cisgender person that does not live with HIV.” Here, peer work transforms care into a practice rooted in recognition and affective solidarity.

For another participant, peer work emerges as both an act of presence and a form of deeply relational care that holds communities together. Describing harm reduction, they explained: “Harm reduction for me is caring and loving another person, even if you don’t know them... where you’re a peer... just being in the same position as the person, and because I do have a bigger background... what can I do to help the person in this case” (P06).

This sense of shared position creates what this person sees as an emotional bond rooted in experience and solidarity. Peer work becomes inseparable from everyday moments of support: “It’s just giving the materials, if it’s just a hug, if it’s just something like that... harm reduction is presence” (P06). This presence is practical and embodied, as when this participant runs a

“peer support worker group consultation that I give as a chemsex user”, where lived experience itself becomes a tool to reach others. Beyond formal sessions, emotional infrastructure is built through informal care, as they noted: “It is getting to know your peers. It’s getting to take care of them... helping each other to reduce doses... holding their hand and going, ‘it’s going to be all right... You will be fine’.” Through these reflections, peer work appears as an infrastructure of trust and survival, held together by empathy, shared histories, and daily acts of recognition.

One of the participants with experience both as a user and educator, described the peer worker’s role as relational translator: “The main job is like, mediate the communication between our clients and our services... listening, understanding, and transporting them to the places where they needed to resolve the things in their life” (P09). Such relational care builds emotional infrastructure, trust, comfort, and belonging, echoing Powell’s (2011) “care-full” approach that values empathy as expertise. However, peer work was not romanticised. P09 critiqued how some NGOs instrumentalise peers for visibility: “I’m against the organisations using the image of a peer worker just to do marketing or whatever.” This participant also emphasised that care should transcend professional hours: “Care... shouldn’t be a professional thing, like we always think, ‘I work in care from nine to five.’ Shouldn’t be like that... because the people, the problems of the guys, don’t stop at five” (P09).

This vision of care extends to supporting fellow peer workers, as they describe the emotional toll of outreach work and the need for internal support groups: “I started a group...for peer workers, because I went to the street in the outreach teams and smelling heroin on a daily basis... takes me to places in my mind.” These reflections show that peer work is not only about technical expertise but also about shared vulnerability, presence, and mutual support that sustains both workers and the people they accompany. This ambivalence reflects Race’s (2020) warning that institutional harm reduction risks absorbing radical practices into managerial logics.

Another participant highlights how peer work becomes a dense emotional and relational infrastructure, rooted in daily acts of solidarity and mutual care. This intimacy creates what she calls “this kind of sisterhood,” where care is enacted not as a formal service but as shared survival (P12). While peer work is not directly mentioned, another participant deeply foregrounds the emotional, relational, and affective dimensions of harm reduction, which parallel the idea of peer-led emotional infrastructure. They stress that: “The interpersonal connection between the workers in harm reduction and service users is fundamental. It’s probably even more important than the physical tools themselves” (P03). This underlines how trust, presence, and relational care become central elements beyond material interventions.

They further describe drop-in spaces as: “The opportunity to show that there is a possibility of a human connection, of being in a space where people can feel at home” (P03). In these spaces, people who are daily “navigating a world that seems not to be made for them” can experience safety and recognition, illustrating how emotional infrastructure sustains engagement and well-being. Although not explicitly referred to as “peer work,” these reflections align directly with the creation of relational networks and spaces of belonging that peer work often fosters.

3.1.3. DIY and Informal Harm Reduction: Contested Geographies of Safety

Beyond formal spaces, a few participants described DIY harm reduction as creative, community-led responses to systemic exclusions, especially for trans and queer users. A participant who supports groups that inform trans people doing hormone replacement therapy alone, explained: “Not just reducing the DIY risks, but giving people autonomy in their bodies... which is the main reason why DIY exists.” (P05).

DIY and informal harm reduction practices are described as crucial strategies for securing autonomy and resisting medical gatekeeping. They explain: “There’s this necessity, mostly to trans or non-binary people who, for example, take hormones and inject them,” highlighting how informal networks meet needs unmet by formal healthcare. Informal groups are described as “where you feel connected... It’s where I help educate and get educated... It’s about how we all put it together to create a safe space for us” (P05). This collective knowledge exchange supports safer hormone use, substance use, and broader well-being, especially for marginalised trans communities.

The theme of DIY and informal harm reduction is evident throughout a participant’s reflections, both in their personal practice and in observing broader community dynamics. Early on, they directly explain: “Our collective [not *Kosmicare*, ndr.] is like trans people who came together informally... we mostly focus on people who do DIY and try to provide information and reductions” (P07). These accounts reflect the concept of technologies of the self, where drugs, hormones, and self-experimentation become tools of self-determination (Preciado, 2008, 2013). Theodoropoulou (2025) similarly argues these practices reimagine care as collective and insurgent, rather than top-down.

This participant situates DIY and informal harm reduction within broader transnational networks of peer care: “I have seen emerging trans communities practising harm reduction a lot, especially around DIY... not only in Portugal, but... in whole Europe... It’s kind of like an international community of trans people who do harm reduction in DIY” (P07). They describe informal spaces as vital: “Informal places... that’s where you feel connected to people... It’s

where I help educate and get educated... It's about how we all put it together to create a safe space for us, because safe space at work is really rare... sometimes the only safe spaces are these informal groups" (P07). Further, they explain how grassroots DIY harm reduction grows directly from community need, often bypassing institutional funding or bureaucracy: "Grassroots harm reduction... comes more from the heart... because there's less money or no money at all, and you have to do everything DIY... you will always be really inside the community, and it will come from the community." They observe how DIY hormone sharing and knowledge circulate even without using the term "harm reduction": "When it comes to trans people DIY in their hormones, it automatically comes from a harm reduction approach, even if you don't call it this way... maybe a lot of people don't necessarily use that vocabulary... maybe you can find this practice cases a lot in trans communities without them being labeled as harm reduction" (P07). They also stress that such DIY practices are interwoven with survival and collective care: "Trans people have to rely... on each other... You will always need to have a connection to other trans people... to navigate this and to deal with... confrontation with inside health care system... otherwise it would be a really lonely and exhausting process." Finally, they highlight how harm reduction, especially in queer spaces, often goes beyond just risk reduction: "Good harm reduction services... don't focus only on reducing or minimizing risks, but also maximizing pleasure... spaces where people can come together and consume drugs as form of community strengthening... for queer people, a lot of times, this coincides... and that's why harm reduction in these places is so important" (P07).

One of the participants also explicitly discusses the importance and limitations of DIY and grassroots harm reduction. The participant observes that beyond state-funded services, there exist: "Do it yourself, collective interventions... that will never be able to have a certain extent and coherence and continuity if they're not supported" (P03). This recognises informal, self-organised harm reduction as crucial, while also noting their structural precarity. They add that harm reduction should include: "Creation of communities, and acknowledging that for some communities, substance use has an importance... harm reduction can play a role in supporting communities in their creation of community spaces and community dynamics." This vision centres grassroots, peer-led, and DIY spaces as vital arenas where care and harm reduction emerge organically, even if limited by funding and institutional recognition. The participant also sees a need for services to: "Go to small neighbourhood associations, explain what intervention is, and be able to hear people's insecurities and think about what we can do together." This view aligns with harm reduction approaches built from below, in collaboration with affected communities.

3.1.4. Pleasure, Autonomy, and Identity

Pleasure emerged as both practice and principle, often misunderstood in policy discourses that focus solely on risk. Participants stressed that honest harm reduction must acknowledge why people use drugs, not only warn against them. This theme reveals how autonomy, pleasure, and identity formation intertwine in ways that challenge risk-centred harm reduction models.

A participant positioned user autonomy as central to harm reduction practice: “It’s about... how they decide to negotiate risks and pleasure and their decisions regarding drug use.” They argued that interventions must be dynamically adapted: “Caring in harm reduction has to resonate... with what the person is, what are their wills and necessities... and to actualise when people are changing their decisions” (P03). This reframes people who use drugs not as patients requiring correction but as agents defining their own identities and pleasures. P03 contrasted this deeply relational approach with merely technical provision: “It’s not only about... providing self-injecting kits... the interpersonal connection... is probably even more important.” They also highlighted how drop-in spaces acknowledge different identities: “Connecting with dance... having a space where their perspectives on life and substance use are recognised.”

Another participant grounded harm reduction in identity and political resistance: “It’s the same. It’s being here, being in this place, being working so hardcore with harm reduction, and going against government politics... existing as we are, without being apologetic about it. Is resistance for me” (P06). Here, harm reduction functions as an affirmation of queer, stigmatised identities rather than merely an intervention. They explicitly connected pleasure to chemsex contexts: “Chemsex is really quite complicated... It’s not just about the drugs, it’s about the sex, it’s about the social networking that they have. It’s about their jobs... It’s about mental health.” This underscores how pleasure, sexuality, and community become entangled in ways that harm reduction must acknowledge rather than reduce to risk alone.

P06 also articulated how harm reduction supports agency by resisting moral judgment: “It’s very important... when people feel very guilty about using drugs, kind of like telling them that this is human nature. We’re not criminals, we’re not worse people... shed away all of that, because... you’re just a regular person like anyone else who just uses drugs.” This affirms drug use as part of human experience, centring self-acceptance. They emphasised the need for queer-specific approaches: “I do all the work that involves chemsex alone... yes, we should definitely queer up our services, because we all know that a lot of good people use drugs. That’s just a reality of it, for a multitude of reasons...”

A participant insisted on addressing pleasure explicitly: “You always have to pass the information also about the pleasures of using drugs... if you don’t talk about the pleasures... they will understand that you lied to them” (P08). They positioned care as advocacy: “Care means... to provide time and attention... to fight for the things that people should have access to and that they don’t have yet.” This participant also framed autonomy as epistemological recognition: “Seeing the person as the one that knows more about their lives and that knows what is best for them... don't impose what is best... but knowing that this person knows what is best in their lives” (P08).

Another participant described DIY hormone use as reclaiming agency denied by gatekeeping systems: “Giving people autonomy in their bodies” (P05). This reframes practices often characterised as reckless as instead constituting bodily sovereignty in contexts of institutional exclusion.

For a participant, pleasure, autonomy, and identity are deeply entangled in collective practice. Autonomy and self-representation manifest through creative work: “We do a lot of these zines... performance was a therapeutic act, because we were performing our own lives and telling our stories... we asked for contribution through artistic practices... do it yourself... trial and error to see what fits, what works, what doesn’t work” (P12). These DIY processes centre participants’ own voices and choices, affirming agency. This person explicitly recognised pleasure as political and therapeutic: “The majority of us want a sex work regulation. Pleasure-led initiatives are therapeutic initiatives, the advocacy part as well” (P12).

Crucially, P12 reframed what constitutes harm itself: “The harm was never the drugs. The drugs, most of the time, appear either as a coping mechanism... The harm was the intimate partners... loss of custody of the children... doctors in the hospitals when they arrived to give birth, the way they were treated.” This repositions harm reduction as addressing social and institutional violence that denies identity and autonomy, rather than focusing narrowly on substance-related risks.

The convergence across these accounts – from the emphasis on negotiating pleasure and risk, to the framing of existence as resistance, to the insistence on discussing pleasure honestly, to the reconceptualisation of harm itself – reveals autonomy and pleasure not as peripheral concerns but as constitutive of meaningful harm reduction practice. These narratives align with Pienaar *et al.*’s (2020) call for pleasure-centred harm reduction and Florêncio’s (2023) framing of pleasure as queer world-making, which involves refusing shame and recognising embodied desire. Participants demonstrate that pleasure, whether through substance use or embodied

gender experimentation, operates as site of collective identity formation, self-acceptance, and political resistance against systems that seek to discipline marginalised bodies and desires.

3.1.5. Community, Resistance, and Survival: Structural Vulnerability as Context

Almost half of the participants described harm reduction as inseparable from community. The remarkable convergence in how they articulated this relationship – repeatedly invoking the triad of survival, resistance, and collective care – suggests that community functions not merely as a *context* for harm reduction, but as its constitutive logic.

A participant framed community as affective and open-ended: “Community... I would say it’s a group where you can see yourself reflected in basically, where you feel part of something bigger than you... it could be a big family with relatives that you don’t know... because we often care for people in the community that we don’t even know” (P04). This relational understanding extends harm reduction beyond clinical settings: “Harm reduction goes beyond substance use... we are doing and we can do harm reduction every day in the most various fields” (P04). Their intersectional approach recognises how different marginalised groups engage in practices like chemsex for distinct reasons: “Sex workers that engage in chemsex... they do it so they can see more clients... but when we look to men who have sex with men... It’s more about... exploring my body, fantasies, sexuality as a whole” (P04). Such a nuanced understanding positions harm reduction as seeing people “not as patients to be corrected, but as agents whose care must fit complex social realities.”

For another participant, community emerges from both exclusion and resistance: “trans people who came together informally... we mostly focus on people who do DIY and try to provide information and reductions” (P07). They explicitly frame harm reduction as inseparable from political struggle: “I think harm reduction is heavily political... it always means to fight for better drug policies... It’s impossible not to be political” (P07). The relationship between survival and resistance becomes explicit: “Survival, resistance and healing... It’s a mix of all of it... We need harm reduction to survive. We need communities to survive. We need to resist to survive” (P07).

These networks remain precarious yet essential: “Trans communities have to rely on each other... otherwise it would be a really lonely and exhausting process... even though it’s sometimes tricky... sometimes it’s really unstable because people are just unstable... but we try to work towards that always” (P07). This participant distinguishes grassroots organising from institutionalised services precisely through this embeddedness: “Grassroots harm

reduction services... come more from the heart... You will always be really inside the community... it will never be the case that you were in institutionalised harm reduction.”

P10 articulated the interdependence of individual and collective care most directly: “For me, community caring means to be working side by side... working within the individual care is working also in the community care.” They positioned harm reduction as a response to immediate, racialised violence: “Especially in these times... we need to be together because we are going to die in the streets... trans people, especially trans women, are dying every day... so if we are not together, we are going to die alone” (P10). This collective survival takes material form daily: “Every day, especially on the streets... people organise themselves, even in chaos... they help each other, they share drugs, they share clothes, they share food... doesn’t make sense to do harm reduction without thinking of community care” (P10).

P10 frames harm reduction as a structural critique: “Harm reduction came from a problem that is not a problem. The problem is the conditions. It makes sense to work with communities that are more marginalised. It’s not just individual, it’s collective.” When institutional change proves impossible, community becomes both method and outcome: “If we can’t make structural changes, we need to create those responses for our own community... let’s build spaces and communities where we actually take care of each other and we heal together” (P10).

The transfeminist collective *Manas* emerged repeatedly as exemplifying these principles in practice. A participant, identifying as “drug user, activist and survivor,” roots her activism in loss: “I am activist in the last decades for HIV, because almost all my friends [were] dying, and then with the hepatitis C, I see the same; a lot of people that I like... don’t have the opportunity to access to the treatment.” *Manas* provides practical support – STI testing, materials for safer smoking, workshops – while creating economic alternatives: “We have the opportunity in one hour every week to make something different... or to sell what you do, and we pay just a little... because they are not working in the street and there are with us” (P11).

P12 describes *Manas* as “radical tenderness, full spectrum, queer and migrant inclusivity, community care, and living experience knowledge.” Art becomes both therapeutic and political: “We do these zines, it’s like our political megaphone... performing on our own lives... thinking about how to present ourselves, which safer harm reduction tips, homemade... a guide to safer sex work... and we did this artistically” (P12). Even DIY craft production carries political meaning: “Doing T-shirts and serigraphy like do it yourself... because then they have the top packs to sell... this Do It Yourself is also part of trial and error to see what works and what doesn’t” (P12). The space itself emerges from those most excluded: “*Manas* is special because

it's informal... it comes from women and non-binary people and trans women, it comes from people that are in the streets” (P10).

Even within more formalised settings, participants emphasised community principles. P01 described their drop-in centre as inseparable from its neighbourhood: “everything inside here, this space, drop-in, the consumption room, and also the people who live in Mouraria.” P02 characterised harm reduction as an “open door”, challenging abstinence-based models: “We are not talking about you have to stop the drugs... they can see that they can have another chance to be part of the society, even with the consumption.”

P03 positioned harm reduction as fundamentally political: “When you are saying that people who use drugs are not less people because they use drugs, it's a political statement.” They stressed that effective harm reduction must be community-led: “It should include the creation of communities, and acknowledging that for some communities, substance use has an importance” (P03). This requires meeting people in their actual social contexts – “parties, homes, and saunas” – and supporting communities to “create their own structures for harm reduction that also have this community logic.”

The consistent framing across participants reveals community not as background context but as an analytical category. When P04, P07, and P10 independently invoke survival, resistance, and collective care – often using nearly identical language – this convergence points to a shared political consciousness forged through structural vulnerability. Their narratives challenge individualised public health models by demonstrating that for queer and trans communities, harm reduction operates as what might be called survivalist infrastructure, or “mutual aid networks” (Spade, 2020): networks that make life possible when formal systems fail or harm.

This finding aligns with critical scholarship positioning harm reduction as political praxis (Race, 2020; Florêncio, 2023) while extending it by showing how marginalised communities transform exclusion into collective resources. The analysis suggests harm reduction in these contexts cannot be separated from broader struggles against transphobia, racism, and capitalism – what P10 termed “the conditions” rather than individual “problems.” As Dennis *et al.* (2023) and Theodoropoulou (2025) argue, this is harm reduction not as neutral policy intervention but as daily enactment of queer worldmaking and relational care.

Discussion and Conclusion

4.1. Intersection of Harm Reduction and Queer Care: More Than Risk Mitigation

This thesis aimed to explore the intersection of harm reduction with queer care, marginalisation, and community in Lisbon, guided by four research questions. Through twelve interviews across five organisations, the research uncovered a complex and situated landscape. The findings affirm, complicate, and in some cases challenge dominant narratives in critical drug studies, queer theory, and harm reduction literature.

Echoing scholars like Pienaar et al. (2020) and Race (2020), participants framed harm reduction not only as risk mitigation but as an embodied, collective, and identity-affirming practice. At Manas, harm reduction emerged as “radical tenderness,” deeply interwoven with trans survival strategies, art-based storytelling, and collective rituals of care. *Kosmicare* workers described harm reduction as inseparable from supporting mental health and treating people “like persons,” reflecting what Denis-Lalonde et al. (2019) call a “more-than-harm” approach. These insights expand Race’s (2020) notion of harm reduction as a practice of relational care and identity-making. In participants’ narratives, harm reduction practices, like safer smoking kits, drop-in spaces, peer listening, became technologies of the self (Foucault, 1988; Preciado, 2013): ways to reframe substance use from pathology toward pleasure, exploration, and collective belonging. By centring queer lives and desires, these collectives challenge the trauma-only lens critiqued by Pienaar et al. (2020) and Baker (2023). Notably, DIY hormone sharing, peer-led chemsex support, and community zines illustrate how harm reduction becomes not just a public health intervention, but a political practice of care, echoing narcofeminist calls to centre pleasure, autonomy, and lived expertise (Dennis et al., 2023; Theodoropoulou, 2025). This confirms recent literature (Florêncio, 2023) showing how harm reduction in queer spaces resists neoliberal and patriarchal norms, reimagining care as collectively produced.

The fieldwork underlined how harm reduction practices are shaped by intersecting marginalisations of gender, sexuality, race, and class, confirming and extending the critique by Campbell & Herzberg (2017) and Connell (2002). Peer workers from *Crescer* and *GAT* described racialised barriers: how racialised drug users face more surveillance and less access,

reproducing what Greenwald (2009) called the persistence of stigma beyond decriminalisation. Queer participants spoke of compounded vulnerabilities: trans women and migrants navigating structural violence, police harassment, and medical gatekeeping, aligning with Pessoa & Ferreira's (2024) ethnographic account. Yet, they also described collective strategies to survive these exclusions, from street-based peer networks to drop-in centres that recognise and resist stigma. These findings challenge harm reduction models that treat "drug user" as a neutral category, affirming literature that sees drug use as gendered and racialised (Campbell & Herzberg, 2017; Canêdo *et al.*, 2022). They also highlight the paradox noted by Félix *et al.* (2017): legal reforms can remove criminal penalties, but do not dismantle biopolitical hierarchies that decide who is "deserving" of care.

4.2. Forms of Care: Informal, Embodied, and Political

Across different interviews, participants described care as fundamentally relational, often enacted through informal or peer-led practices. This resonates with Powell's (2011) insight that meaningful care emerges beyond bureaucratic systems: in kitchens, at parties, on the street. Peer educators at *GAT* and *Manas* emphasised the importance of embodied knowledge, including knowing when to intervene, how to communicate effectively, and when to listen. *Manas*'s zines, art workshops, and DIY harm reduction reflect narcofeminist critiques of institutional paternalism (Dennis *et al.*, 2023). Similarly, *Kosmicare* workers described adapting harm reduction to nightlife spaces and queer temporalities (e.g., being open late for sex workers). This aligns with Preciado's (2013) analysis of drugs as tools to produce subjectivities, and with Baker's (2023) framing of queer drug use as agentic and relational. At the same time, participants recognised the ambivalence of care in reproducing hierarchies or informal surveillance, echoing Tronto & Fisher's (1990) view of care as always political. Yet, as Spade (2020) and Puig de la Bellacasa (2011) argue, such care practices also resist structural abandonment, building "subaltern" systems of mutual aid.

Participants from *Opus Diversidades* and *Kosmicare* called for institutions to reflect better lived realities, including making services queer-competent, funding peer roles, and valuing community knowledge. They described the tension identified by Smith (2012) and Pires *et al.* (2022) between the radical roots of harm reduction and the bureaucratic demands of funding. Participants critiqued standardised protocols that ignore queer lives shaped by nightlife, migration, or sex work. This echoes Powell's (2011) warning that institutional care can become transactional and distrustful. Yet, examples like *Kosmicare*'s chemsex program and *GAT*'s

drop-in centre show how institutions can adapt by co-designing services, funding community-led interventions, and embedding relational trust. These findings align with Race (2020) and Denis-Lalonde *et al.* (2019), who advocate for HR as participatory and user-driven. They also extend Pienaar *et al.*'s (2020) call to centre pleasure and identity-making, suggesting that institutions can do so without abandoning risk reduction.

4.3. Conclusions

This research confirms the dual nature of harm reduction as both a health intervention and a social movement (Smith, 2012). Still, it extends scholarship by foregrounding its queer, embodied, and agentic dimensions, rarely studied in Lisbon (Pires *et al.*, 2022). It demonstrates how harm reduction is lived as a creative practice of survival, solidarity, and identity formation, not just as a policy. Critically, it challenges deficit-based models that pathologise queer drug use, instead highlighting pleasure, relational care, and community self-determination (Race, 2020; Pienaar *et al.*, 2020; Dennis *et al.*, 2023). It contributes to debates on “more-than-harm” approaches (Denis-Lalonde *et al.*, 2019) by illustrating how queer communities construct DIY, peer-led infrastructures that resist both stigma and neoliberal capture. It shows how concepts of care and community are the foundation of harm reduction and queer spaces; as Pienaar *et al.* (2020, p. 7) argue, “Caring then is not about intervening from a distance but about acting relationally [...] and accepting that we will be transformed in the process. It is a collaborative effort in which we are intimately entangled.”

Yet these findings also reveal profound tensions and limitations that carry significant implications for harm reduction research and practice. Participants across various contexts repeatedly emphasised how chronic underfunding, precarious grants, and policy changes that take years to implement sharply limit the transformative potential of harm reduction. As one peer worker noted, in Portugal, it took two decades after decriminalisation to open the first consumption room, a delay deeply felt on the ground. This frustration echoes literature that critiques the “implementation gap” between progressive drug policies and their uneven, delayed translation into practice (e.g., Rhodes *et al.*, 2012). Furthermore, several participants voiced alarm over the rise of right-wing political forces that threaten hard-won harm reduction infrastructure and deepen stigmatisation of queer and drug-using communities, a tension also noted by scholars like Pienaar *et al.* (2020) who warn that harm reduction’s survival remains deeply contingent on shifting political climates.

Critically, these constraints exacerbate a more profound paradox: while harm reduction emerged from radical, bottom-up resistance, it has increasingly come to depend on institutional legitimacy, funding cycles, and policy alignment. Participants from Manas and Kosmicare described daily negotiations between relational, embodied care, rooted in community, pleasure, and survival, and the administrative demands of formal systems. This tension reflects broader feminist and queer critiques of institutional care (Tronto & Fisher, 1990; Preciado, 2013), where what can be counted or funded often eclipses what matters most to those directly affected. Indeed, as participants noted, queer care frequently happens “in kitchens, parties, and bedrooms,” far outside institutional walls, spaces that risk being invisible to policymakers, yet are vital sites of solidarity, resistance, and identity formation.

As one participant powerfully articulated, “community means saving the world... the revolution starts working together” (P10). This research demonstrates how harm reduction, understood as relational practice rooted in community knowledge and mutual aid, contributes to this revolutionary potential by creating spaces where marginalised communities can not only survive but flourish, building alternative forms of care that challenge oppressive systems while sustaining hope for more just futures. By centring queer voices and everyday acts of care, this research contributes to reimagining harm reduction not only as a set of services, but as an ethical and political practice: collective, relational, and deeply situated in the struggles and solidarities of these communities.

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