

# Boost

## **UNITED FOR CHANGE: ADVOCACY STRATEGY FOR COMPREHENSIVE HEALTH AND HARM REDUCTION SERVICES FOR PEOPLE WHO USE DRUGS IN EUROPE**

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## Executive Summary

The [BOOST](#) project, a collaborative effort aimed at combating HIV/AIDS and viral hepatitis in Europe, supports EU and neighboring countries through community-based and led harm reduction initiatives. This response, vital due to the disproportionate impact of these diseases on people who use drugs (PWUD) and marginalized populations, is structured around four main pillars: Inform, Improve, Support, and Connect & Act, which focus on data collection, capacity building, best practice enhancement, and advocacy, respectively.

This Advocacy Strategy provides an overarching framework and sets priorities for regional harm reduction and community-led networks working for EU and neighboring countries. The objectives of the Strategy will serve as a basis for developing joint regional advocacy actions for comprehensive health and harm reduction services for people who use drugs.

The Strategy aims to enhance the quality, accessibility, and coverage of harm reduction services. It focuses on increasing political will and financial sustainability, promoting community-driven harm reduction, ensuring access to specific health services, and advocating for comprehensive health and social care. The strategy emerged from an inclusive consultation process, including extensive online dialogues, surveys, and strategic meetings, which identified key barriers to service access and outlined objectives for improving harm reduction efforts across the continent.

Through this collective approach, the BOOST project and its partners aim to address the critical health needs of people who use drugs, advocating for changes that support harm reduction, health rights, contribute to the priorities of the EU Drugs [Strategy](#) 2021-2025 and ultimately, the [goal](#) of eliminating HIV/AIDS and viral hepatitis as public health threats by 2030.

## Background and approach

### Harm reduction: a leading policy response

The HIV/AIDS and viral hepatitis epidemics pose significant public health burdens in Europe and disproportionately affect people who use drugs and other marginalized populations that cannot easily access health services. As health risks related to infectious diseases are frequently associated with injecting drug use, harm reduction represents one of the most critical policy responses in this field. Harm reduction approaches are supported by the WHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS), and the United Nations Office on Drugs and Crime (UNODC).

### Eliminating HIV/AIDS and viral hepatitis as health risks by 2030

The 'fast-track' [approach](#) adopted by UNAIDS and the Global AIDS [Strategy](#) 2021-2026, followed by the WHO, supports the goal of eliminating both HIV/AIDS and viral hepatitis as public health risks by 2030. Community-based and community-led harm reduction efforts, tailored to the needs of affected people and communities, have proven especially effective in combating these epidemics and are critically important in bringing these goals to reality.

## About the BOOST Project

### We support EU and neighboring countries in fighting communicable diseases

Within this context, the [BOOST](#) project aims to assist EU and neighboring countries in reaching agreed-upon goals of minimizing the spread and impact of HIV/AIDS and viral hepatitis, along with other communicable diseases. Specifically, the project BOOSTs the implementation of harm reduction interventions by supporting community-based and community-led services that work to counteract the prevalence of communicable diseases.

The project is designed to amplify the implementation of high-quality, community-based and community-led communicable disease services. These services are part of a comprehensive, people-centered, and integrated harm reduction approach operating in four key areas:

- **INFORM:** Collection of data and information on community-based and community-led services for people who use drugs (PWUD).
- **IMPROVE:** Organization of capacity-building initiatives in the field of communicable diseases.
- **SUPPORT:** Enhancement and scale-up of integrated community-based and community-led best practices.
- **CONNECT & ACT:** Consolidation of PWUD networks and fostering of advocacy interventions.

One of the central elements within the BOOST project is the advocacy pillar embodied in the CONNECT & ACT area, which builds on the collaboration of four major European community and harm reduction networks: Correlation-European Harm Reduction Network ([C-EHRN](#)), Eurasian Harm Reduction Association ([EHRA](#)), Drug Policy Network South East Europe ([DPNSEE](#)), and European Network of People who Use Drugs ([EuroNPUD](#)). This cooperation strengthens and consolidates the networks and increases the impact of their work and related advocacy activities. It fosters the utilization of diverse expertise and knowledge, ensuring comprehensive coverage across all EU Member States and neighbouring regions. By facilitating data collection, exchange, capacity building, mutual coaching, learning, and the implementation of best practices, the project offers professionals valuable opportunities for engagement. It promotes and advocates for the upscaling of quality harm reduction and HIV/AIDS and HCV prevention, treatment, and care services for people who use drugs.

## Participating Networks



**The Correlation-European Harm Reduction Network (C-EHRN)** is a European civil society network and centre of expertise in the field of drug use, harm reduction, and social inclusion with more than 360 organizational and individual members across Europe. C-EHRN's mission is to create spaces for dialogue and action to reduce social and health inequalities and promote social justice in Europe. Bringing together the harm reduction movement in Europe, C-EHRN serves as an agent of change by promoting and supporting rights-based and evidence-informed policies, services, and practices that improve the health and well-being of people who use drugs and other communities disproportionately affected by stigma, discrimination, health inequalities, and harmful policies. The network is organized into four pillars of work: (1) Networking, cooperation, and communication, (2) Community-based monitoring and research, (3) Knowledge transfer and capacity building, and (4) Advocacy & policy.



**The Eurasian Harm Reduction Association (EHRA)** is a non-profit public membership-based organization uniting 283 harm reduction organizations and activists from 28 countries of Central and Eastern Europe and Central Asia (CEECA). Its mission is to actively unite and support communities and civil societies to ensure the rights and freedoms, health, and well-being of people who use psychoactive substances in the CEECA region. EHRA advocates for access to comprehensive harm reduction, the human rights protection of people who use drugs, and progressive drug policies, providing support and development opportunities for harm reduction services and professionals.



**The Drug Policy Network South East Europe (DPNSEE)** is a network of non-governmental organizations advocating for more humane and effective drug policies in the South East Europe region. The DPNSEE aims to promote drug policies based on the principles of public health, human rights, and social inclusion, focusing on the needs and rights of people who use drugs and other marginalized groups affected by drug policies.



**The European Network of People who Use Drugs (EuroNPUD)** is the regional drug user rights organisations network in the European Union and its neighboring countries. It is one of the regional members of the International Network of People who Use Drugs (INPUD) and has committed to an active collaboration with the Eurasian Network of People who Use Drugs (ENPUD) in terms of work in South-east and Central Europe. EuroNPUD champions community mobilisation and meaningful participation of people who use drugs through a combination of coordinated country campaigns, thematic development projects, advocacy and partnership work, and leadership development activities.

### Context for the Joint Advocacy Strategy

In recent years, the participating networks have shifted from individual advocacy to a united effort, aligning with the EU Drugs [Strategy](#) 2021-2025 to improve harm reduction services. This joint action, aimed at enhancing service quality, accessibility, and coverage, mirrors key priorities of the EU strategy, particularly in ensuring integrated treatment, advancing harm reduction, and addressing needs within prison settings. This collaboration, resonating with strategic priorities such as reducing stigma, promoting peer work, and ensuring continuous care, notably supports the broader EU Global Health [Strategy](#). By presenting a unified front, these networks are poised to significantly influence health policies, setting a precedent for future strategies and ensuring a sustained impact on harm reduction across the EU and neighbouring countries. This synergy between collective advocacy and EU strategic goals underscores the importance of cohesive action in shaping effective health policies and interventions.

The advocacy activities within the BOOST Project were consolidated by the four community networks to increase the impact and synergy of the advocacy actions across Europe. This is achieved through the following specific objectives:

1. Enhancing networking and cooperation between the participating community networks and their respective memberships and national and local partners.
2. Identifying community needs and barriers to access harm reduction and communicable disease services.
3. Developing a joint European-wide Advocacy Strategy, calling for a more responsive and effective harm reduction environment across Europe and improving the quality of harm reduction and other essential services for people who use drugs.
4. Supporting selected local community-based and community-led harm reduction organizations in developing and implementing local Advocacy Projects to address specific challenges in their respective countries.

## The process behind the Joint Advocacy Strategy

The Joint Advocacy Strategy is based on an extensive and inclusive consultation process carried out by the four European networks involved in the BOOST project. The strategy development process comprised four main steps:

1. Initiating extensive online dialogue among network members to identify key barriers in accessing harm reduction and other health services and advocacy goals.
2. Gathering information on advocacy priorities via the Multi Modular Survey.
3. Conducting consultations with the networks' governing bodies.
4. Formulating and refining advocacy priorities and objectives during face-to-face strategizing meetings of European harm reduction experts and activists from the community of people who use drugs to ensure the maximum possible relevance on the one hand and feasibility on the other.

### Online Dialogue

In June 2023, C-EHRN, EuroNPUD, DPNSEE, and EHRA conducted eight online dialogue meetings aimed at assessing community-based needs, challenges, expectations, and good practices in advocacy in the context of access and quality of HIV/HCV/HBV prevention, treatment, and care for PWUD. The dialogue meetings engaged a total of 97 network members, with participants coming from the following countries:

**EU Countries:** Bulgaria, Croatia, Czech Republic, Greece, Lithuania, Portugal, Slovenia, Belgium, Finland, Germany, Ireland, Luxembourg, Malta, Spain, Cyprus, Denmark, France, Italy, Estonia, Hungary, Latvia, Poland, Romania, Slovakia, Slovenia.

**Non-EU Countries:** UK (England, Scotland, Wales), Montenegro, North Macedonia, Serbia, Norway, Georgia, Moldova, Ukraine.

Each of the dialogue meetings lasted 1.5 hours. They were conducted and recorded via Zoom, facilitating real-time interaction and discussion among participants. Sessions were moderated to ensure a structured discussion, based on predefined questions and themes focusing on (1) identifying main barriers and challenges to accessing

harm reduction services, (2) exploring solutions, (3) sharing successful advocacy initiatives, and (4) discussing needed advocacy actions at local, national, and regional levels. Furthermore, the discussion was organized into thematic clusters, including legislation, societal attitudes, community empowerment, stigma, access to harm reduction and health interventions, and broader health services.

The networks prepared a Report after each Dialogue Meeting, analysing and summarizing the main findings of the discussions. Subsequently, consultation with the governing bodies of the networks was conducted to discuss findings from the Online Dialogues. The final step in developing the Strategy was marked by a meeting of regional harm reduction experts held in Amsterdam in late January 2024. This gathering brought together over 20 representatives from C-EHRN, EHRA, EuroNPUD, and DPNSEE. The purpose of the meeting was to utilize the outcomes from Online Dialogues to identify and fine-tune key advocacy priorities and to finalize the Joint European Advocacy Strategy. Participants of the meeting, who are civil society and community experts in health and harm reduction fields with knowledge of the regional context, helped establish key strategic priorities and actionable objectives for the strategy for the upcoming five years.

### Summary of key findings from Online Dialogues and Multi Modular Survey

#### **Common contextual factors impacting access to harm reduction services for people who use drugs (e.g., legislation, societal attitudes, empowerment of communities, stigma, etc.)**

- Stigma and discrimination: Across all regions, stigma appears to be a significant barrier to accessing harm reduction services, affecting people who use drugs in society and sometimes at health care facilities.
- Political will: A lack of political will to support harm reduction is a common factor influencing policy, funding, and the implementation of services.
- Legislative barriers: Legal challenges and strict drug laws are common issues that result in the shutdown of harm reduction services or discourage people from seeking help.
- Funding: Insufficient funding and resources are universal problems, leading to a lack of professionals in the field or unsustainable harm reduction services.

#### **Factors impacting access to harm reduction interventions (e.g., OAT, provision of safe consumption equipment, overdose prevention, safer drug consumption spaces)**

- Geographic disparities: Both Northern and Western Europe and Central and Eastern Europe mention disparities, with a focus on urban centres and neglect of rural areas.
- Discrimination: Discrimination by authorities and social service providers against people who use drugs is noted in both South-East Europe and Northern and Western Europe. This includes the use of stigmatizing language, which perpetuates discrimination.
- Funding issues: Funding is a common challenge across all regions, affecting the stability and quality of harm reduction services. There's also a shared concern about the transition from international to national funding.
- Gender-specific challenges: The lack of safe spaces for women who use drugs and gender-specific services, particularly for those facing domestic violence, is mentioned in both Northern and Western Europe and South-East Europe.

#### **Factors impacting access to specific health interventions (infectious disease prevention and treatment, sexual health services, testing and treatment for HIV, STIs, and Hepatitis B and C)**

- Stigma and discrimination: Widespread across medical communities, impacting access to all types of health interventions.
- Cost barriers and complicated procurement procedures: Financial constraints for treatments and geographical dispersion of services limit accessibility (e.g., for HCV diagnostics and treatment).
- Insurance barriers: Insurance may not cover certain treatments adequately, affecting re-treatment opportunities.
- Limited specialized services: Lack of specialized services or adequately trained professionals for treating people who use drugs, such as vascular surgery and phlebology.
- Confidentiality concerns: Particularly affecting women, mothers, and pregnant women, leading to delayed or no engagement with services.
- Policy and regulatory barriers: Such as mandatory abstinence requirements that create extra hurdles for accessing services.
- Impact of migration: Increasing demands on health services and introducing additional barriers such as language.
- Poor medical care in prisons.

**Factors impacting access to broader health interventions, such as primary health care, mental health care, and reproductive health services**

- Financial Barriers: These include costly medications, low pensions, and expensive transportation. Psychological support is often not freely available or is limited to a few sessions.
- Stigma and Discrimination: People Who Use Drugs face rejection, as well as discriminatory and judgmental attitudes from healthcare providers, increasing barriers to accessing health services.
- Lack of Integrated Mental Health and Addiction Services: There is an absence of integrated services for mental health, providing necessary support to People Who Use Drugs with mental health issues. Mental health services lack the information, knowledge, and capacity to work effectively with PWUD, and Harm Reduction Services are insufficiently equipped to provide mental health support.
- Quality of Care: Health care interventions and quality of services targeting People Who Use Drugs are not monitored and evaluated adequately and fail to consider the needs and perspectives of People Who Use Drugs.
- Lack of Social Services: There is an absence of integrated social support programs for People Who Use Drugs and families affected by drug use.



## Strategic priorities and objectives

Based on the consultation meeting in Amsterdam, the following strategic priorities and objectives were defined for the Joint Advocacy Strategy:

### **Priority 1: Increase Political Will and Financial Sustainability for Community-Based and Community-Led Harm Reduction**

Objectives:

1. Establish a supportive network of active national and EU Parliamentarians to foster legislative dialogue and advocacy actions toward progressive drug policies, including harm reduction.
2. Develop and launch a platform for knowledge exchange and mutual learning, involving local policymakers and civil society representatives, to promote and increase the uptake of innovative drug and harm reduction policies and practices.
3. Advocate for the establishment of a new EU funding mechanism dedicated to harm reduction and provide tools and resources to equip stakeholders for effective advocacy.

### **Priority 2: Promote Community-Driven Harm Reduction Tailored to Diverse Needs of People Who Use Drugs**

Objectives:

1. Support the creation and strengthening of community-led networks to enable meaningful involvement in the governance, planning, delivery, monitoring, and evaluation of services for diverse populations, such as youth, migrants, women, and LGBTQ+ communities.
2. Promote good practices for the meaningful involvement of service clients in the planning, delivery, and monitoring of harm reduction interventions.
3. Highlight and disseminate good practices and success stories from community-led harm

### **Priority 3: Ensure Access to Specific Health Services for People Who Use Drugs**

#### Objectives:

1. Promote low-threshold, one-stop-shop services in European countries, integrating a range of harm reduction and health services such as disease prevention and management, sexual health services, testing and treatment for HIV, STIs, Hepatitis B, and C.
2. Promote the peer navigator model and advocate for its implementation in countries.
3. Advocate for changes in policies, laws, and practices to allow medical services in non-medical settings across all European countries, ensuring access to confirmatory testing and treatment for HIV and Hepatitis B and C.

### **Priority 4: Ensure Universal Access to Comprehensive Health and Social Care for People Who Use Drugs**

#### Objectives:

1. Advocate for the integration of comprehensive mental health services into public health policies and institutional frameworks, emphasizing support for people who use drugs, to ensure a multidimensional approach to treatment and care that extends beyond drug dependence.
2. Advocate for the creation of an EU funding mechanism to support the development of integrated mental health services for people who use drugs.
3. Advance the implementation of universal healthcare access within the European Union, by advocating for policy reforms, collaborating with stakeholders across various levels, and developing frameworks that support the seamless integration of accessible, quality healthcare for every EU citizen.
4. Promote and support the creation of learning and knowledge-sharing platforms to build the capacity of health and social care professionals, harm reduction experts, and peers to address the specific needs of people who use drugs and broader social and health issues related to drug use, including gender-based violence, sex work, migration, and homelessness.