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HARM REDUCTION WORKS!

A call to invest in a European
health-based drug policy

POLICY PAPER

BACKGROUND

Drug use continues to be an important topic to foster health and safety in Europe. According to the European Union Drugs Agency (EUDA), the diversity, availability and accessibility of internationally controlled substances remains high across the European Union¹.

In 2024, an estimated 22.8 million adults in Europe used cannabis, 4 million used cocaine, 2.9 million used MDMA, 2.3 million used amphetamines, —figures that have all risen in the last few years². In 2022, nearly half of the 13.9 million people injecting drugs globally were living with Hepatitis C, and around one in eight with HIV³. That same year, about 6,400 drug-induced deaths were reported in the EU⁴.

Despite these trends, availability and accessibility to health and harm reduction services remains inadequate, especially for marginalised groups. This increases health risks and underscores the urgent need to scale up harm reduction efforts to ensure safer use and adequate care.

In 2025, the EU is expected to launch a new Drug Strategy outlining the overarching political framework and priorities for 2026 to 2030. The current EU Drug Strategy (2021-2025) takes a balanced approach focusing on drug supply reduction, drug demand reduction, and harm reduction, but its implementation remains geared towards drug law enforcement. This lack of balance has so far failed to deliver greater security, while exacerbating health and social harms.

As the launch of the next EU Drug Strategy approaches, we call for a more balanced implementation that prioritises health, harm reduction, and human rights.

WHAT IS HARM REDUCTION?

Harm reduction refers to humane, non-judgemental, people-centred, and evidence-informed policies and practices that aim to minimise the adverse health, social, economic, and legal consequences of drug use and related drug and health policies⁵.

It is a proven, evidence-based, and cost-effective approach to drug and health policy, endorsed by the EU and all⁶ relevant UN bodies⁷, which consistently recognise it as essential to upholding the right to health for people who use drugs.

Essential harm reduction interventions include opioid agonist treatment, overdose prevention, drug checking services, drug consumption rooms, needle and syringe programs, safer inhalation equipment, access to (take-home) naloxone, HIV/AIDS and viral hepatitis testing, treatment and care services in community-based and community-led settings.

CHALLENGES

EVOLVING DRUG MARKETS

As the landscape of drug use in Europe evolves – often as a direct response to drug law enforcement – a variety of complex dynamics arise, including greater diversity, potency, and purity of substances. Synthetic drugs, including potent opioids and newer psychoactive substances, create new health and policy challenges and require the adaptation and scale-up of existing responses and services.

MISSING HEALTH FOCUS IN DRUG POLICY

The complexity of drug use and associated health risks and harms requires a stronger, health-based drug policy approach. While overdoses and drug-related deaths remain major concerns, communicable diseases like HIV and hepatitis C virus (HCV) also constitute prominent health risks, with the use of unsterile equipment being a significant driver of transmission.

THE HARM REDUCTION FUNDING CRISIS

Harm reduction in Europe — and globally — is under pressure. Despite overwhelming evidence that harm reduction works⁸, organisations and projects in this field remain underfunded. Recent reports on harm reduction investment in the EU⁹ and the funding crisis in low and middle-income countries¹⁰ highlight the critical lack of support for harm reduction.

This crisis is further exacerbated by major shifts in the global aid architecture: the termination of several US foreign aid programs¹¹ has drastically reduced international development budgets, while in the Netherlands, the government has announced significant cuts to its development cooperation budget starting in 2026, with NGO funding set to drop from €1.4 billion to as low as €390 million¹². These shifts in international aid architecture threaten the sustainability of civil society organisations worldwide, in particular those providing community-based/-led harm reduction, communicable diseases, and health services¹³.

Nevertheless, while essential harm reduction and health services remain underfunded, millions keep being funnelled into prohibitionist measures, law enforcement, crime prevention and criminalisation, despite the devastating impact of these policies.

CHALLENGES

THE HARM OF PUNITIVE APPROACHES

Europe continues to prioritise law enforcement over human rights-based, health-focused, and evidence-driven drug policies — despite growing evidence of their ineffectiveness. As drug markets become increasingly complex, clinging to outdated supply reduction strategies fails to address the root causes or curb organised crime¹⁴. There is an urgent need for innovative, pragmatic solutions that include responsible regulation and shift the focus towards supporting, not punishing, people who use drugs. Without this shift, both public health and human rights will remain at risk.

CRIMINALISATION AND STIGMA

People who use drugs and other marginalised populations are disproportionately affected by criminalisation, stigma, and discrimination, and are often denied access to basic health and social services. Stigma contributes to healthcare disparities and increases marginalisation. These systemic challenges highlight the urgent need for nonjudgmental healthcare environments. As a low-threshold community-based approach that is non-judgmental at its core, harm reduction is essential to reaching underserved populations and dismantling barriers to access¹⁵.

¹ EUDA. (2024). [European Drug Report 2024](#). Luxembourg; Publications Office of the European Union.

² EUDA. (2021). [European Drug Report 2021](#). Luxembourg; Publications Office of the European Union.

³ Jeziorska, I. et al. (2024). [Essential Harm Reduction Services: Report on policy implementation for people who use drugs](#). Civil Society Monitoring of Harm Reduction in Europe 2024. Amsterdam; Correlation – European Harm Reduction Network. DOI: 10.5281/zenodo.14024957

⁴ EUDA. (2024). [European Drug Report 2024](#). Luxembourg; Publications Office of the European Union.

⁵ C-EHRN. (2024). [C-EHRN Strategy 2024–2028](#). Amsterdam; Correlation – European Harm Reduction Network.

⁶ World Health Organisation (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the Office of the High Commissioner for Human Rights (OHCHR) and the United Nations Office on Drugs and Crime (UNODC).

⁷ Mofokeng, T. (2024). [A/HRC/56/52: Drug use, harm reduction and the right to health – Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health](#). Tlaleng Mofokeng. OHCHR.

⁸ European Union Drugs Agency. (2010). [Harm reduction: Evidence, impacts and challenges](#). EUDA.

⁹ Cook, C. (2017). [Harm reduction investment in the European Union. Current spending, challenges and successes](#). Harm Reduction International.

¹⁰ Serebryakova, L., Cook, C., & Davies, C. (2021). [Failure to Fund: The continued crisis for harm reduction funding in low- and middle-income countries](#). Harm Reduction International.

¹¹ Hansler, S. L., Jennifer. (2025, March 28). [State Department formally notifies Congress it is effectively dissolving USAID](#). CNN.

¹² Ministerie van Buitenlandse Zaken. (2024, November 11). [Eerste bezuinigingen ontwikkelingshulp bekend: Subsidies ngo's gaan op de schop – Nieuwsbericht](#). Ministerie van Buitenlandse Zaken.

¹³ UNAIDS. (2025). [Impact of US funding cuts on the global AIDS response](#). UNAIDS.

¹⁴ Collins, J., & Glantz, E. (2025). [Evaluating Cocaine Market Interventions: How External Shocks and Disruption of Criminal Networks Impact the Cocaine Trade and Social Outcomes](#). Global Initiative Against Transnational Organised Crime (GITOC).

¹⁵ [HIV stigma in healthcare settings: Need for increased knowledge among healthcare workers and improved facility-level guidelines](#). (2024). ECDC, EACS.

RECOMMENDATIONS FOR POLICYMAKERS

◆ **MAKE DRUG USE AN EU HEALTH PRIORITY**

The EU, Member States, candidate countries, and neighbouring regions must prioritise the health and rights of people who use drugs and close existing gaps to ensure universal access to healthcare services. This includes access to essential harm reduction interventions, as well as the prevention, treatment and care of HIV and viral hepatitis services, to meet the UNAIDS 2030 targets.

- Prioritise harm reduction and the health of people who use drugs, embedding it into national and regional health policies.
- Scale up community-based/-led harm reduction services, ensuring the availability and accessibility of HIV/HCV testing, treatment, care, opioid agonist treatment, drug checking services, drug consumption rooms, sterile equipment distribution, overdose prevention measures such as take-home naloxone, and seamless linkages to care.

◆ **PRIORITISE DECRIMINALISATION AND REGULATION OVER PUNITIVE DRUG CONTROL**

Europe's drug policy must shift away from the current prioritisation of law enforcement over approaches that are grounded in human rights, health-focused, and evidence-driven.

- Recognise the harmful impact of punitive drug policies on communities and their failure to prevent drug-related violence and organised crime.
- Promote decriminalisation and explore and implement sensible regulation to curtail the influence of organised crime and support the health and rights of communities – as is now recommended by the OHCHR and UN Special Rapporteur on the right to health.
- Actively engage harm reduction and drug policy experts, civil society organisations, and people who use drugs in the development, implementation and evaluation of drug policies.

RECOMMENDATIONS FOR POLICYMAKERS



ENSURE A BALANCED EU DRUG STRATEGY 2026-2030

As the launch of the next EU Drug Strategy approaches, the EU, its Member States, candidate countries, and neighbouring regions must commit to a balanced strategy — and to its effective implementation — that places health, harm reduction, and human rights at its core.

- Ensure harm reduction and health-based responses remain a core priority of the new Strategy, including indicators and responsibilities for their implementation.
- Establish a funding mechanism to support and promote health-oriented drug policy innovation, harm reduction and public health responses.
- Encourage Member States to implement interventions on the full spectrum of the new Strategy, ensuring health-related programmes and projects receive adequate support.
- Establish frameworks for embedding harm reduction into broader public health strategies, aligning with UNAIDS and WHO recommendations to eliminate HIV and HCV as public health threats by 2030.



ESTABLISH AN EU FUNDING MECHANISM FOR HARM REDUCTION

The EU, its Member States, candidate countries, and neighbouring regions must address the funding gap faced by civil society organisations working in harm reduction, especially in regions where services have been discontinued or are under severe strain, in EU MS as well as in neighbouring and candidate countries. To secure the sustainability and responsiveness of these initiatives, it is essential to:

- Establish dedicated EU-level funding mechanisms specifically for harm reduction and health-oriented drug policy innovation.
- Ensure a coordinated approach within the European Commission to advance evidence- and health-based drug policies, promoting cross-cutting and intersectional collaboration across relevant departments — including DG SANTE, DG HOME, DG HERA, DG ECHO, DG EMPL.
- Establish accessible funding opportunities for civil society organisations, with particular support for community-based, community-led, and low-threshold health and harm reduction services and innovations.
- Develop transparent, criteria-based funding mechanisms that guarantee fair distribution, accountability, and sustained support for evidence-based harm reduction strategies.

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