Highlights

Mental health data from C-EHRN 2025 monitoring report

Mental health services for people who use drugs exist:

40/42 Cities

reported availability of at least one specialised service.

However, one door into care is not enough:

22/40 Cities

reported gaps in comprehensive service provision

People who use drugs are still excluded from mainstream mental health services in 26/40 cities.

Most commonly reported exclusions:

Ongoing drug use

Lack of identification documents

Lack of health insurance

Homelessness/ unstable housing

Harm reduction was reported as the main access point to mental healthcare. This role must be recognised, funded and integrated into the mental health system.

Correlation

European Harm Reduction Network

Mental Health Services for People who Use Drugs In Europe

Current needs and emerging challenges

Civil Society Monitoring of Harm Reduction in Europe **2025**

Correlation
European Harm Reduction Network

Title

Mental Health Services for People Who Use Drugs: Current Needs and Emerging Challenges. Civil Society Monitoring of Harm Reduction In Europe 2025.

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DE REGENBOOG GROEP

Mental health care is a right. Drug use should not place it out of reach.

→ It is estimated that between 42% and 90% of people with substance use disorders have a co-occurring mental health disorder [1,2].

→ Drug use often starts as a self medication strategy against pre-existing mental health symptoms, distress or trauma. This challenges the common assumption that mental health problems among people who use drugs are only caused by drug use [1,3].

→ Harm reduction and other low threshold services are often the primary point of contact with health and social support for people who use drugs. Yet many services still lack staff with specialized mental health training and the necessary resources to provide adequate mental health support [1,4,5].

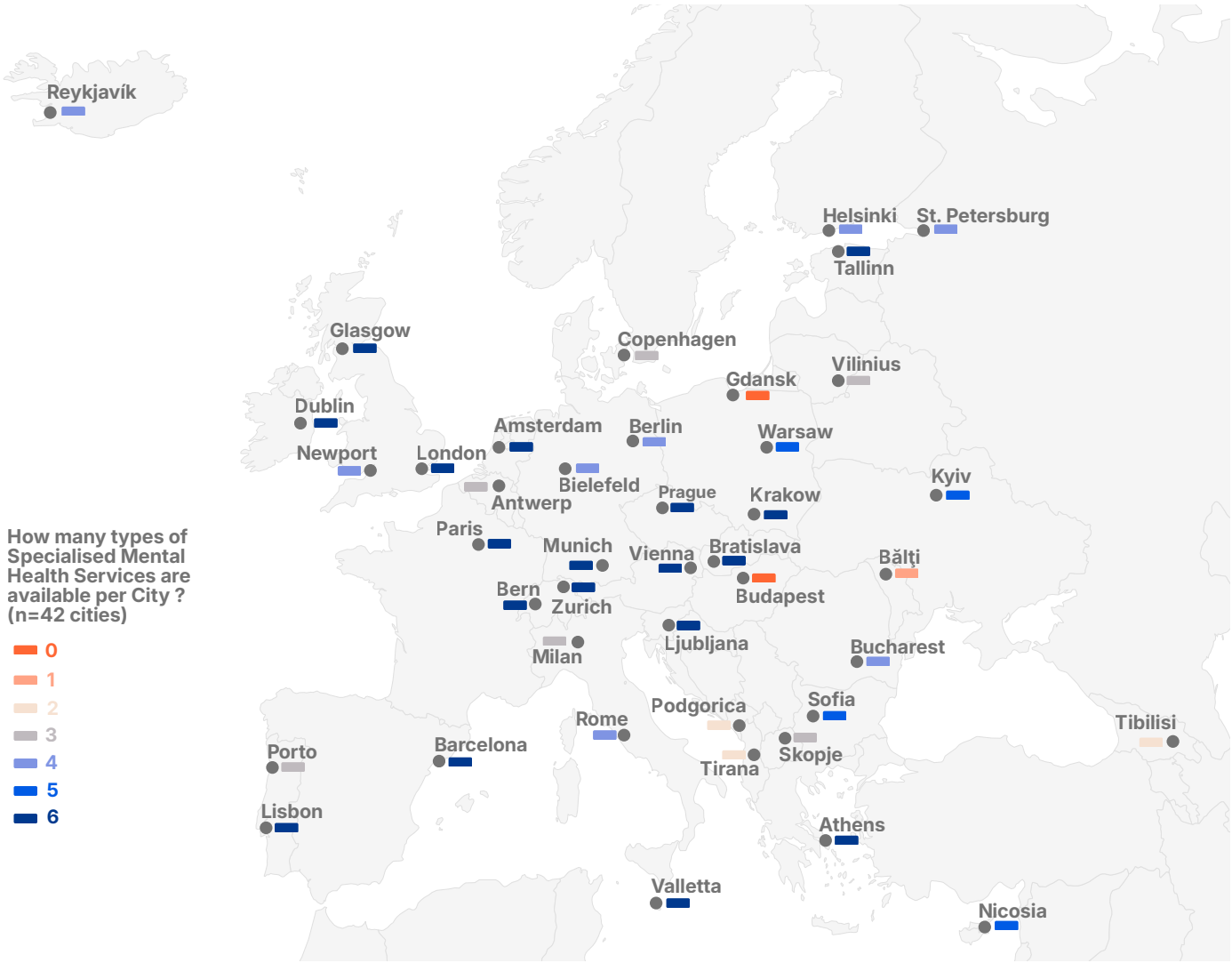
→ Growing use of stimulants and new psychoactive substances is increasing pressure on harm reduction services. These substances are associated with heightened psychiatric risks such as distress, paranoia, and psychosis [6,7]

Mental health support must be integrated into harm reduction and other low-threshold services.

Specialised mental health care for people who use drugs remains uneven across Europe

40 out of 42 cities reported that at least one mental health service specific for people who use drugs is available, indicating needs recognition. However, across six service types- psychological counselling, psychiatric services, support groups, crisis intervention, mental health education and family therapy/support- provision remains uneven with gaps and variations between cities. Only 18 of the 40 cities reported that all 6 types services existed. 22 cities reported five or fewer, and 10 reported operating with three or fewer. Psychological counselling was the service type most reported as available, while family therapy/ support was reported as the least available. Geographically, Western European cities tend to offer the broadest range of mental health services.

The broader the local service offer, the more likely it is that people can access support that matches the type and level of care they need.



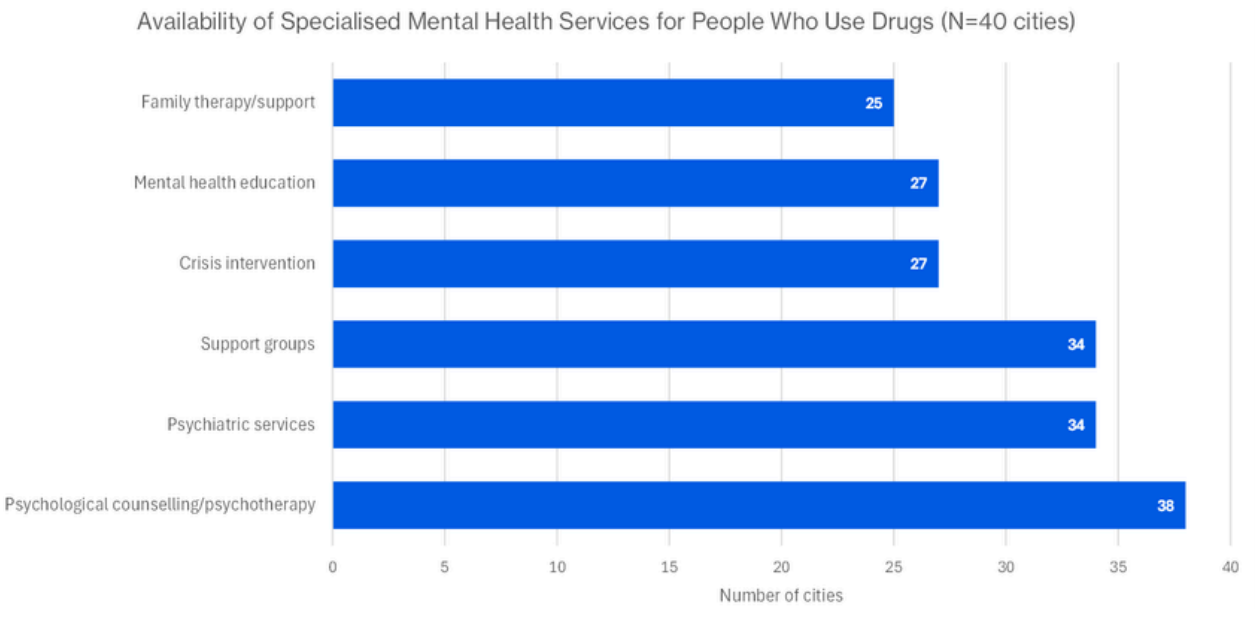


Figure 1. Availability of specialised mental health services for people who use drugs across participating cities. The map shows the variety of service types reported per city, while the bar chart shows how many cities reported each service type.

What strong mental health care looks like

More than one door in
A strong local response should include more than one route into care. People need a range of support options, not a single pathway.

Care that fits the need
Not everyone needs the same intensity of care. A broader range of services should include options from early support to mild distress and crisis , to severe symptoms and longer term needs.

Early response, not late rescue
Services must intervene before problems worsen, not only when they escalate.

The standards are clear:

→ WHO calls for comprehensive, integrated and responsive mental health care in community-based settings, not isolated services. Good local care features a network of different supports, including crisis services, outreach, peer support and specialist care [8,9].

→EUDA calls for integrated and multidisciplinary care, treating mental health and drug use together, from the start [2,10].

People who use drugs remain excluded from mainstream mental health care

26 out of 40 cities with available mental health services reported that people who use drugs are excluded from general population mental health services. Current drug use and lack of identification documents were the most reported reasons, showing that access to mental care remains limited in this population.

Frontline Voice - FP Warsaw

"The condition for receiving help is abstinence or striving for it. This applies to both specific programmes for people who use drugs and facilities for the general population".

Frontline Voice - FP Bratislava

"It is typical that people who are homeless, socially excluded and use drugs [...] don't use mental health services for the general population due to stigma and discrimination."

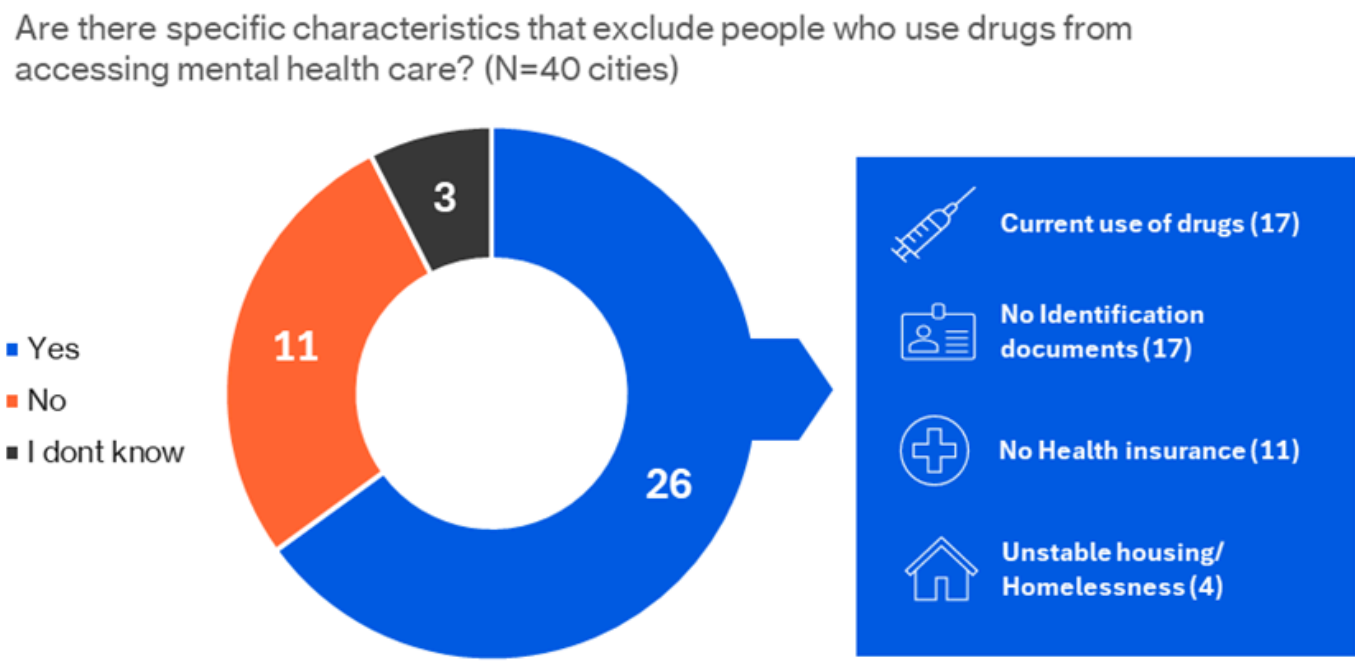


Figure 2. Reported exclusion from general population mental health services and main reasons for exclusion.

Remove abstinence requirements from mental health care.
Access to care must not depend on stopping drug use. International and European guidance establishes co-occurring mental health and substance use to be adressed together, from first contact.

Remove administrative and social barriers to access.
Do not condition care on ID, insurance status, housing status or similar requirements that exclude marginalised people. The right to health applies to everyone, without discrimination.

Adopt person-centred, non stigmatising mental health care.
Assess people as individuals, not through their drug use. Challenge assumptions that substance use is the cause of mental health problems, when it often reflects attempts to cope with distress, trauma, or unmet needs. Services should recognize this to avoid dismissing need, misreading symptoms and delaying care.

People who use drugs are still being denied mental health care. This contradicts established rights and guidance:

→ WHO: Mental health is a human right. Care must be available, accessible, acceptable and of good quality [11].

→ International Covenant on Economic, Social and Cultural Rights (Article 12): Everyone has the right to the highest attainable standard of physical and mental health [11]

→ International Guidelines on Human Rights and Drug Policy: rights apply equally in the context of drug laws, policies and practices [12].

→ UK´s Institute for Health and Care Excellence (NICE): People should not be excluded from mental health services because of coexisting substance [13].

Frontline Voice - FP Vienna

"[...] its very hard to get treatment at the health service providers for PWUD. Often it is said that first people need to care about their substance use disorder before there is the possibility for other therapies. This totally ignores that substance use disorder [can be] a symptom [or] a therapy to deal with [...] mental health problems."

Frontline Voice - FP Nicosia

"People without proper identification documents are accessing mental health treatment only by court order for compulsory hospitalization."

Harm reduction are at the frontline of mental health care provision for people who use drugs in Europe

Across Europe, mental health support for people who use drugs is delivered primarily through harm reduction and other low-threshold services, making them the **main point of access**, ahead of both inpatient and outpatient drug dependence treatment programmes. This reality must be reflected through **sustained funding, specialised training and deeper integration of harm reduction within mental health systems.**

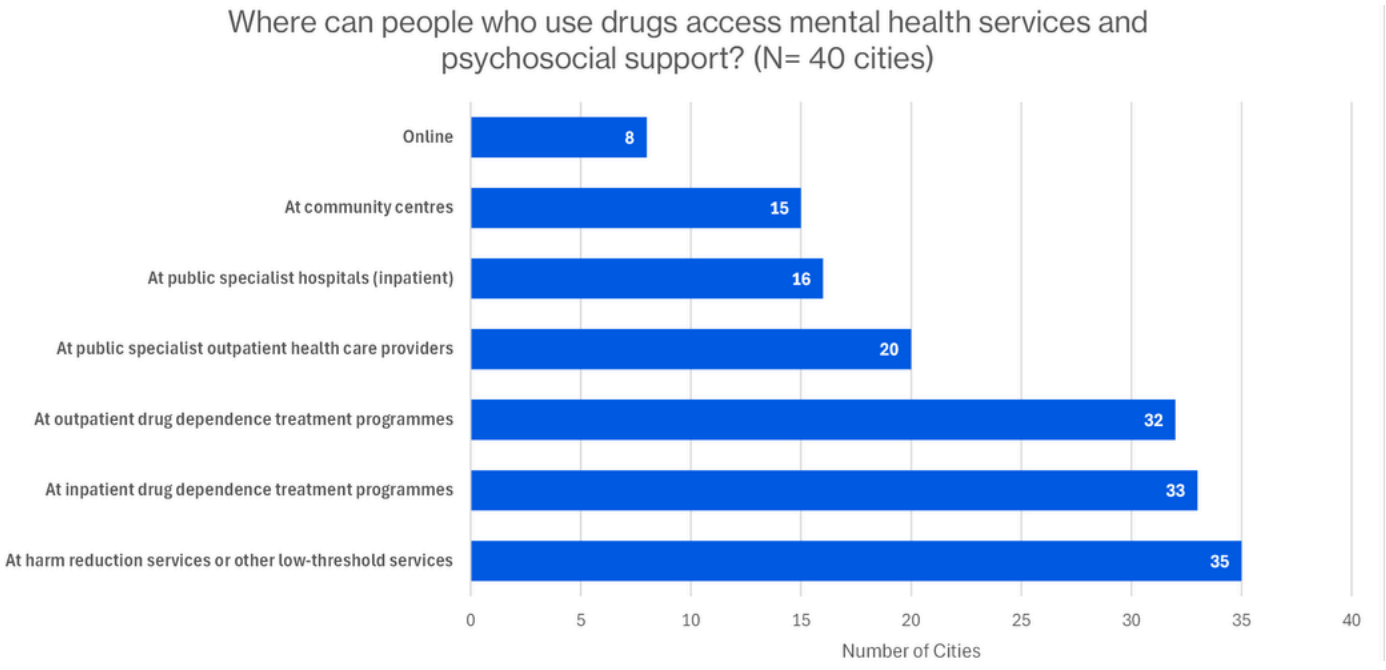


Figure 3. Reported access points for mental health and psychosocial support for people who use drugs.

Support beyond clinical staff

Mental health care for people who use drugs is not delivered by specialists alone. Across cities, support comes from a diverse frontline workforce- psychologists and psychiatrists , but also social workers, peer workers, nurses, and others. Mental health support is already a shared task. **Systems must recognise, supported, and train this wider frontline workforce.**

Highlight: Peer workers are not optional

→ Peer workers use their lived experience to foster trust that traditional clinical roles often cannot replicate [14] [15][16].

→ They reduce stigma and fear of discrimination by approaching individuals with a non-clinical, non-judgmental, and hopeful perspective [14][17].

→ Peer work has the potential to save up costs by reducing hospital (re) admission by up to 50% and saving hundreds of costly bed days [17].

→ Peers can identify early warning signs of mental health crises or relapses and intervene before symptoms escalate into emergency hospitalisation [18].

Peer support is a proven, cost-effective pillar of low-threshold mental health care for people who use drugs and must be scaled up.

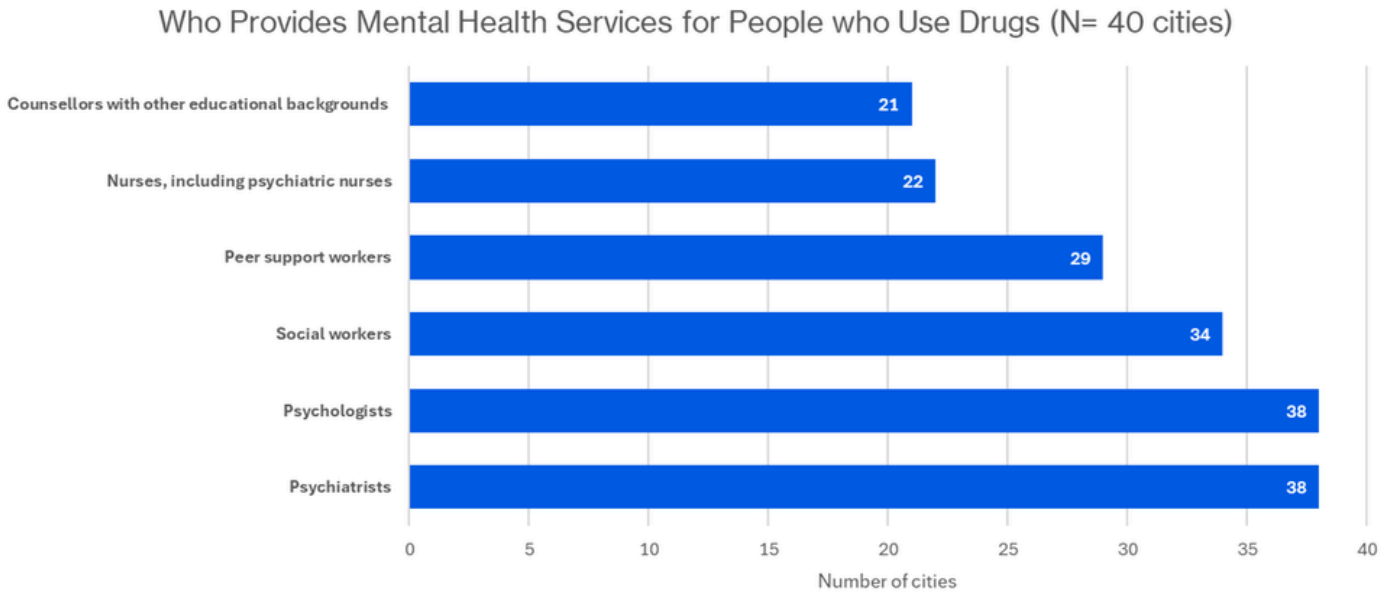


Figure 4. Providers of mental health and psychosocial support for people who use drugs.

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Supplementary Table : Complete Overview of Available Mental Health Services per City

	Psychological counselling / psychotherapy	Psychiatric services	Support groups	Crisis intervention	Mental health education	Family therapy and support	Total N types of services available per city
Bern		■	■	■	■	■	5
Kyiv	■	■	■	■	■		5
Helsinki		■	■	■	■		4
Antwerp	■			■	■		3
Glasgow	■	■	■	■	■	■	6
Zurich	■	■	■	■	■	■	6
Amsterdam	■	■	■	■	■	■	6
Bucharest	■	■	■			■	4
Rome	■	■	■			■	4
Bălți	■						1
Athens	■	■	■	■	■	■	6
Newport (Wales)	■		■		■	■	4
Tbilisi	■		■				2
Bratislava	■	■	■	■	■	■	6
Paris	■	■	■	■	■	■	6
Sofia	■	■	■	■	■		5
Nicosia	■	■	■		■	■	5
Vienna	■	■	■	■	■	■	6
Milan	■	■	■				3
Kraków	■	■	■	■	■	■	6
Munich	■	■	■	■	■	■	6
Tirana	■					■	2
Podgorica	■		■				2
Warsaw	■	■	■	■	■		5
Gdańsk							0
Tallinn	■	■	■	■	■	■	6
Barcelona	■	■	■	■	■	■	6
Ljubljana	■	■	■	■	■	■	6
Skopje	■	■				■	3
Prague	■	■	■	■	■	■	6
Budapest							0
Berlin	■	■	■	■			4
Copenhagen	■	■	■				3
Saint Petersburg	■	■	■			■	4
Valletta	■	■	■	■	■	■	6
Vilnius	■	■	■				3
Bielefeld		■	■	■	■		4
Lisbon	■	■	■	■	■	■	6
Dublin	■	■	■	■	■	■	6
London	■	■	■	■	■	■	6
Porto	■	■		■			3
Reykjavik	■	■		■	■		4
Total N cities reporting the service	37	34	34	27	27	25	