

# Boost

## United for Change and Responding the Stigma: Advocacy Strategy for Comprehensive Health and Harm Reduction Services for People Who Use Drugs in Europe

Igor Gordon / EHRA/ 18 June 2024



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# Background

- The HIV/AIDS and viral hepatitis epidemics pose a burden to public health in Europe and disproportionately affect people who use drugs (PWUD) and other vulnerable populations
- Harm Reduction is an effective and evidence-based approach, in particular in regard to HIV and HCV prevention, treatment and care. But: coverage, availability, accessibility and quality remain low in Europe

## NEEDS

- Increased knowledge, information and data to identify needs, gaps and barriers to access health and HR services
- Increased knowledge and capacity building among community-based and led organisations to upscale and improve quality of services
- Practical tools and direct support is needed to help community-based and -led organisations in upscaling and improving their services
- Joint advocacy efforts to raise political awareness and increase political support for comprehensive and integrated harm reduction services for PWUD



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# Areas of work

- INFORM: collection of information and data on community **peer** -based services for people who use drugs
- IMPROVE: organisation of capacity building in the field of communicable disease
- SUPPORT: enhancing scale **peer** -up of integrated community **peer** -based good practices through identified good practices and mentorship programmes
- CONNECT&ACT: consolidating networks of people who use drugs and fostering advocacy interventions

These areas of work are organised in *inter -related* work packages



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# Partners

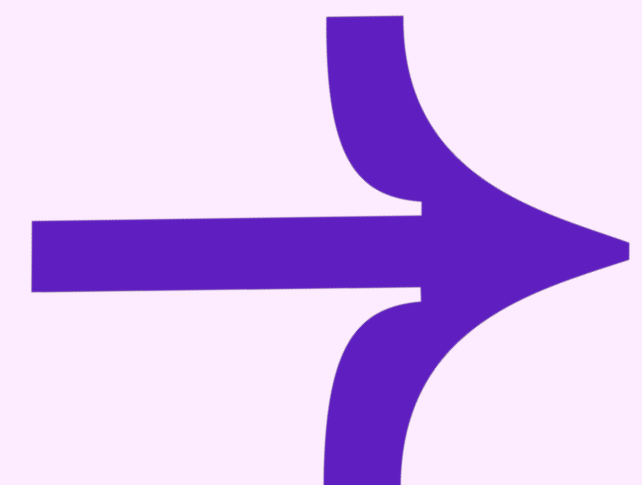
- C- EHRN – Correlation European Harm Reduction Network [COORDINATOR]
- ASOCIACIÓN BIENESTAR Y DESARROLLO (ABD) / Energy Control, Spain
- Fondazione LILA Milano, Italy
- IGTP/ICO, Spain
- Spolecnost Podane ruce (SPR), Czechia
- A- Clinic Foundation (ACF), Finland
- Free Clinic (FC), Belgium
- Villa Maraini Foundation (VM), Italy
- EHRA – Eurasian Harm Reduction Association
- EuroNPUD – The European Network of People who Use Drugs
- DPNSEE - Drug Policy Network South East Europe
- ISGlobal (Barcelona Institute for Global Health), Spain



# The Strategy development process

## Objectives

- **Online Dialogue:** 9 online meetings, engaging 97 networks members
  - **EU Countries:** Bulgaria, Czech Republic, Greece, Lithuania, Portugal, Slovenia, Belgium, Finland, Germany, Ireland, Luxembourg, Malta, Spain, Cyprus, Denmark, France, Italy, Estonia, Hungary, Latvia, Poland, Slovakia.
  - **Non -EU Countries:** UK (England, Scotland, Wales), Montenegro, North Macedonia, Serbia, Norway, Georgia, Moldova, Ukraine.
- **Survey Analysis: Expert Consultations:** Engaged with the networks' governing bodies to align on strategies.
- **Strategic Meetings:** Conducted in -depth strategy sessions with over 20 European harm reduction experts and activists.



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# Summary of key findings from Online Dialogues

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.

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# 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.

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# Factors impacting access to 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.**



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# Factors impacting access to primary health care, mental health care, and reproductive health services

**Financial Barriers:** 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.

# Strategy Development Meeting in Amsterdam

- Advocacy Strategy priority areas and objectives have been articulated and finalized
- Stakeholders Matrix has been finalized

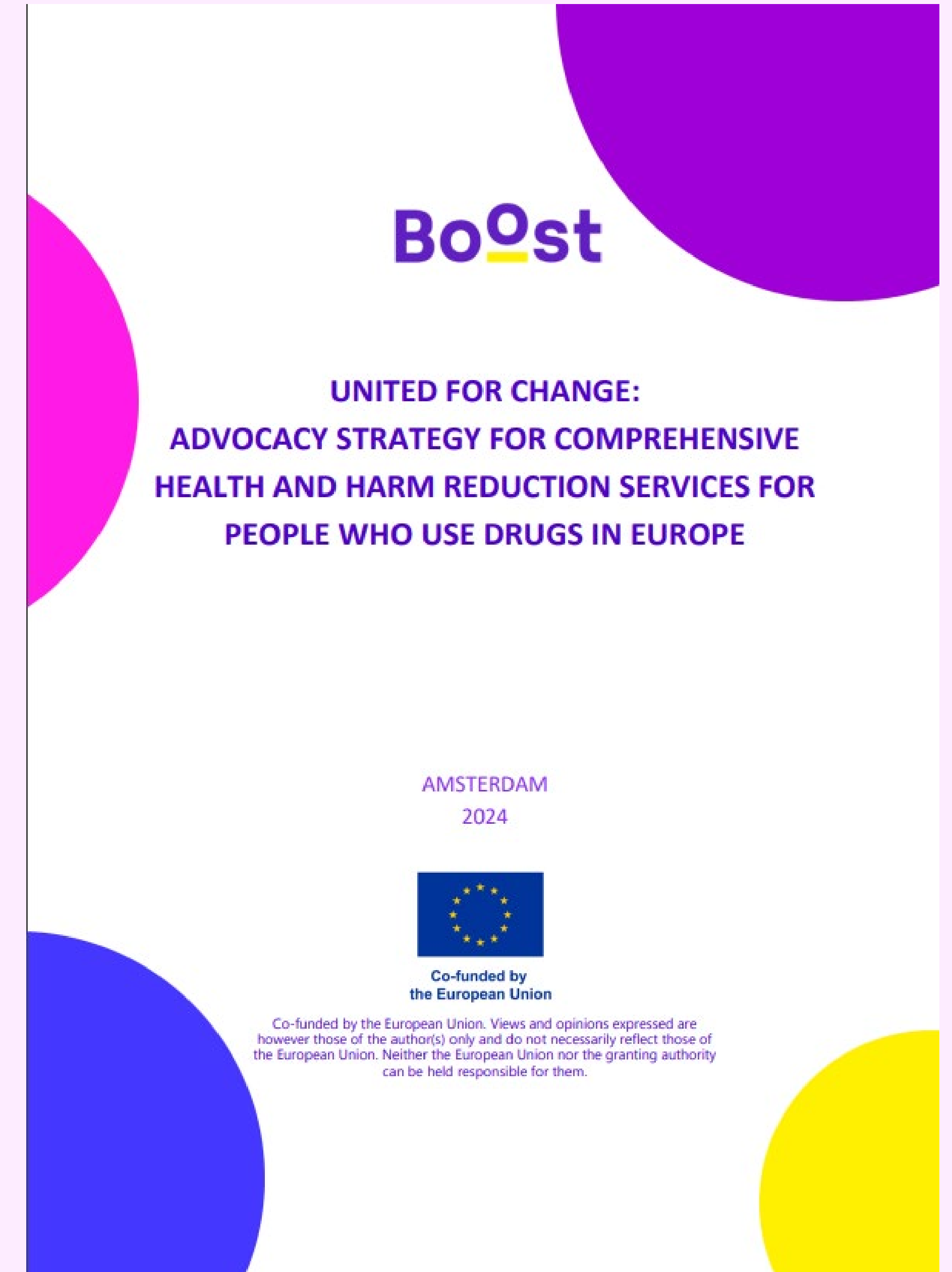


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# Advocacy Strategy

## Strategic priorities

- **Priority 1:** Increase Political Will and Financial Sustainability for Community - Based and Community - Led Harm Reduction
- **Priority 2:** Promote Community - Driven Harm Reduction Tailored to Diverse Needs of People Who Use Drugs
- **Priority 3:** Ensure Access to Specific Health Services for People Who Use Drugs
- **Priority 4:** Ensure Universal Access to Comprehensive Health and Social Care for People Who Use Drugs



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

## Objectives:

- Establish a supportive network of active national and EU Parliamentarians to foster legislative dialogue and advocacy actions toward progressive drug policies, including harm reduction.
- 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.
- 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.

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

## Objectives:

- 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.
- Promote good practices for the meaningful involvement of service clients in the planning, delivery, and monitoring of harm reduction interventions.
- Highlight and disseminate good practices and success stories from community led harm reduction initiatives across Europe that address the needs of diverse populations.

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

## Objectives:

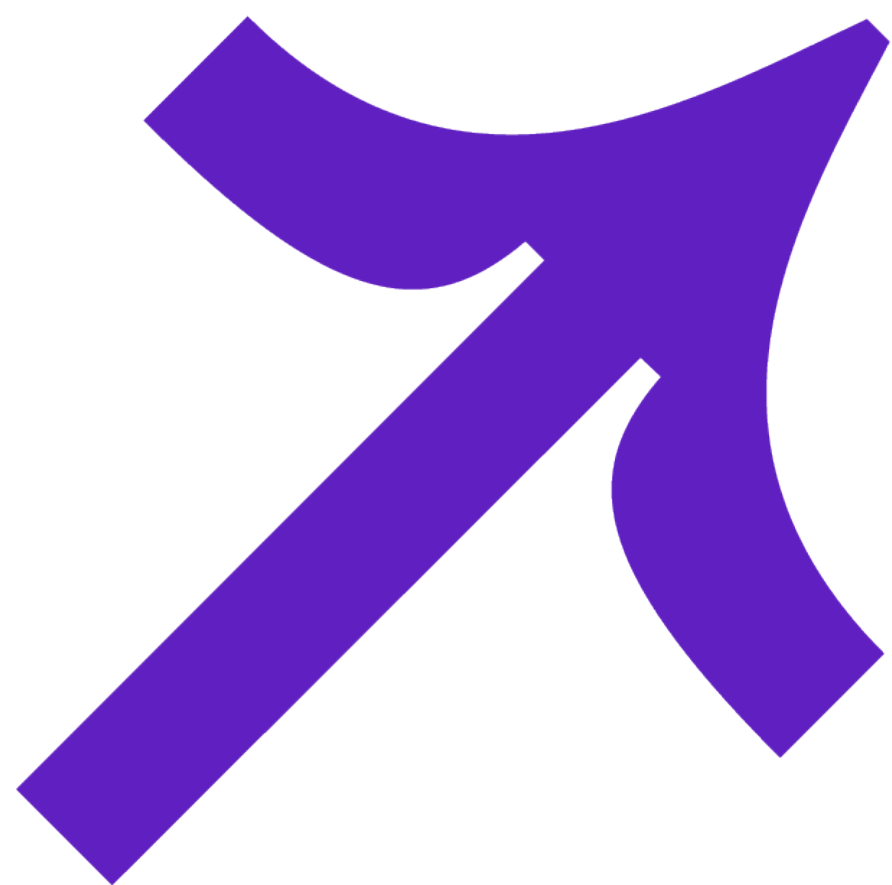
- Promote low -threshold, one -stop -shop services in European countries, integrating a range of harm reduction and health services such as disease prevention and management, sexual health services, testing and treatment for HIV, STIs, Hepatitis B, and C.
- Promote the peer navigator model and advocate for its implementation in countries.
- 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.

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

## Objectives:

- 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.
- Advocate for the creation of an EU funding mechanism to support the development of integrated mental health services for people who use drugs.
- 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.
- Promote and support the creation of learning and knowledge [platforms](#) - 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 [violence](#) - based violence, sex work, migration, and homelessness.



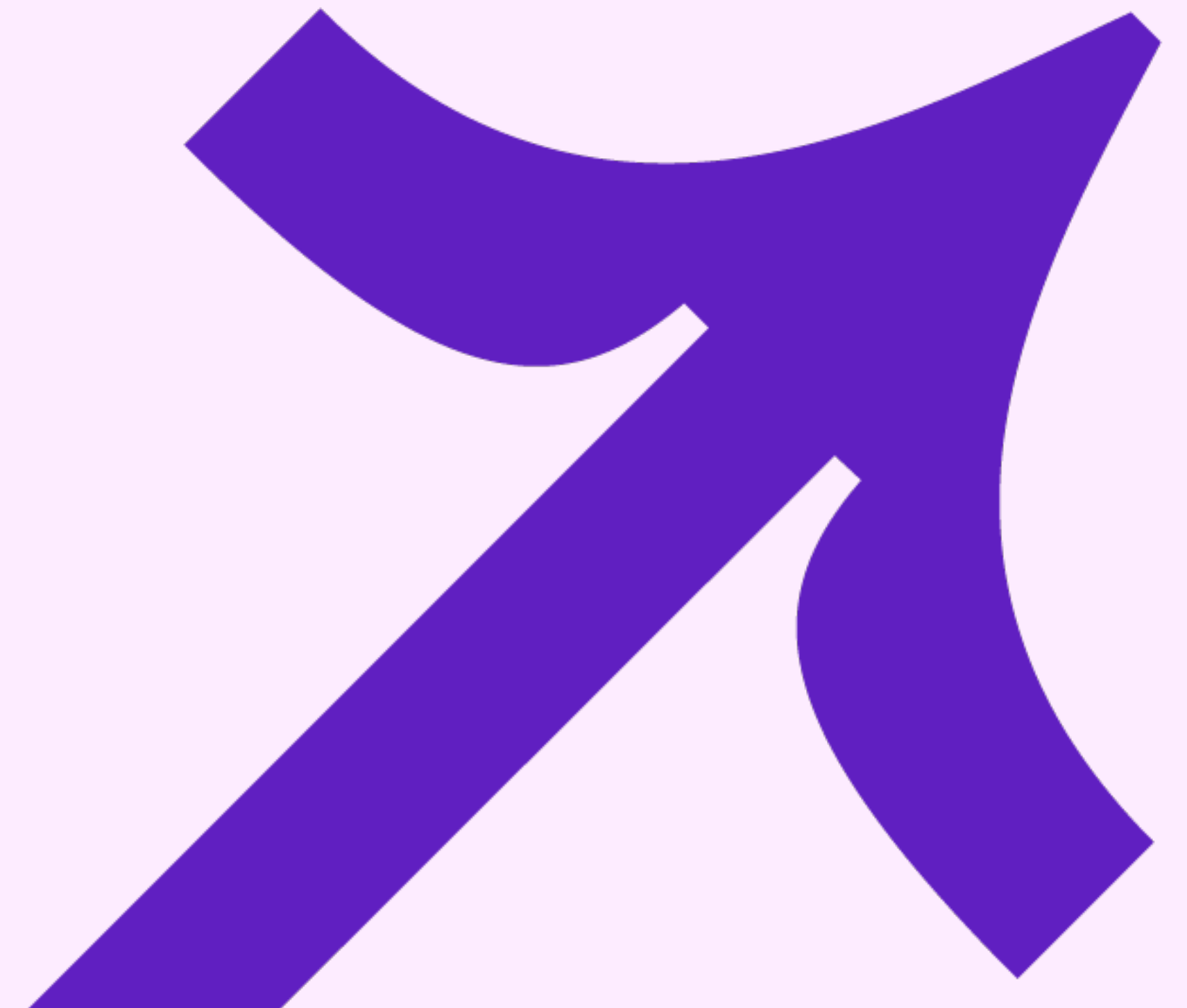


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# Advocacy Grants

Supporting Local Advocacy Initiatives to Improve Access to Comprehensive, People -centered Harm Reduction Services

- ARAS – Romanian Association Against AIDS, Romania
- XADUD, Xarxa de Dones que usen drogues (cat) – Network of Womxn Using Drugs ( en ), Spain
- HuNPUD – Hungarian Network of People Who Use Drugs, Hungary
- HOPS - Healthy Options Project Skopje, North Macedonia
- R3 – Riscos Reduzidos em Rede, Portugal
- BerLUN – Berliner und internationale Gemeinschaft der drogenkonsumierenden Menschen, Germany



# Boost

# THANKS!

More Info

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<https://community-boost.eu>

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