Harm Reduction Advocacy in Europe: Needs, Challenges and Lessons Learnt

Policy & Advocacy Report

Correlation
European Harm Reduction Network

Correlation

Title
Harm Reduction Advocacy in Europe: Needs, Current Challenges and Lessons Learnt. Policy and Advocacy Report.

Authors
Arianna Rogialli (Investigation; Data Curation; Writing – Original Draft; Writing – Review & Editing); Iga Jeziorska (Conceptualisation; Investigation; Writing – Review & Editing); Katrin Schiffer (Conceptualisation; Investigation; Methodology, Writing – Review & Editing; Funding acquisition); Beatrix Vas (Methodology, Writing – Original Draft).

Design
Jesús Román!

Other contributors
We thank all the participants of the Online Dialogue Meetings on Migration and Drug Use for contributing to this report with their insight and experiences. We do not include their names for reasons of privacy.

Recommended citation
Rogialli, A., Jeziorska, I., Schiffer, K., Vas, B. (2024). Harm Reduction Advocacy in Europe: Needs, Challenges and Lessons Learnt. Policy and Advocacy Report. Amsterdam: Correlation-European Harm Reduction Network.

The publication of this report has been co-funded by the EU4Health Programme of the European Union. The views and opinions expressed are those of the author(s) and do not necessarily reflect those of the European Union or DG Sante. Neither the European Union nor the granting authority can be held responsible for them.

Correlation - European Harm Reduction Network
c/o De Regenboog Group
Stadhouderskade 159 | 1074BC Amsterdam | The Netherlands
www.correlation-net.org

Co-funded by the European Union

Correlation European Harm Reduction Network

DE REGENBOOG GROEP

GILEAD Creating Possible

UNITE Parliamentarians Network for Global Health

Contents

Acronyms

C-EHRN	Correlation - European Harm Reduction Network
CSO	Civil Society Organisation
DCR	Drug Consumption Room
ENDCR	European Network of Drug Consumption Rooms
HCV	Hepatitis C Virus
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
OAT	Opioid Agonist Treatment
NPS	New Psychoactive Substances
SOGIESC	Sexual Orientation, Gender Identity & Expression, and Sex Characteristics

1. Introduction

1.1. Correlation – European Harm Reduction Network (C-EHRN)

C-EHRN is a European civil society network and centre of expertise in the field of drug use, harm reduction and social inclusion. C-EHRN is hosted by Foundation De Regenboog Groep (FRG) – a non-governmental low-threshold service organisation in Amsterdam, providing harm reduction services to people who use drugs and other marginalised individuals and communities disproportionately affected by health inequalities and social exclusion.

The network unites a wide variety of actors in the field of drug use and harm reduction, from grassroots and community-based organisations, drugs and health service providers, and organisations of people who use drugs to research institutes and policymakers. The overall objective of C-EHRN is to create spaces for dialogue and action to reduce social and health inequalities 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 well-being of people who use drugs, and other communities disproportionately affected by stigma, discrimination, health inequalities and harmful (drug) policies.

1.2. UNITE – Parliamentarians Network for Global Health

UNITE is a non-profit, non-partisan, global network of current and former members of parliament from multinational, national, state, and regional Parliaments, Congresses, and Senates, committed towards the promotion of efficient and sustainable policies for improved global health systems, in alignment with the United Nations Sustainable Development Goals (SDGs).

1.3. The Harm Reduction Policy & Advocacy Network

C-EHRN and UNITE occupy distinct positions within the realm of drug and health policy. While C-EHRN fosters collaboration among civil society, harm reduction

services, advocates, and community members, UNITE comprises elected officials and politicians dedicated to a human rights-centered approach to health.

The collaboration between these networks promises to enhance mutual understanding and awareness, amplifying the effectiveness and impact of advocacy efforts in health, harm reduction, and drug policies. By bringing together a diverse array of policymakers, practitioners, and advocates, this partnership facilitates the exchange of experiences, expertise, best practices, and lessons learnt, thus establishing a robust platform for advocacy.

The cooperation between C-EHRN and UNITE endeavours to prioritise harm reduction and the health of individuals who use drugs, aiming to elevate these issues on the public health agenda. Ultimately, this concerted effort seeks to advance the adoption of evidence-informed policies firmly grounded in human rights principles.

This report offers a summary of findings derived from a series of online consultations conducted among civil society and harm reduction experts. Additionally, it provides an overview of the sources and methodologies employed by C-EHRN and UNITE throughout these consultations. The central content of the report is based on discussions held during these consultations, supplemented by C-EHRN's previous work in the thematic areas of communicable diseases, migration, and drug consumption rooms [DCRs].

Furthermore, we have included additional references and resources in the concluding section of the document to provide further insights into the subject matter from various perspectives.

Finally, the report presents recommendations for policy and practice aimed at supporting harm reduction advocacy in Europe, informed by the expertise of harm reduction specialists.

2. Sources & Process

In 2023, C-EHRN and UNITE conducted a needs assessment to identify needs and challenges in harm reduction advocacy and increase the impact of related advocacy activities across three key thematic areas: communicable diseases and drug use, drug consumption rooms, and migration and drug use.
The needs assessment involved analysing results and materials from various projects and activities in which C-EHRN has been actively involved. These projects include the European Network of Drug Consumption Rooms [ENDCR], the BOOST project on communicable diseases, and the SEMID project on migration and drug use.

To complement the findings from the analysis of projects' resources, C-EHRN and UNITE organised two online consultations with civil society experts in harm reduction. One session focused on migration and drug use, while the other addressed issues related to drug consumption rooms. During these consultations, participants engaged in discussions covering advocacy challenges, as well as cultural, political, and legal barriers they encountered in their work. They also shared effective advocacy strategies, examples of good practices, and opportunities for engaging relevant stakeholders within their respective fields and contexts.
In the drug consumption rooms consultation, 21 harm reduction experts from Belgium, Denmark, Finland, France, Germany, Greece, Ireland, the Netherlands, Norway, Portugal, Spain, and the UK participated.
In the consultation on migration and drug use, 9 experts joined from France, Germany, Greece, the Netherlands, Portugal, and Spain. The consultations took place via Zoom and utilised Mentimeter polls to structure the discussion and capture, visualise and discuss written responses in real time.

3. Challenges for Harm Reduction Practice & Advocacy in Europe

The analysis of resources from various projects and the insights gathered during online consultations have yielded substantial knowledge regarding the challenges, needs, and priorities among harm reduction advocates across Europe. In the following paragraphs, we delve into these aspects in greater detail.

3.1. Challenges at Practice Level

3.1.1. Funding to Upscale Harm Reduction Services: More Inclusive and Comprehensive Service Provision

Across Europe, funding for harm reduction is limited and continues to be severely cut, especially in countries with adverse political climates. This has a direct negative impact on the provision of harm reduction services in terms of quality, capacity, geographical coverage, and advocacy efforts. Service providers reported that the funding shortages make it difficult to keep the existing services operating, much less expand or adapt to new conditions or needs, and engage in advocacy.

The following are areas of service provision that harm reduction services feel the need to strengthen and upscale.

Need-specific & inclusive services

People who use drugs are not a homogenous group: tailoring services to address the needs of different populations contributes to eliminating barriers for more people to access harm reduction, communicable diseases services and other support services.

Harm reduction service providers across Europe report that there is an increasing number of **people with migration backgrounds** who need support. The needs of migrants who use drugs are complex, often stemming from migration-specific experiences, and their right to access healthcare in the EU often depends on the hold of regular documents and migration status. As such, they differ significantly from the needs of people without a migration background and across different migrant populations. Language barriers, in particular, prove to be a significant obstacle for migrants who use drugs to access harm reduction services. Individuals express the need for therapists or social workers who speak their mother tongue, interpreters, cultural mediators, and administrative support with migration procedures. Employing staff with relevant cultural and linguistic backgrounds and/or multicultural mediators promotes adaptability to the needs of migrant populations, eventually improving their access to the service.

More generally, harm reduction services have been historically developed to accommodate adult cisgender men who inject drugs. As a result, **women** and other people who are marginalised in terms of **SOGIESC**[1] are deterred from accessing harm reduction services due to feeling unsafe in spaces where the vast majority of clients are cisgender, heterosexual men. Moreover, their needs might not be met by interventions that do not include gender-sensitive, trauma-informed care or that do not offer support for people who are caregivers of children or who are at risk of gender-based violence, whether from partners or others. Experience or risk of gender-based violence, either from partners or others, is a barrier to accessing harm reduction services as well.

Overall, there is a lack of safer services tailored to the needs of people who use drugs who are also marginalised on other intersectional axes, and where such services exist, information about them is insufficient. Creating these spaces can be achieved by hiring well-qualified staff with diverse skills and expertise, including people with migration backgrounds, women, and people who are not cisgender and/or heterosexual, and offering need-specific interventions.

New Drug Trends

Consulted experts highlight that in many countries, service provision is obsolete and inadequate in light of new drug trends and changing needs. For example, the majority of services focus on injecting drug use and services for people who use opioids, such as opioid agonist treatment (OAT) and DCRs for injecting. The number of services for people who use drugs through different routes, such as smoking or snorting, or those who use new psychoactive substances (NPS), is highly insufficient, despite service

[1] Sexual Orientation, Gender Identity & Expression, and Sex Characteristics

providers being well aware of the pressing demand for such possibilities. Experts believe that innovation in this direction is necessary to adapt to the current context and needs and prepare for potential upcoming challenges. At the same time, such innovation requires adequate resources.

Employee Recruitment & Retention

Existing harm reduction services struggle severely with the recruitment, retention, and management of staff. Extremely limited funding often does not allow services to offer competitive salaries and build large and diverse enough teams. Burnout and overwork are all issues that harm reduction workers face on a daily basis. Combined with the precarity of the field, these often lead to a high turnover rate as professionals, especially nurses and other health professionals, seek different work opportunities that present fewer challenges and higher salaries. In many cases, it is the most experienced staff who leave, while new employees are often not ready to take on senior roles. On the other hand, attracting more experienced professionals is challenging as services cannot afford senior-level salaries.

Geographical Coverage

The unequal geographical distribution of harm reduction services across urban and rural areas was commonly highlighted by consulted experts as a key barrier to access. The availability and geographical distribution of services within cities are often satisfactory, while large gaps commonly exist in rural areas, where services are also less visible to potential service users.

Nevertheless, while the services accessed the most are those in the city centre (among others, due to population density and service users' concentration), experts also notice a growing trend of such services being shut down or pushed to the city's periphery by local authorities. This trend is a direct consequence of gentrification processes and the desire of local authorities and middle-class inhabitants to maintain a certain, 'polished' image of the city that harm reduction services are deemed incompatible with. This complicates the access to services in urban areas, as service users often do not have the means or the physical ability to travel longer distances from their place of residence.

3.1.2. Better Synergy among Support Services: Harm Reduction, Healthcare, Employment, Legal and Housing Support

In most analysed countries, service providers reported insufficient linkage between harm reduction services and wider healthcare, employment, legal and housing support. Experts favoured a 'one-stop-shop' approach as the most efficient and successful way to ensure that individuals can access all the services they need (e.g., counselling, testing for communicable diseases, OAT, employment, legal and housing support) in one place.

Stigma seems to be a central barrier to more integration between services. People who use drugs frequently encounter discrimination, intrusive questions, a punitive attitude and strict regimens when seeking support from highly formalised, high-threshold (public) healthcare services. This is also true for other settings, such as that of housing services, which is further complicated by housing shortages across Europe and widespread societal perception of people who use drugs as less deserving of support than others.

Service providers working in the field of communicable diseases also noted inadequacy in the continuum of care for HIV and HCV, with many reporting low treatment rates compared to the number of positive diagnoses in their respective countries. Ensuring access to testing and adherence to treatment is a widespread challenge, which experts perceived to be a consequence of punitive and discriminating attitudes on the side of healthcare service providers and the lack of low-threshold services.

An especially problematic area in terms of access concerns mental health and drug use. Mental health services often require abstinence as a precondition to access psychological or psychiatric help, making it inaccessible for people who use drugs with mental health support needs. The high threshold of such services is also a source of frustration for harm reduction practitioners who are not able to refer clients to services that provide necessary care.

Harm reduction services that are low-threshold and more easily accessible play a key role in establishing contact with people who use drugs and can offer service users guidance in seeking further care. Streamlining connections between ham reduction services and (higher-threshold) counselling, communicable disease testing, opioid agonist therapy, employment assistance, legal support, and housing resources can ultimately enhance service provision's overall comprehensiveness and effectiveness.

3.2. Challenges in Harm Reduction Advocacy

3.2.1. Political Support and Prioritisation

Although harm reduction responses have widely proven to be effective and positively impact local communities, harm reduction advocacy still faces political opposition in Europe.

Drug use and harm reduction responses to it are over-politicised across the continent and portrayed by the media in an over-sensationalistic way. Attitudes and political ideas that oppose the rights of people who use drugs, people who live with communicable diseases, migrants, LGBTQI+ people and people experiencing homelessness all thrive on dangerous rhetoric of moral panic that targets sentiments related to public safety, security, (national) identity and uniformity. Experts were concerned as the rise of far-right politicians and ideas across the continent severely limits the space for advocating for health and harm reduction approaches supporting people who use drugs and other marginalised groups.

Regarding public expenditure, decision-makers often tend to prioritise less-politicised health and social interventions other than harm reduction. According to consulted experts, public administration tends to disregard harm reduction services in budget allocation unless facing direct pressure amidst a crisis. Whenever drug use in public is highly visible and therefore firmly present in the public discourse, it gains prominence on the public health agenda, prompting decision-makers to invest in harm reduction services. However, this funding is often curtailed once the situation is less visible and deemed under control. Experts report that today, decision-makers across Europe do not feel sufficient pressure to reinvest in harm reduction responses. However, they emphasise that preparedness is key to adequately responding to and mitigating future public health emergencies.

3.2.2. Navigating Relationships with Different Stakeholders

Advocates find it challenging to navigate a context where involved stakeholders look at harm reduction services through the prism of their own specific viewpoints and interests.

The Neighbourhood

It is common for local stakeholders, such as residents' neighbourhood collectives, to oppose the establishment of harm reduction services in their area. This phenomenon, fuelled by a 'not in my backyard' [NIMBY] attitude and oftentimes stigma against people who use drugs, can significantly hinder the implementation of harm reduction services, as it frequently happens in the case of DCRs.

There have been instances where public order and safety concerns have given rise to vigilantism and uproar against harm reduction and other support services, people who use drugs and other marginalised communities in several cities. In some cities, residents of areas where drug use is visible on the streets have engaged in vigilante actions, such as impeding access to public places (e.g., parks) where people use drugs and/or reside.

In other cases, local communities or other stakeholders, such as the police, might approve of the service but do so for reasons different from those of service providers and harm reduction advocates. For example, they can focus on DCRs mainly as a measure to make drug use less visible in public spaces and 'protect' the local inhabitants. In such situations, harm reduction service providers have to navigate a difficult situation, exploiting the local circumstances and concerns for effective advocacy for DCRs while ensuring that the service maintains its first and foremost harm reduction character and does not become a policing instrument.

The Media

The relationship between harm reduction advocates and the media can also present its complexities. Journalists and reporters can support harm reduction services by showcasing their effectiveness and positive impact on local communities, amplifying

the advocacy efforts. Nevertheless, the representation of harm reduction services in the media often describes local situations without the necessary nuance and context, employing populist arguments and providing a negative overall portrayal of services. Consulted experts have found it particularly challenging to deal with circumstances where they have felt under unrealistic public expectations and blamed by the media for not having a definitive impact on drug-related matters in the city while being only able to provide limited services due to insufficient funding and support from (local) authorities.

Law Enforcement

The police were often described by experts as actors who can have a crucial influence on the implementation of harm reduction services. Some service providers in Europe experienced tense relationships with law enforcement, especially in areas where gentrification processes lead to the routine displacement of people who use drugs (and who experience homelessness) from their place of residence or from where their community is located. In other instances, advocates have successfully established positive cooperation with law enforcement. However, they often deal with the ongoing challenges of reconciling differing narratives and goals. It is a delicate task to balance the need for law enforcement approval with the overarching commitment to advocating for access to healthcare and social justice for people who use drugs. This tension arises as law enforcement tends to be more receptive to narratives that prioritise safety and security due to their primary focus on maintaining public order. Navigating this balance requires a strategic approach to bridge the gap between advocacy and law enforcement priorities.

Decision-Makers

The unclear division of responsibilities and lack of political accountability at different levels of governance was widely regarded by experts as highly challenging for advocacy. Oftentimes, harm reduction advocates are uncertain about which decision-makers and what level of government (local, regional, national) to approach. There are accounts of advocates who feel that their concerns are routinely redirected between different governmental institutions, with no perspective of solution. These challenges become even more severe in highly decentralised governance systems where cities, regions, and federal governments have different authority and levels of discretion when it comes to implementing policies. In such contexts, there were cases where municipal authorities, public agencies or health authorities decided not to provide funding for services previously approved by the central or federal government, effectively halting or stalling their implementation.

Human Rights CSOs

Civil society organisations promoting and defending human rights can be precious allies. When they work in synergy with harm reduction organisations, in the long run, they ensure better support systems and access to care for people who use drugs. Still, collaborations with human rights CSOs can be fragile since, as non-profit entities, they often rely on external funding. As a result, they may be reluctant to

collaborate on politically polarising topics, such as migration and drug use, to avoid risking losing support or funding.

4. Successful Advocacy Strategies

Throughout the consultations, civil society experts were asked to describe strategies that have proved successful in advocating for harm reduction, both internationally and in their local contexts. The following approaches provide valuable lessons that harm reduction advocates can apply in their work.

4.1. Establishing Collaborations and Coalitions

Collaborating with **other civil society organisations** with similar missions or who work **across interconnected thematic areas** (for example, harm reduction, communicable diseases and migration) can greatly benefit harm reduction services and make the success of their advocacy more likely. Through such partnerships, advocates can pool together skills and expertise, create impactful **campaigns and actions** and amplify each other's messages to address common goals. Experts described their experiences working together with other CSOs and how the deriving sense of community and solidarity can empower those involved. Interorganisational cooperation also often leads to considerable coverage and encourages positive dialogue with stakeholders. The establishment of inter-organisational teams and working groups dedicated to specific advocacy issues to amplify the voices of professionals in the field is also deemed a successful practice.

Sharing knowledge can be made easier by creating and maintaining dedicated **platforms** to store relevant data and allow for comparison of local trends, such as city-level data. However, this functionality comes with its own set of challenges, such as the need to share information in multiple languages and encourage others to co-produce knowledge. **Civil society networks** that bring together service providers can create and host much-needed platforms for exchanging knowledge and skills and can be a significant source of support in spreading messages, validating expertise and amplifying individual organisations' advocacy efforts.

Connecting local organisations with **regional or EU-level bodies** can also support local advocacy. Such organisations can provide support by disseminating information, guiding authorities at the local and national levels, assessing the available responses, and identifying necessary improvements to be made. Supportive statements and guidance from regional and EU-level authorities can back harm reduction advocacy efforts and elevate the expertise generated among service providers and civil society networks.

4.2. Peer Networks and Peer Involvement

Amplifying the voices of people with living/lived experiences of drug use, migration and/or living with communicable diseases was identified as a core part of successful advocacy that aims to address community needs. Consulted experts widely agreed that advocacy efforts in harm reduction should originate at the grassroots level, starting from the involvement of communities in service design and implementation and eventually informing communication with decision-makers.
In the traditional setting of professionalised services, relationships of power imbalance exist between healthcare professionals and other service providers, service users, decision-makers, and institutions. Harm reduction advocates strive to **eliminate these imbalances**, creating conditions for people who use drugs to boost their involvement in service design, provision and advocacy, developing networks of people with living and lived experience and peer-led advisory boards.
When ensuring the participation of people with specific living/lived experiences in advocacy, it is important to do so meaningfully by involving them as co-creators and co-leaders of advocacy efforts and not only in consultative or tokenistic roles.

4.3. Evidence and Capacity Building

Consulted advocates identified the **availability of evidence** that can serve as a basis for recommendations and demands as one of the crucial conditions for successful advocacy. For instance, evaluations of existing DCRs demonstrating their effectiveness as public health responses are particularly useful in supporting organisations advocating for establishing harm reduction services in new locations.
Besides having a sound evidence base, the availability of **advocacy-specific training**, combined with information-sharing, was seen by experts as beneficial to further engage in advocacy. The exchange of case studies, success stories and strategies that can inspire advocacy work was highlighted as exceptionally helpful. Such an exchange can be especially important as some professionals report feeling isolated in their advocacy efforts and find exchanges with other advocates motivating and supportive.

4.4. Stakeholder Engagement Strategies

Consulted experts identified effective strategies for harm reduction services to engage with stakeholders, secure their support for the advocacy goals and establish collaborations with them.

4.4.1. The Neighbourhood

Several strategies have been employed to nurture a close relationship with business owners and residents of the neighbourhood where a service is located. Experts found **semi-formal and informal dialogues** with local residents useful in keeping the community informed on the developments of services and building public support by conveying their efficacy and importance. Undertaking initiatives such as organising **events for and together with the neighbourhood**, creating opportunities for dialogue, and **visiting facilities** usually contributes to overcoming potential resistance toward harm reduction services. They also raise awareness about the importance of accessible healthcare for all. Furthermore, advocates report that **mindful investment from municipalities in the neighbourhoods** where harm reduction services operate cultivates more harmonious relationships and prevents community backlash against services.

4.4.2. The Media

In general, harm reduction experts reported positive experiences engaging with the media when doing it proactively and selectively. One of the successful approaches is finding open-minded and understanding journalists and other media professionals with whom to build relationships. Another strategy involves **actively approaching the media**, possibly inviting journalists to join harm reduction service providers on a workday. It was argued that such initiatives foster more nuanced, informative, and less sensational media representation. Positive media stories can produce shifts in narratives around drug use and harm reduction, and allied journalists can create a counterbalance against their mainstream portrayal, which is often rather negative and filled with moral panic.

4.4.3. Law Enforcement

Some experts illustrated their positive experiences in establishing partnerships with the police. In particular, the creation of training and dialogue opportunities for law enforcement officials was brought up as an approach that had produced fruitful outcomes for harm reduction advocacy and fostered enhanced mutual understanding.

4.4.4. Decision-Makers

Advocates have adopted several successful approaches to increasing support for harm reduction among decision-makers at different levels.

Organising **visits** to open drug scenes or harm reduction facilities for decision-makers offers the chance to provide a more comprehensive picture of the local situation and the material conditions of local communities, clearly highlighting the importance and positive impact of harm reduction services. By making the local-level problems more

tangible and visible to relevant decision-makers, these types of initiatives can encourage the authorities to take action towards policy changes in favour of harm reduction.

Conferences can also be an opportunity to spotlight (regional) expertise and create local impact and collaborations. International conferences involving local policymakers can be strikingly effective in positively influencing the local political environment. Meetings involving national stakeholders, particularly those not in favour of harm reduction, are great opportunities to try and build constructive relationships with them.

Advocates emphasised the importance of **cooperating with local-level decision-makers**, as there have been positive examples of them engaging in advocacy by spotlighting the situation in specific cities and metropolitan areas and elevating good practices adopted to inform responses in other cities.

Furthermore, endorsements of the efforts of local organisations coming from **regional, international and European networks** can have a considerable influence on local politicians and decision-makers as they are sometimes perceived to be more neutral than local ones.

Engaging with **stakeholder networks**, such as established round tables including national and local policy-makers, offers the opportunity for the latter to showcase their effectiveness and secure support. **Transnational, thematic networks of policymakers** can provide an effective platform for advocacy and keeping politicians informed about the developments in other countries. Presenting results, evidence, and experiences from different contexts contributes to informing arguments at the national and local levels. It can inform the work of decision-makers and bring about change in supporting harm reduction services and interventions.

Advocates overwhelmingly agreed that establishing cooperative relationships with stakeholders is fundamental to the success of their advocacy. It is especially crucial to maintain a dialogue with stakeholders who are more sceptical and bring their attention to the importance of providing access to health for all and fighting the stigma and discrimination against all marginalised communities. As we have outlined earlier, advocacy can be especially challenging in conditions involving stakeholders with differing views, perspectives and priorities. To navigate such contexts, advocates have found it helpful to focus on different themes depending on the specific stakeholder they are in contact with. For instance, some might respond better to arguments that revolve around urban safety, while others can be more concerned with the public health or social justice aspects of harm reduction.

5. Recommendations & Priorities

to Scale Up Coverage, Access, and Quality of Harm Reduction Services in Europe

5.1. Recommendations for Policymakers

- **Collaborate with harm reduction and drug policy networks and organisations:** Foster partnerships and collaboration with thematic networks focused on harm reduction, drug policy reform, and public health. Participate in joint initiatives, share resources, and exchange knowledge to advance harm reduction agendas collectively.
- Create a conducive environment and mechanism for **meaningful engagement with civil society and harm reduction representatives**, and ensure that the dialogue incorporates the following principles and quality standards:
    - Transparent Communication
    - Balanced Representation
    - Timely Responses
    - Approachable Attitude
    - Competent Engagement
    - Openness and Trust
    - Autonomous Decision-Making
    - Sustainable Dialogue and Engagement
    - Relevance to Stakeholder Needs
- **Support drug policy reforms** that move away from prohibitionist legislation and policies that create more harm than good. Use your platforms and influence to speak out publicly in support of drug policy reforms. Engage with the media, participate in public forums, and leverage social media to raise awareness about the need for change.
- **Support decriminalisation:** Advocate for the decriminalisation of drug use, emphasising that treating drug possession as a health issue rather than a criminal offence will lead to better outcomes for individuals and communities. Highlight examples of jurisdictions that have successfully implemented decriminalisation measures.
- **Explore models of regulation:** Support the exploration and implementation of models of regulation for controlled substances. Highlight the potential benefits of regulation, including reducing the harms associated with the illicit drug market and generating revenue for public health initiatives.
- **Embrace evidence-informed approaches:** Base advocacy efforts on evidence-informed approaches to drug policy, drawing on research, best practices and lived and living experiences of community members.

- **Promote a public health approach:** Encourage a shift towards a public health approach to drug policy rather than one rooted in punishment. Emphasise the importance of prioritising health outcomes and harm reduction strategies over punitive measures.
- **Make harm reduction a political priority:** Elevate harm reduction on the political agenda by highlighting its importance in preventing public health emergencies related to drug use. Advocate for policies that prioritise harm reduction strategies and allocate resources accordingly.
- **Allocate funding:** Ensure sufficient funding is allocated to harm reduction services to support their operations and expansion. Provide resources and support to enable harm reduction services to expand their capacity and upscale their provision.
- **Ensure geographical coverage:** Ensure that harm reduction services are accessible and available in all geographic areas, including urban, rural, and remote regions. Invest in outreach and mobile harm reduction services to reach populations in underserved areas.
- **Promote linkage and continuity of care:** Improve linkage and continuity of care between harm reduction, mental health, and other social and healthcare services and support a holistic, person-centred and needs-based approach.
- **Support civil society-based monitoring and data collection:** Provide funding and support to civil society monitoring, data collection and research. Civil society and harm reduction organisations can provide essential information, data and evidence and support data-driven advocacy.
- **Ensure adaptation to specific needs:** Recognise and address the diverse needs and circumstances of communities served by harm reduction services. Allow flexibility for services to adapt their approaches and interventions to meet the unique needs of different populations, including communities and individuals disproportionally affected by stigma, discrimination and punitive policies.

5.2. Recommendations for Civil Society Representatives

- **Build alliances** on local and national levels: engage with other organisations focusing on human rights across key, interconnected thematic areas (namely, harm reduction, communicable diseases and migration).
- **Exchange advocacy expertise and best practices** with other service providers and organisations, with the support of regional networks, and contribute to platforms that facilitate this exchange**.**
- **Support grassroots initiatives and local approaches:** work from the bottom up, collecting and sharing good practices among harm reduction services and the results of their efforts among decision-makers.

- **Support and empower peer networks of people who use drugs** and meaningfully include the voices of people with relevant lived and living experiences in your advocacy efforts.
- **Identify key stakeholders and keep them informed of your efforts:** engage and establish communication with stakeholder networks such as roundtables, regional or (trans-)national stakeholder networks and city councils. Create opportunities for dialogue, visits, events or training for key stakeholders, such as law enforcement, local and national policymakers, neighbours and local business owners.
- **Challenge stigma and discrimination around drug use** by creating public awareness campaigns and community engagement initiatives about the benefits of harm reduction services. Actively engage with the media to shift narratives around drug use and feature positive and balanced representations of harm reduction.
- **Avail yourself of key events and conferences** in your region to support local harm reduction initiatives and spotlight their work.

6. Resources for Further Reading

6.1. Civil Society Involvement

Critical Partners - Level and Quality of Civil Society Involvement in the field of Drug Policy. Case study research in Finland, Ireland, Greece and Hungary | C-EHRN, 2023

Assessment of Civil Society Involvement in the Field of Drug Policies in Europe | CSFD, 2022

Policy Paper - Civil Society Involvement | CSFD, 2022

Civil Society Involvement in Drug Policy – A Road Map | CSIDP, 2018

Good Practice Collection - Civil Society Involvement in Drug Policy | CSIDP, 2018

6.2. Communicable Diseases

Learn about the BOOST project

Learn about the CORE project

Eliminating Hepatitis C in Europe. Report on Policy Implementation for People Who Inject Drugs - Civil Society Monitoring of Harm Reduction in Europe 2023 | C-EHRN, 2023

Prevention and control of infectious diseases among people who inject drugs: 2023 update. | ECDC & EMCDDA, 2023

Good Practice Examples of Hepatitis C Prevention, Testing and Treatment by Harm Reduction Services in Europe. | C-EHRN, 2019

Legal Barriers for Providing HCV Community Testing in Europe - Report Telephone Survey 2018. | C-EHRN, 2018

6.3. Community Involvement

Learn about the European Network of People Who Use Drugs [EuroNPUD]

Becoming Peer | C-EHRN, 2023

Peer-To-Peer Distribution of Naloxone | EURONPUD, 2023

Surviving and Thriving: Lessons in Successful Advocacy from Drug User-Led Networks | INPUD, 2022

Naloxone Saves Lives! Euronpud Peer-Led Harm Reduction Series: Opioid Overdose and Naloxone Knowledge Test | EURONPUD

Safer Injecting. Euronpud Peer-Led Harm Reduction Series: One-Day Training Course | EURONPUD

Pandemic Preparedness and Response - Voices of People who Use Drugs | INPUD, 2022

6.4. Drug Consumption Rooms

Changing landscapes: current and future developments in the field of Drug Consumption Rooms in Europe | C-EHRN, 2024

Joint Report on Drug Consumption Rooms in Europe | C-EHRN & EMCDDA, 2023

Safer Consumption Spaces: Guidance & Resources for The Implementation, Operation & Improvement of Drug Consumption Rooms | C-EHRN, 2022

6.5. Migration

Learn about the SEMID Project
- Policy Brief: Adequate Drug-Related Responses for Migrants in Europe | C-EHRN, 2023
- Fact Sheet: for organisations who work in Harm Reduction | C-EHRN, 2023
- Fact Sheet: for organisations who promote the Health and Rights of Migrants | C-EHRN, 2023

Migrants and Drugs: Health and Social Responses | EMCDDA, 2023