

Navigating stigma and discrimination against people who use drugs

Four key insights for policy-makers, healthcare providers and harm reduction services in Europe

Bo^ost

[https://community-boost.eu/
communication@correlation-net.org](https://community-boost.eu/communication@correlation-net.org)



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Introduction

The HIV/AIDS and viral hepatitis epidemics pose a burden to public health in Europe and disproportionately affect people who use drugs. In this context, health promotion and harm reduction efforts are important not only for the health of people who use drugs, but for the European public as a whole.

The [European Correlation network](#) and its partners, and the [EU-funded BOOST Project](#) are dedicated to supporting harm reduction policies and interventions, and **in a series of thematic papers, they strive to highlight opportunities and obstacles in this area.**

This thematic paper presents critical insights on stigma and discrimination, which have an impact on the health of people who use drugs. Data and information were derived from a series of comprehensive surveys, reports and discussions with affected communities, carried out in 2023 and 2024, as part of the BOOST Project. This EU-funded project aims to enhance the implementation of high-quality, community-based, and community-led communicable disease services for people who use drugs across Europe, using a comprehensive, people-centred and integrated approach.

Throughout this brief paper, we will **take a look at some key insights extracted from the four surveys and reports** (links to full documents provided below). These diverse findings aim to pave the way for developing strategies that foster a promising environment, in which people who use drugs have adequate access and quality of health care and harm reduction services, free of stigma and discrimination.

Stigma and discrimination regarding people who use drugs

The current situation

The landscape of harm reduction in Europe is complex and multifaceted, shaped by varying national and regional policies, resource availability, and the diverse needs of people who use drugs. One of the leading challenges within this context is stigma, coupled by discrimination. **People who use drugs are disproportionately affected for various reasons, including societal biases and misconceptions about drug use.** Because stigma continues to persist in healthcare settings, there also exist significant barriers to accessing essential

health services. This discrimination not only discourages individuals from seeking care but also perpetuates mistrust between healthcare providers and vulnerable communities.

The consequences of stigma extend far beyond individual experiences. **It actively hinders the development and implementation of evidence-based interventions that are crucial for improving public health.** When stigma is allowed to shape policy and practice within the context of drug use and harm reduction, it obstructs the very efforts needed to eradicate diseases, sometimes found in vulnerable communities like HIV/AIDS and viral hepatitis — both of which are key targets of the [Sustainable Development Goals \(SDGs\)](#). By preventing equitable healthcare access and undermining the effectiveness of harm reduction strategies, stigma remains a major obstacle in addressing these health challenges.

The BOOST project discovered – drawing on the collective experiences and insights of major European harm reduction organisations and networks, community workers, and peers across all EU member states and neighbouring regions – that **stigma and discrimination remained a resounding leitmotif.** Until more action is taken to minimise stigma and discrimination, there will remain barriers for people who use drugs to access harm reduction services and achieve a better well-being.

What to consider when addressing the challenge of stigma and discrimination in the area of harm reduction

Four key insight learnings

1. Insufficient monitoring of stigma

Effective monitoring of stigma and discrimination is essential to ensure continuous improvement in care.

However, in our report [“Eliminating Hepatitis C in Europe Report on Policy Implementation for People Who Inject Drugs”](#), only 22.9% of cities surveyed (35 in total) reported monitoring stigma and discrimination. This is a considerably striking figure, as it represents a systemic oversight. **We cannot improve what we cannot measure.**

In a separate report [“Values and Preferences Study Communicable Diseases and People Who Use Drugs in Europe”](#) — based on focus group discussions

with people who use drugs and at risk of HIV and / or viral hepatitis in four European countries — it was stressed that it may prove helpful to pilot stigma monitoring tools within future focus group discussions and use stigma indicators to track changes to stigma and discrimination over time. This work could then feed into other areas of public health to provide a more comprehensive picture of where improvement may be needed. For instance, in the latest [“European Centres for Disease Control Special Report on HIV stigma in the healthcare setting”](#), a substantial proportion of healthcare workers (HCW) surveyed harboured reservations about providing care to specific groups of people living with HIV. In the case of people who inject drugs, 12% of HCW strongly preferred not to provide care to this sub-population. This figure shows that more needs to be done to better follow and address discrimination on a wider scale more effectively.

2. The critical role of peer workers

We found that peer workers – in addition to harm reduction services providers – continue to serve as vital components in minimising harm among people who use drugs. In our report “Eliminating Hepatitis C in Europe Report on Policy Implementation for People Who Inject Drugs”, we described how a focal point from London highlighted that “the widespread prevalence of peer workers not only serves as a protective factor against discrimination towards people who use drugs but helps to battle stigma more broadly in the sector...”.

The availability of peers – alongside face-to-face interaction – affords the opportunity for lived experiences to be shared and empathetic, non-judgmental spaces to flourish. Testing being done by peers or prescription delivery being handled by peers are just two examples of where they can contribute. And, in this regard, this approach of harm reduction services providers and peers not only mitigates stigma but also validates lived and living experiences as a form of expertise.



According to the “Eliminating Hepatitis C in Europe Report on Policy Implementation for People Who Inject Drugs” survey, stigma and discrimination were most frequently reported in prison settings and at general practitioners (GPs) (20/35 each, respectively; 57.1%), and were also common at gastroenterology clinics (18/35, 51.4%), infectious disease clinics (15/35, 42.9%), and drug treatment clinics (11/35, 31.4%). Stigma and discrimination were least common in harm reduction services (3/35, 8.6%).

3. Effectiveness of outreach and drop-in or low-threshold services

Outreach programmes and low-threshold centres play a pivotal role when it comes to engaging with people who use drugs. **These services lower entry barriers and meet clients where they are**, effectively drawing in individuals who might otherwise avoid seeking help due to stigma or other reasons.



Criminalising drug use can feed into and perpetuate stigma and discrimination by inevitably linking individuals labelled as criminals to negative societal perceptions and treatment. For instance, the [Amsterdam Manifesto Dealing with Drugs](#) emphasises the “failures and human rights violations caused by punitive drug enforcement”.

In our report [“Infectious diseases interventions in community-based harm reduction services in Europe. Insights from the BOOST Project multi-modular survey”](#), we described how outreach programmes predominantly facilitated service delivery (according to 82.8% of survey respondents). Similarly, drop-in or low-threshold centres are also conducive to reducing entry barriers, e.g. the need for appointments or formal intake processes. The flexible, proactive and non-discriminatory nature characterising these programmes and locations means more avenues to implement harm reduction services across the wider community.

4. United advocacy efforts influencing policy and public campaigns

In our report [“United for Change: Advocacy Strategy for Comprehensive Health and Harm Reduction Services for People Who Use Drugs in Europe”](#), we highlighted how participating networks have now shifted from individual advocacy to a concerted front, aligning with the [“EU Drugs Strategy 2021-2025”](#). Across all regions we found that stigma continues to pose a significant barrier to accessing harm reduction services, affecting people who use drugs. We also reported discrimination by authorities and social service providers - and sometimes at health care facilities - against people who use drugs in both South-East Europe and Northern and Western Europe.

If we are to shape policy reforms and drive impactful public education campaigns, advocacy efforts must merge together. By working together, advocacy groups can exchange knowledge and lessons, amplify their messages and build a deeper understanding of the issues surrounding drug use.

In 2023 and 2024, the BOOST Project - together with its partners - initiated a broad range of activities in the area of advocacy, from expert meetings to mentoring programmes. The purpose of this was to place or keep harm reduction on the agenda in a non-discriminatory way. **In 2025, these efforts will be maximised further, and we will dedicate a thematic paper on our advocacy efforts.**

Summary

In summary, the insights from the EU4Health BOOST Project surveys and reports emphasise **the need for a more equitable and supportive approach to tackle the issue of stigma and discrimination against people who use drugs**. A central priority is scaling up community-based and community-led harm reduction services, which provide essential, accessible support that addresses the specific needs of this population. Equally important is **the meaningful involvement of people who use drugs** in shaping policies and interventions, ensuring that their experiences and perspectives are integral to decision-making processes and stigma-free care.

Additionally, the project underscores the **importance of raising awareness and advocacy** to combat stigma and promote harm reduction strategies at both community and policy levels. Finally, **the promotion of good practices** like the consistent use of stigma monitoring tools is crucial, so successful models could serve as a guide for broader implementation and adaptation across different contexts.

Together, these efforts can pave the way for **a more inclusive and effective harm reduction framework** that minimises stigma and discrimination, and supports long-term, positive change for people who use drugs.