Thematic Paper #6 - December 2025

Three years of BOOST: Learnings and Growth Opportunities for Harm Reduction in Europe

Four key insights gained over the life course of the BOOST Project (2023-2025)

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Introduction

Thematic papers within the BOOST Project aim to explore critical challenges and opportunities for improving health and social services for people who use drugs across Europe. This paper focuses on what BOOST achieved over the past three years, using the project's *harvested outcomes* as the primary evidence base—highlighting what changed, for whom, and why it matters.

Harvested outcomes are the *concrete changes* identified through outcome harvesting during implementation. Rather than measuring progress only against pre-set indicators, outcome harvesting documents observed shifts in practice, behaviour, relationships, policies, systems, or organisational capacity, and then examines how the project plausibly contributed to those changes.

Within BOOST, harvested outcomes show that progress did not come from single activities in isolation. Change emerged through enabling infrastructure (coordination, monitoring systems, shared tools), improved evidence and data, meaningful involvement of lived experience, and bundled capacity-building approaches that translated learning into service delivery and policy influence.

Drawing from outcomes across all BOOST work areas, this thematic paper explores the opportunities, challenges, and lessons learned from BOOST's change pathways—spanning governance, data systems, service quality improvement, and advocacy. It distills four key insights that can inform future EU-level harm reduction initiatives seeking durable, scalable impact.

Inside BOOST: From outcomes to learning across work areas

BOOST operated as a multi-country, multi-actor ecosystem. Outcomes were generated through interconnected work areas: strong coordination and governance (WA1), evidence generation and monitoring tools (WA2), digital and peer capacity building and quality improvement (WA3), lighthouse-driven service improvements (WA4), coordinated advocacy and policy engagement (WA5), and monitoring/evaluation plus dissemination systems (WA6).

Across this ecosystem, several patterns repeat: the value of shared infrastructure, the power of usable and comparable data, the credibility gains from lived experience leadership, and the effectiveness of bundling mentorship, tools, partnerships, and resources. The insights below synthesise these patterns using specific harvested outcomes as examples.

Four key insight learnings

1. Infrastructure: Project design enabled scale and coherence across a complex consortium

A consistent driver of progress was the early creation of shared structures — governance, templates, working rhythms, and digital systems — that made coordinated delivery possible across 34 project partners and multiple countries.

BOOST established robust coordination and governance systems at project start (2023), including management structures, inclusive consensus mechanisms, and regular internal communication processes. Evidence such as meeting minutes, management templates, shared documentation, and partner interviews points to these structures enabling coherent delivery and accountability across work packages.

This infrastructure logic continued in **WA6**, where partners implemented an internal monitoring and evaluation system and dissemination tools that supported ongoing reporting, tracking, and visibility of outcomes. The same pattern appeared in **WA2/WA3**, where monitoring shifted away from paid or centrally owned tools toward more sustainable, shared models — for example, an **open-access digital infrastructure** to host city-level monitoring surveys, enabling broader access and shared ownership.

Learning: In multi-country harm reduction projects, early investment in shared governance and operational infrastructure is not administrative overhead — it is the enabling condition for delivery, learning, and scaling.

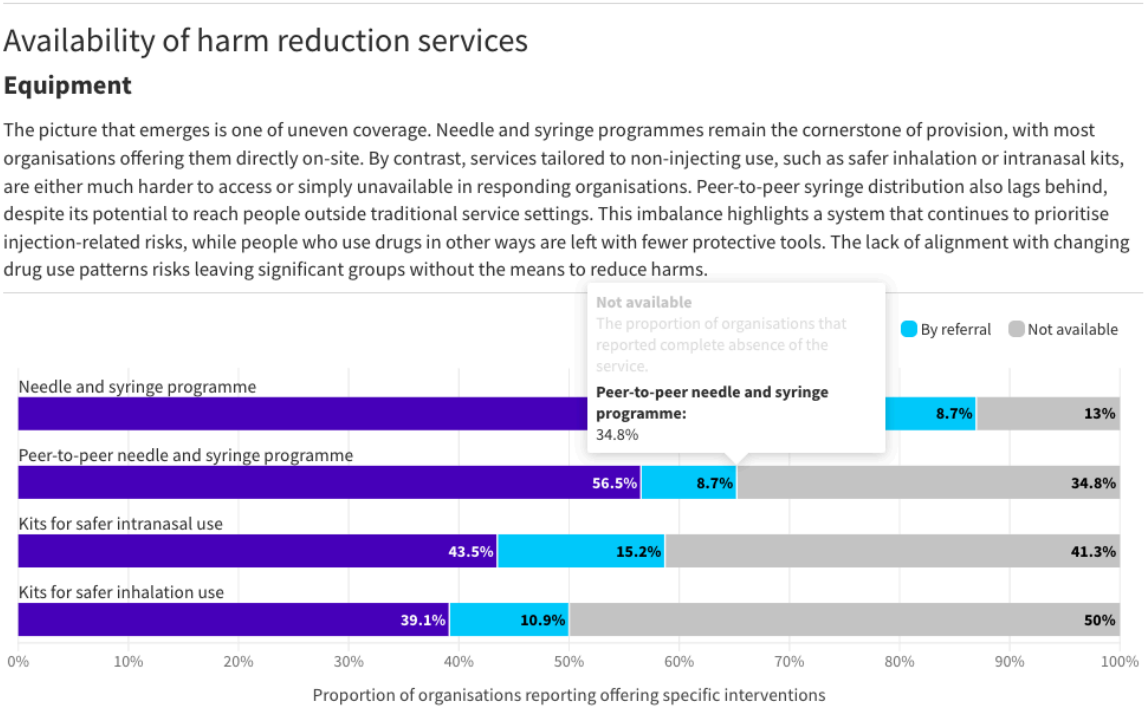
BOOST WORK AREAS	EXAMPLE OUTPUTS
Coordination and governance (WA1)	• Thematic paper #1 on navigating stigma and discrimination against people who use drugs
Evidence generation and monitoring tools (WA2)	• Infectious diseases interventions in community-based harm reduction services in Europe. Insights from the BOOST Project multi-modular survey • Beyond the Numbers: Harm Reduction across South-Eastern Europe • Values and Preferences Study: Communicable Diseases and

	People Who Use Drugs in Europe • BOOST Project – EuroNPUD Lexicon for Resources
Digital and peer capacity building and quality improvement (WA3)	• Community-Led Approaches to HCV Testing, Treatment and Care: Technical Briefing 2023 • Best Practices and Recommendations for Digital Harm Reduction Services. Guidance for community-based and community-led organisations • BOOST Digital Skills Training #1 – Role & Specifics of Digital Services
Lighthouse-driven service improvements (WA4)	• Good practice review report • Thematic paper #2 on learnings from the BOOST Centres of Expertise ('Lighthouses')
Coordinated advocacy and policy engagement (WA5)	• Policy Brief: "Where There Is Fruit, There Is Seed: Scaling Up Community Involvement for Integrated, Responsive, and Sustainable Harm Reduction" • BOOST Project Advocacy Video • United for Change: Advocacy Strategy for Comprehensive Health and Harm Reduction Services for People Who Use Drugs in Europe
Monitoring/evaluation plus dissemination systems (WA6)	• Thematic paper #5 – Strengthening communication impact for harm reduction services

Table of the different work areas and their respective outputs developed over the life course of the BOOST Project

2. Data influenced practice when it was usable, comparable, and linked to decisions — not just collected

BOOST outcomes show that evidence becomes actionable when monitoring tools are short enough to complete, consistent enough to compare, and clearly connected to planning, service improvement, or advocacy needs.



Screenshot from the multi-modular survey, showcasing how data was presented in the interactive report

The Multi-Modular Survey strengthened BOOST's internal knowledge and planning capacity through data collected across 29 countries (2023 and 2025), mapping availability and quality of services such as naloxone, NSP, HIV/STI testing, and mental health support. Importantly, the MMS did not directly demonstrate field-level service integration changes attributable to BOOST; its contribution was primarily strategic—informing priorities in other work packages, especially digital training, service quality, and advocacy.

Evidence utility increased where monitoring tools evolved to capture harm reduction realities more directly. In early 2024, the COBATEST tool was updated to include questions on substance use and harm reduction practices, encouraging services (including some outside BOOST) to collect and report harm reduction indicators alongside BBV testing data. Similarly, BOOST-supported monitoring through the Civil Society Monitoring Tool produced a longitudinal

dataset over three consecutive years via nearly 40 focal points, strengthening advocacy and regional learning on HCV continuum-of-care interventions for people who inject drugs, and gaining traction among regional and international stakeholders.

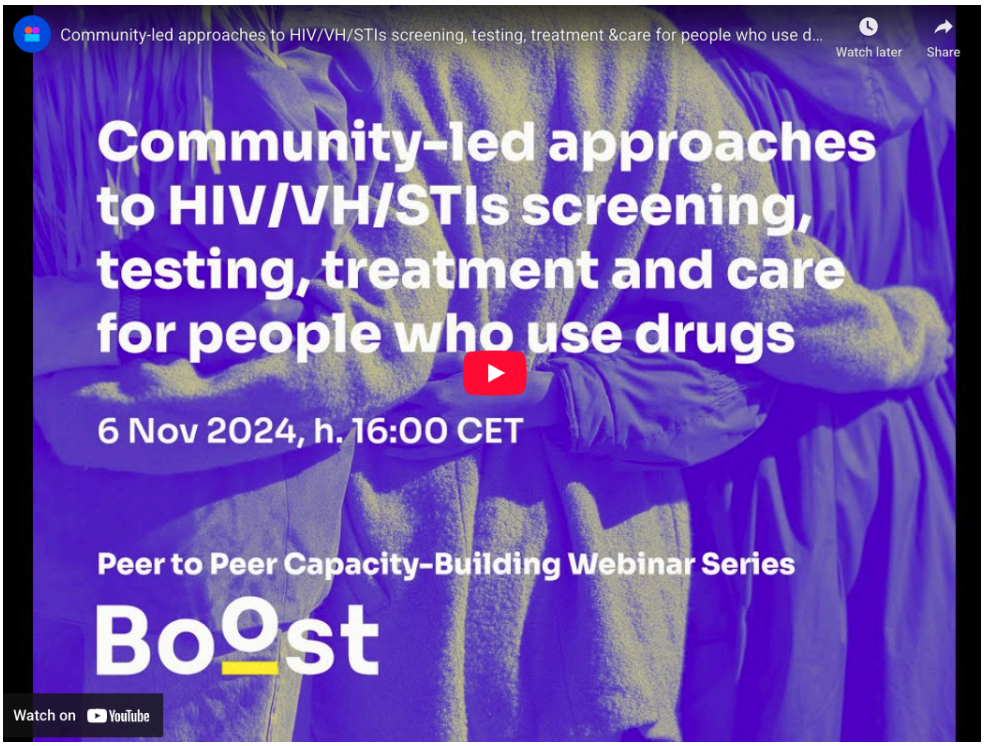
BOOST also learned that usability matters. In WA3, monitoring tools were adapted to be shorter and more practical, and open-source data collection approaches were implemented at scale through community-led monitoring systems (e.g., in dozens of cities/countries), improving participation and sustainability.

Learning: Data systems deliver impact when they are designed for real-world completion and use, integrated into decision-making cycles (training priorities, service design, advocacy messaging), not treated as stand-alone reporting exercises.

3. Lived experience shifted from "input" to shared authority, improving accuracy, accessibility, and legitimacy

A major cross-cutting change was the integration of lived experience as expertise in monitoring, capacity building, service adaptation, and advocacy, moving beyond consultation toward shared influence.

BOOST contributed to the creation of a Peer Consultation Mechanism (2024–2025) that complemented provider-led monitoring by embedding the perspectives of people who use drugs into evaluation of service quality, accessibility, and relevance. This marked a shift from service providers being the sole reporters of harm reduction realities toward a model in which lived experience data systematically informs monitoring and learning, helping bridge gaps between reported service availability and lived access.



Screenshot of capacity-building webinar series led by peers

EuroNPUD consultants contributed feedback during trainings and other activities, prompting partners to consider practical adjustments (simplifying tools, shortening sessions, revising formats) to better match community realities. While follow-through across work packages was not consistently documented, the pattern suggests an emerging culture of co-creation and responsiveness.

This shift became highly visible in policy spaces. BOOST partners strengthened the position of lived experience voices in advocacy events, including international fora, where people with lived experience were increasingly featured as primary speakers rather than represented indirectly. In parallel, EuroNPUD's role evolved: it gained recognition as a legitimate European drug policy actor and strengthened internal capacity (skills, membership growth, leadership roles), reinforcing the broader legitimacy of lived experience representation in European harm reduction policy debates.

Learning: Embedding lived experience improves monitoring credibility and service relevance—and it also strengthens advocacy legitimacy by aligning representation with rights-based, community-led practice.

4. **Strong field-level impact came from "bundled" support: mentoring + tools + partnerships + appropriate resources**

Where BOOST outcomes point to tangible shifts in service delivery, they most often resulted from bundled interventions rather than single activities, especially through the lighthouse and mini-lighthouse model.

In the framework of BOOST, four centres of expertise from Czechia, Italy, Belgium and Finland (so-called Lighthouses) provided support to 13 mini-lighthouse organisations in order to improve their practices (screening, referral, stronger medical-social links, increased peer involvement) through Communicable Disease Management Plans and mentoring (June 2024–Sept 2025). Several mini-lighthouses began or expanded voluntary testing and counselling in outreach and community settings and improved linkage to care—reducing barriers associated with stigma, distance, and reliance on traditional health-sector testing. Practical enablers included coaching, study visits, piloted outreach activities, and tailored supplies, such as test kits and training materials.

Image of Belgium-based lighthouse preparing for testing and community outreach

BOOST also catalysed systems-level embedding. Mini-lighthouse branches developed partnerships with local harm reduction NGOs, municipalities, drop-in centres, and infectious disease hospitals to build referral pathways. Lighthouses across Belgium, Czechia, Finland, and Italy established regular cross-country exchanges that enabled local adaptation (e.g., outreach vans, peer support, digital outreach). Sustainability signals appeared when outcomes translated into local recognition and funding—for example, the **Polish mini-lighthouse securing**

local government funding to sustain and expand peer-led outreach and screening.

At the individual level, outcomes also pointed to improved access and experience for people who use drugs in BOOST sites, including better access to rapid HCV testing and reduced stigma when peer workers were involved—reinforcing the practical value of peer-led models.

Learning: Service change is most likely when capacity building is packaged with implementation support: mentorship, practical tools, local partnerships, and modest resources that allow services to move from "knowing" to "doing."

Summary

Harvested outcomes across BOOST show that change emerged through connected pathways: enabling infrastructure, actionable evidence systems, institutionalised lived experience leadership, and bundled support models that converted learning into practice.

Key lessons include the value of:

- **Infrastructure-first design** (shared governance, templates, digital systems) to enable coherent implementation across many partners and countries;
- **Usable, comparable monitoring** linked to planning and advocacy cycles, rather than data collection for its own sake;
- **Meaningful involvement of people who use drugs** as experts in monitoring, design, and advocacy—improving both accuracy and legitimacy;
- **Bundled implementation support** (mentorship + tools + partnerships + resources) to achieve observable service improvements and sustainability signals.

Overall, BOOST demonstrates that complex harm reduction change at European scale is achievable when projects invest in the systems that make collaboration work, treat lived experience as core expertise, and build practical pathways from evidence to action.