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Advancing Universal Health Coverage for People Who Use Drugs in Europe

Policy Brief

BoOst

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BACKGROUND

This policy brief addresses the critical need to ensure Universal Health Coverage (UHC)[1] for people who use drugs in the European Union and neighbouring countries, a marginalized population facing systemic barriers to accessing comprehensive health and social care.

UHC refers[2] to ensuring that all individuals and communities have access to the health services they need, when and where they need them, without suffering financial hardship. The core components of UHC include:

Quality of care
providing effective and evidence-based health services

Equity in access
ensuring that marginalized and underserved populations can access essential health services

Financial protection
eliminating financial hardship when accessing healthcare

UHC is a fundamental goal of the World Health Organization (WHO) and is enshrined in the United Nations Sustainable Development Goals (SDG 3.8)[3]. The most recent United Nations High-Level Meeting on UHC (September 2023)[4] reaffirmed the global commitment to achieve UHC by 2030 through a political declaration titled "Universal Health Coverage: Expanding Our Ambition for Health and Well-being in a Post-COVID World."

This brief aligns with the European Union Drugs Strategy 2021–2025[5], the BOOST[6] Advocacy Strategy[7], and the Drug Policy Manifesto for the 2024 European Parliament Elections[8] and supports the implementation and transformation of UHC systems across Europe to ensure they are inclusive, evidence-based, and responsive to the needs of people who use drugs. It calls for the integration of harm reduction, mental health care, sexual health services, and prevention and treatment for chronic infectious diseases into UHC frameworks, addressing existing gaps in service design, coverage, and accessibility.

1 https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)
2 https://www.who.int/health-topics/universal-health-coverage
3 https://sdgs.un.org/goals/goal3
4 https://www.uhc2030.org/un-hlm-2023/?utm_source
5 https://op.europa.eu/en/publication-detail/-/publication/fd218c19-c5d6-11ec-b6f4-01aa75ed71a1
6 **The BOOST project** is an initiative funded by the European Union through the EU4Health programme. It aims to scale up community-based and community-led harm reduction services to address HIV, viral hepatitis, and related health challenges among people who use drugs in EU and neighboring countries. The project is implemented by a consortium of civil society and community networks working across Europe. URL: https://community-boost.eu/
7 https://community-boost.eu/resources/united-for-change-advocacy-strategy-for-comprehensive-health-and-harm-reduction-services-for-people-who-use-drugs-in-europe/
8 https://correlation-net.org/2024/03/14/drug-policy-manifesto-for-the-2024-european-parliament-elections/

PROBLEM DESCRIPTION

In the EU/EEA,
there are approximately

504,000 to 538,000

people who inject drugs,

based on estimates from recent years

This corresponds
to a prevalence

of 1.8–1.9 per 1,000

population aged 15–64 years

Approximately

580,000

people are living with HIV
in the EU/EEA as of 2024

93.0% of diagnosed individuals are receiving antiretroviral therapy

85.6% of all people living with HIV (including undiagnosed cases) are estimated to be on treatment

93.0% viral suppression is achieved on treatment

21.0% remain unsuppressed, indicating gaps in retention and access

People who use drugs face disproportionately high rates of infectious diseases and mental health disorders.

Moreover, in the EU,

10.6 million people

live with hepatitis B

only 16% **diagnosed**

just 12% **treated**[9]

8.6 million people

live with hepatitis C

Injecting drug use is the leading cause of hepatitis C transmission, responsible

for 77.6%

of chronic HCV cases in the EU/EEA

Delayed diagnoses and gaps in service access contribute to chronic illness, transmission, and avoidable deaths.

The lack of integration between harm reduction, primary healthcare, sexual health, mental health, and social support results in fragmented, inefficient, and inaccessible care for people who use drugs[10,11]. Particularly affected are young people who use drugs, migrants, people without health insurance or legal status, and women.

Recent findings show that investment in harm reduction across the EU remains insufficient to meet the needs of people who use drugs, highlighting a persistent gap between evidence and funding priorities[12]. Furthermore, it is critical to integrate harm reduction more effectively into UHC frameworks to ensure equitable access for marginalized populations[13].

European governments have committed to achieving Universal Health Coverage (UHC) – the principle that all individuals can access needed health services without financial hardship – and to "leave no one behind" in health care. The EU Drugs Strategy 2021–2025 explicitly prioritizes improving access to health and social services for vulnerable groups "and specifically for people who use drugs," as part of a rights-based approach[14].

However, current realities illustrate a clear implementation gap[15]: people who use drugs continue to experience significantly worse health outcomes than the general population, reflecting systemic deficiencies in equitable access to prevention and care. In sum, without targeted action, this marginalized group will remain left behind, undermining Europe's progress toward UHC and public health goals such as ending AIDS and viral hepatitis as public threats by 2030.

Investing in UHC systems that serve people who use drugs is a cost-effective, health-promoting, and socially just approach[16].

9 **European Centre for Disease Prevention and Control/WHO Regional Office for Europe (2023).** HIV/AIDS surveillance in Europe 2023 – 2022 data. Stockholm: ECDC; URL: https://www.ecdc.europa.eu/sites/default/files/documents/HIV-AIDS_surveillance_in_Europe_2023_%28_2022_data_%29_0.pdf

10 **UNAIDS (2024).** Fact Sheet: People who use drugs and access to health care – What does the global drug policy landscape mean for health, rights and harm reduction? Contribution to the 67th CND session. Available at: https://www.unodc.org/documents/commissions/CND/CND_Sessions/CND_67/Stakeholder_Contributions/HIV/UNAIDS_Drug_Policy_Fact_Sheet_v2.pdf

11 **EMCDDA (2024).** European Drug Report 2024: Harm Reduction – The Current Situation in Europe. https://www.euda.europa.eu/publications/european-drug-report/2024/harm-reduction_en

12 **Harm Reduction International (2023).** Harm Reduction Investment in the European Union. URL: https://hri.global/wp-content/uploads/2023/02/thepolicy2017_online_version-2.pdf

13 **INHSU (2022).** Universal Health Coverage for People Who Use Drugs. https://inhsu.org/features/6-key-takeaways-universal-health-coverage-for-people-who-use-drugs/

14 **EU Statement — CND intersessional —** Drug treatment and health services continue to fall short of meeting needs, and deaths related to drug use have increased (4-6 December 2023). URL: https://www.eeas.europa.eu/delegations/vienna-international-organisations/eu-statement-cnd-intersessional-drug-treatment-and-health-services-continue-fall-short-meeting-needs_en#:~:text=Achieving%20universal%20health%20coverage%20and,related%20disorders

15 **Harris, M. & Rhodes, T. (2019).** Health disparities among people who inject drugs: the role of stigma, marginalisation and social exclusion. Harm Reduction Journal (2019)

16 **Correlation — European Harm Reduction Network (2023).** Essential Harm Reduction Services: Report on Policy Implementation for People Who Use Drugs. https://correlation-net.org/wp-content/uploads/2024/03/2023_CEHRN_Monitoring_Harm-Reduction-Essentials.pdf

BARRIERS TO ACCESS

BOOST consultations[17] and regional data reveal the following key barriers to service access:

Fragmented service delivery	Lack of coordination between addiction, sexual health, infectious disease, and mental health services leads to late diagnoses and treatment interruptions.
Exclusion from UHC packages	Essential services like HCV treatment, mental health care, and harm reduction are not universally covered under UHC schemes, especially for uninsured or undocumented populations.
Restrictions on service delivery in non-medical settings	Legal and regulatory frameworks often prohibit healthcare workers from providing services such as testing and treatment in community and outreach settings.
Limited use of peer navigation models	Though peer navigators improve access and retention in care, this model is underfunded and inconsistently implemented.
Age-related barriers	Young people who use drugs often encounter additional challenges in accessing health and harm reduction services. These include the absence of youth-friendly approaches, provider stigma, and a lack of tailored outreach and communication. Services are frequently designed for older adults, overlooking the specific health, social, and mental health needs of younger populations. This gap contributes to delayed engagement with services and increased vulnerability to preventable harms.
Lack of gender-responsive services	Women who use drugs often cannot access appropriate services due to lack of safe spaces, trauma-informed care, or support for pregnant or parenting women.
Language and administrative barriers	Migrants and people without regular legal status struggle to navigate healthcare systems, limiting their engagement with care.

17 **BOOST consultations** refer to a series of online dialogue meetings conducted in 2023 within the BOOST project. These consultations engaged 97 participants from civil society and community networks across 33 EU and neighboring countries to identify barriers, needs, and advocacy priorities related to harm reduction and health services for people who use drugs.

POLICY AND PRACTICE RECOMMENDATIONS

Integrate essential harm reduction and health services into UHC package	Include Opioid Agonist Therapy (OAT), Needle and Syringe Programs (NSPs), naloxone, and drug consumption rooms (DCRs) in national essential health service lists. Incorporate Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV), and Sexually Transmitted Infections (STIs) prevention, testing, and treatment as part of universal benefit schemes. Ensure that UHC frameworks adopt non-discriminatory, gender-responsive, and trauma-informed approaches.
Expand integrated, low-threshold service models	Promote one-stop-shop services that combine harm reduction, disease prevention, sexual health, and mental health support under one roof. Prioritize mobile, outreach, and drop-in settings as key UHC entry points.
Enable service provision in community-based and non-medical settings	Advocate for legal and policy changes allowing licensed providers to offer diagnostic and treatment services outside of clinical settings. Harmonize regulatory environments across EU countries to reduce disparities in care delivery.
Develop a dedicated EU funding mehanism for health and social care of people who use drugs	Advocate for a permanent EU harm reduction and UHC funding stream under EU4Health or future public health frameworks. Ensure eligibility and support for civil society-led and peer-based models of service delivery.
Integrate mental health into comprehensive care	Mandate mental health screening and treatment as a standard part of harm reduction and HIV/HCV care for people who use drugs. Fund multidisciplinary teams able to provide addiction, mental health, and primary care services in integrated formats.
Promote peer navigation as a UHC access strategy	Institutionalize and finance peer navigation roles as part of the public health workforce. Provide training, supervision, and remuneration for peer staff within UHC delivery models.
Build health workforce capacity through learning platforms	Establish EU-funded regional training platforms for providers, peers, and civil society actors. Cover key competencies including intersectional stigma, gender-based violence, trauma, and migrant health.

RELEVANT LINKS AND REFERENCES

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