

# FACT SHEET

# ADEQUATE DRUG-RELATED RESPONSES FOR MIGRANTS IN EUROPE

Recommendations from the SEMID-EU project for organisations that promote the health and rights of migrants

## What SEMID-EU is

SEMID-EU is a project specifically designed to fill gaps in knowledge and practice on drug use in migrant populations in Europe and improve policies and responses that affect these groups to increase their access to high-quality healthcare, drug treatment, harm reduction and (re)integration services. The focus of SEMID-EU has been on *marginalised* migrants<sup>1</sup>, for whom legal, structural, social and personal barriers stand in the way of the fulfilment of their basic human rights.

SEMID-EU is coordinated by [Mainline](#), an organisation based in Amsterdam whose mission is to improve the health and social position of people who use drugs, without primarily aiming to reduce drug use and out of respect for the freedom of choice and possibilities of the individual.

This publication was produced by [Correlation - European Harm Reduction Network](#) for SEMID-EU. C-EHRN (hosted by [Foundation De Regenboog Groep](#)) is a European civil society network and centre of expertise, which unites a broad variety of actors at different levels in the field of drug use, harm reduction and social inclusion.

## Introduction

Migration to the EU has been increasing in the last decades, originating from the WANA region (West Asia and North Africa), sub-Saharan countries, within EU member states, and Ukraine. As incoming migrants may have different backgrounds, practices, needs and rights when it comes to drug use and health and can be exposed to high-risk substance use due to their specific situation, their arrival to destination countries introduces specific challenges in the context of drug services and harm reduction. For organisations that work with (undocumented) migrants, substance use can bring about new issues, and more knowledge on harm reduction is needed to provide these groups with appropriate assistance.

## What's the current situation?

### Drug use in migrant populations in Europe

The data on the situation of migrants who use drugs in the EU is limited and diverging across countries. Moreover, while the available literature indicates that drug use among migrant populations is usually lower than in the general population of EU countries, various factors put migrant groups at elevated risk for high-risk drug use.

These risk factors include:

- Poverty, unemployment, experiencing homelessness;
- Disengagement, loneliness and alienation;
- Pre-, peri- or post-migration trauma and deteriorated mental health conditions.;
- Lack of (access to) knowledge on local healthcare systems, drug treatment, harm reduction and (re) integration services.

<sup>4</sup> In this factsheet we refer to sub-groups of migrants (refugees, asylum seekers, labour or undocumented migrants) when it is necessary to specify. Otherwise, we use the term "migrant" to refer to all first-generation migrants irrespective of their status or reasons for migration, with a specific focus on people with a recent migration experience.

On the contrary, there are factors that can be protective when it comes to high-risk drug use within migrant populations. For example:

- Having a social network to rely on, together with being religious (which can facilitate the former), and being integrated with or accepted by the local communities of the country one resides in.

## **Access and availability of drug services for migrant populations**

Existing (mental) health, drug dependency and harm reduction services are oftentimes not tailored enough to the specific needs of people with a (recent) migration experience. The needs of migrants who use drugs are complex and differ significantly from those of people who use drugs who do not have a (recent) migration experience, and across different migrant sub-populations. Hence, the programmes and interventions targeted towards migrants who use drugs should reflect the diversity of their backgrounds, needs and circumstances.

The landscape analysis found that in the cases of Germany and Spain, migrants (especially women) are underrepresented in drug treatment services. Meanwhile, evidence from Sweden shows no significant imbalance in this area. In some instances, migrant underrepresentation is the case only in the context of the use of specific substances, such as cocaine and opioids in Germany.

During the community-based participatory research (CBPR) carried out as part of the SEMID-EU project, participants reported having benefited from harm reduction services, drop-in centres and other low-threshold programmes. These services helped meet their basic needs by providing food, (occasional) shelter, and hygiene facilities and supported them in medical, legal and administrative affairs. However, while these services were deemed helpful, their capacity was often not sufficient to respond to the needs of the clients. Other barriers hindered their accessibility as well.

## **Barriers to access to drug services for migrant populations**

The reasons why migrant populations have exceptionally limited access to (mental) health, drug dependency and harm reduction services can be attributed to a range of personal, social and institutional factors. These include:

- Lack of identification documents and formal residence, leading to denial of access to health insurance and care and consequent non-fulfilment of the right to health for all migrants.
- Limited (access to) knowledge of the local healthcare system and “not knowing where to start” seeking care, which is worsened by cultural and language barriers.
- Lack of services offered in one’s mother tongue or a language in which they are fluent.
- Services are not tailored to and do not prioritise migrants’ needs, and lack resources to implement cultural mediation and navigation by peers or professionals.
- Concern about the risk of becoming visible to law enforcement and being legally prosecuted for drug use.
- Long waiting times due to limited capacity of the service providers.
- Mistrust towards the healthcare system due to previous negative experiences and discrimination.
- Shame and stigma around drug use, both from society and internalised.

## Why Harm Reduction? Why now?

Harm reduction is an approach that aims to reduce the negative health and social consequences associated with drug use and punitive drug policies through evidence-based interventions and practices that focus, first and foremost, on prioritising the health and well-being of people who use drugs. The goal of harm reduction is not to necessarily drive people away from using drugs, but instead to provide tools to do it in a safe(r) way, to address environmental factors related to drug use, and, for people who freely wish to engage in drug treatment, to support them through this process.

Based on the evidence of lived experiences of people who use drugs and rooted in human rights principles, harm reduction has proved to be very effective in responding to their needs and promoting their health. Repressive, zero-tolerance and abstinence-focused approaches, on the other hand, place people who use drugs in even more vulnerable circumstances by criminalising their drug use and denying them resources that can be life-saving. Harm reduction advances the empowerment, freedom and well-being of people who use drugs by implementing policies and practices that support them fairly and adequately.

The threshold for accessing health services through standardised paths, such as referral to treatment from a general practitioner, is frequently too high for people who do not have officially recognised identification documents or do not have (access to) knowledge of the local healthcare system. Being often low-threshold and more easily accessible, harm reduction services play a key role in reaching migrants who use drugs. Harm reduction services support these groups by offering support and, if requested, guidance in seeking further care, drug treatment and other forms of social assistance.

In conclusion, integrating a harm reduction framework, or closely cooperating with harm reduction services can upscale the work of organisations that promote the health and rights of migrants. Such cooperation would increase their capacity to reach migrants who use drugs, minimise the chances of drug use-related adverse health outcomes in this group, reduce harms resulting from punitive drug policies, bridge gaps towards other healthcare services and foster the overall well-being of migrant communities in the EU.

## Getting started

### **Integrate mental health assessment and harm reduction practices in your service, or link clients with other support organisations.**

- Mental health assessment and care should be migration- and trauma-informed, culturally sensitive and available in relevant multiple languages.
- Low-threshold harm reduction strategies can include drug consumption rooms, needle exchange and clean supply provision programmes, and testing for communicable diseases.

### **Upscale the capacity of your service to adequately meet the needs of migrants who use drugs**

- Provide staff with training about substance use and harm reduction.
- Involve peers (that is, migrants who use or have used drugs) in the development and implementation of your services.
- Document your work around integrating support for people who use drugs in your services and request recognition, compensation and support for capacity expansion from funding bodies.

### **Contribute to eliminating major barriers for migrants to access your services**

- Conduct a review of your services to evaluate whether there are barriers for migrants who use drugs to access them.
- Develop and disseminate user-friendly information packages for migrants available in multiple languages relevant to the migratory context, detailing their rights to health, harm reduction, drug treatment, and local drug laws, together with information on the functioning of different substances, safer use, material distribution, infection prophylaxis and lists of relevant services in the city/region.

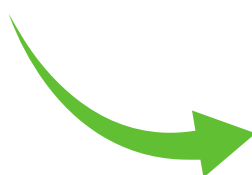
- Involve professionals such as interpreters, multicultural mediators and peer navigators in the (design and) implementation of your services.
- Strive towards a holistic approach that combines (mental) healthcare, harm reduction, and drug treatment with assistance on medical, legal, language, housing-related and other needs.
- Pay special attention to reaching sub-populations of migrants who use drugs that are under-represented in healthcare services due to multiplied marginalisation.
- Create protocols to eliminate existing and prevent future discriminating behaviours in health and social services.

## Advocate for harm reduction principles and practices, and their crucial importance in reaching and supporting migrants who use drugs.

### More Resources

More resources on this topic were created for SEMID-EU. You can find more information here:

- Recommendations for organisations that promote the health and rights of migrants
- Recommendations for harm reduction organisations and practitioners
- Recommendations for policy and practice in Amsterdam, Athens, Berlin and Paris (add a hyperlink to each city name with the different documents)
- Landscape Analysis and review of existing literature on migrants who use drugs in the EU<sup>4</sup>
- Delphi study<sup>5</sup>: Recommendations from experts on migration and drug use
- Community-based participatory research (CBPR) on the needs and living/lived experiences of migrants who use drugs in Amsterdam, Athens, Berlin and Paris



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