

FACT SHEET

ADEQUATE DRUG-RELATED RESPONSES FOR MIGRANTS IN EUROPE

Recommendations from the SEMID-EU project for harm reduction organisations and practitioners

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* migrants¹, 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.

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 states, various factors put migrant groups at heightened risk for dangerous drug use.

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⁴ 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.

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.

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 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 Focusing on Migrant Communities? Why Now?

Migrants who use drugs are exposed to risk factors that can lead to high-risk substance use and negative health and social outcomes. Risk factors range from social exclusion, poverty, homelessness, discrimination, trauma, deteriorated mental health and low (access to) knowledge about local healthcare systems.

At the same time, these communities encounter significant barriers that prevent their access to (mental) health, drug dependency and harm reduction services. Moreover, there are very few services that are specifically tailored to the needs of migrants who use drugs.

It is not enough for drug-related services to provide harm reduction interventions that follow the blueprint approach applied to their domestic clients. Instead, harm reduction interventions need to take into account the very specific needs of migrants who use drugs and the challenges they face. For instance, migrants who use drugs may not only need drug treatment or harm reduction interventions but also trauma-informed psychological care and advice regarding their migration status, housing and other legal-administrative procedures. Hence, the presence of practitioners knowledgeable about these issues is essential in such services.

Furthermore, not all migrants who use drugs have comparable experiences: undocumented migrants, refugees, economic migrants, and migrants from inside the EU, all have to deal with diverse challenges, even if sometimes partially overlapping. Some migrant groups are more socially excluded than others and are more discriminated against based on race, ethnicity, class, gender, sexuality, and disability. Groups that are subject to heightened marginalisation are especially underrepresented in healthcare services and can benefit from practitioners being more informed and prepared to meet their needs.

In conclusion, integrating migration-informed practices, or closely cooperating with organisations that support migrants can upscale the work of harm reduction services. This would increase their capacity to reach migrants who use drugs, minimise the chances of drug use-related adverse health and social 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 migration-informed 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.

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

- Provide staff with migration-specific cultural and language sensitivity training.
- 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 migrant communities 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.

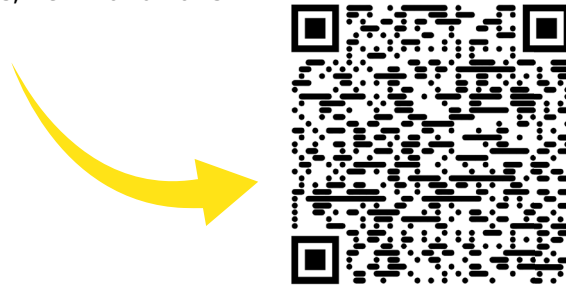
- Involve professionals such as interpreters, multicultural mediators and peer navigators in the (design and) implementation of your services.
- Strive towards a holistic approach that combines (mental) healthcare, harm reduction, and drug treatment with assistance on medical, legal, language, housing-related 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 the right to health for all migrants, including 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 EU⁴
- Delphi study⁵: 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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