

POLICY BRIEF

ADEQUATE DRUG-RELATED RESPONSES FOR MIGRANTS IN EUROPE

Policy recommendations from the SEMID-EU project for evidence-informed
social & health policies

MAINline

θερική Φωνή
άνθρωποι+HIV



Fixpunkt



ISGlobal Barcelona
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Global Health



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SEMID-EU

SEMID-EU is a project specifically designed to fill gaps in knowledge and practice on drug use in migrant populations. By gaining a better understanding of the needs of migrants who use drugs in Europe, it aims to 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, for whom institutional, 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. The overall objective of C-EHRN is to improve the access to and the quality of harm reduction and other low-threshold services for people who use drugs and to enhance policy and practice that increase social inclusion.

This policy paper and recommendations build upon the other research activities of SEMID-EU:

- A landscape analysis and review of the relevant existing literature on migrants who use drugs in the EU¹.
- A three-stage Delphi **study**² involving a panel of 57 experts on migration and/or drug use who worked together to develop statements and recommendations on the matter.
- Community-based participatory research (CBPR) conducted by trained peer researchers in Amsterdam, Athens, Berlin and Paris, focusing on the needs and living/lived experiences of migrants who use drugs.

Introduction

The number of migrants in Europe has been growing in the last decades. This is in part due to increasing labour mobility between EU member states (especially since the 2004 enlargement), the migration wave from the WANA region (West Asia and North Africa) and sub-Saharan countries that started in 2015, and the more recent influx of displaced people caused by the Russian aggression in Ukraine. Recently, drug use among migrants who experience homelessness and are exceptionally marginalised has become more visible across the EU. Moreover, incoming migrants tend to come from varying backgrounds, engage in varying practices, have varying needs and enjoy different rights when it comes to drug use and health (for instance, Ukraine is characterised by very high rates of injecting drug use). They can likely be exposed to high-risk substance use due to their specific situation involving intersecting vulnerabilities. These developments in the EU migration landscape bring about new challenges in the context of harm reduction, drug dependency and healthcare services: more knowledge is needed in order to provide these groups with appropriate assistance.

¹ van Selm, L., White, T. M., Doran, J., Pujol, C., Picchio, C. A., Lazarus, J. V (2022) REPORT on SErviceS for vulnerable MIgrants who use Drugs in the EU (SEMID-EU).

² Van Selm, L., White, T. M., Picchio, C. A., Requena-Méndez, A., Busz, M., Bakker, I., Romero, D., Gayo, R. P., Pouille, A., Vanderplasschen, W., & Lazarus, J. V. (2023). Drug use and access to drug dependency services for vulnerable migrants who use drugs in the European Union: Consensus statements and recommendations from civil society experts in Europe. *International Journal of Drug Policy*, 118, 104087. <https://doi.org/10.1016/j.drugpo.2023.104087>

- **Drug dependency**

Drug dependency indicates a state where a person has a physical and/or psychological need to consume a given psychoactive substance regularly.

- **(First-Generation) Migrant**

In this document, 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.

- **High-risk drug use:**

High-risk drug use can be defined as the use of substances in a way that can cause health complications and psychosocial problems either due to an intensive, recurrent and prolonged pattern of use or to the type of administration route.

- **Harm reduction**

Harm reduction is an approach that aims to reduce the negative 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.

The state of play

Data on drug use in migrant populations in Europe

The data on the situation of migrants who use drugs in the EU is limited. Since existing studies approach the topic from varying angles, data differs considerably from one country or region to another depending on specific variables such as the type of substance and age of users. 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 greater risk for high-risk drug use.

Risk and protective factors associated with drug use among migrants

The risk factors that increase the likelihood of (high-risk) substance use among migrants can be of structural (environmental) and/or personal (individual) nature, and they often intersect with one another.

Poverty, unemployment, homelessness and not speaking the local language can lead to poor access to social protection resources, but also to disengagement, loneliness and alienation.

Pre-, peri- or post-migration trauma, (e.g., due to persecution in the country of origin, dangerous travel conditions, violence and discrimination, etc.) can severely deteriorate one's mental health. Community-based participatory research (CBPR) carried out for SEMID-EU in four European³ cities among people

with living/lived experience of migration and drug

use suggests that individuals use drugs to endure homelessness and cope with poor mental and physical health, but also due to insufficient access to information about drugs and lack of knowledge about their effects and risks when first coming in contact with a substance.

On the other hand, there are also factors that can be protective when it comes to high-risk drug use within migrant populations. For example, having a social network that a person can rely on, together with being religious (which can also facilitate the former), as well as being integrated in/accepted by the local communities of the country of residence can decrease the likelihood of developing high-risk drug use patterns or drug dependency.

Access and availability of drug services for migrant populations

(Mental) health, drug dependency and harm reduction services that are already available in the EU oftentimes do not include programmes and interventions tailored to the specific needs of people with a (recent) migration experience.

³ Amsterdam, Athens, Berlin, Paris.

The needs of migrants who use drugs are complex, as they often stem from migration-specific experiences (that might have taken place before, during or after migrating). These encompass social marginalisation, unstable housing situations and poverty, but also trauma and other mental health issues. As such, the needs of these groups differ significantly from those of people who do not have a (recent) migration experience.

Furthermore, migrants who use drugs are not a homogenous group, and should not be treated as such. Undocumented migrants, refugees, and intra-European migrants, all face diverse challenges, even if sometimes partially overlapping. Hence, the policies, programmes and interventions that have an impact on migrant communities should reflect this diversity of backgrounds, needs and circumstances.

A review of existing literature on migration and drug use in the EU 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 CBPR, 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 in responding to the needs of the clients. Other barriers hindered their accessibility as well.

Barriers to access to drug services for migrant populations

The reasons behind migrant's extremely limited access to drug services can be attributed to a range of personal, social and institutional factors. Through the CBPR, we identified these as follows:

Identification documents, formal residence, insurance

Migrants in the EU who do not have officially recognised, updated identification documents and/or experience homelessness often end up in a vicious cycle of problems and dependencies when trying to access healthcare services. In most EU countries, an identification document is required to obtain any health insurance. In several European countries, proof of official residence is required and, where insurance systems are private, a payment of a fee. This puts undocumented migrants who use drugs in an extremely vulnerable position where they cannot exercise their human right to health. For intra-EU migrants, emergency and basic healthcare is guaranteed in all member states against an Identification document. However, oftentimes migrants do not have their (valid) ID anymore.

"Not knowing where to start"

Both undocumented migrants and those who have officially recognised identification documents and a fixed residence reported that they are not aware of the healthcare options that are available for them, being blocked in a limbo where they do not know how to begin seeking support.

(Un)familiarity with harm reduction and local drug laws

People can be unfamiliar with the concept of harm reduction and safer drug use practices, or they might not have sufficient knowledge about the local legal framework regarding controlled substances. In consequence, if a specific behaviour is criminalised in one's country of origin, a person can assume they can be prosecuted for it also in their country of destination. As a result, people sometimes avoid using drug services out of fear of being reported to the police or other authorities, which would likely jeopardise their stay in the country of residence.

Language

Language proves to be a huge barrier for migrants who use drugs to access healthcare, harm reduction and drug dependency services. People express the need for therapists, social workers and healthcare providers who speak their mother tongue (or a language in which they are fluent), or interpreters and mediators to facilitate communication. In a similar way, information/educational materials about substances, mental health and possibilities of treatment are often not available in migrants' languages, making them inaccessible.

Capacity of Services

Harm reduction and drug dependency services can have limited capacity due to a lack of funding, facilities, resources and staff. This can lead to waiting times that are not compatible with the more pressing and diverse support needs of migrants who use drugs. This can discourage some individuals from seeking further treatment. The lack of resources to implement cultural mediation, navigation by peers or professionals, trauma-informed care and other practices can also prevent the service from being tailored (and therefore more accessible) to migrants' needs.

Mistrust

In some cases, migrants might be hesitant to engage with the healthcare system due to a sense of mistrust caused by previous negative experiences that may include having been subject to structural discrimination and violence resulting from, for instance, racism and xenophobia.

Shame and stigma

Shame and stigma around drug use come from society, and it can result in self-stigmatisation and internalisation of shame and the identity of a 'misfit'. In consequence, some people may avoid seeking treatment to avoid situations in which these negative feelings and experiences could emerge.

The role of Harm Reduction in fulfilling the right to health

Findings show that migrants who use drugs are exposed to risk factors that may lead to high-risk substance use and negative health outcomes. At the same time, these communities experience limited access to healthcare, harm reduction and drug dependency services, and can therefore benefit less from them.

The right to access quality healthcare is a universal human right that member states are obliged to respect. However, as clearly shown by the data gathered throughout the SEMID-EU project, in the case of first-generation migrants this right is too often not realised.

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 local healthcare systems. Being often low-threshold and thus more easily accessible, harm reduction services are especially effective in reaching migrants who use drugs and who struggle to access the healthcare they need. Harm reduction services also directly provide or link individuals with other required services. They support migrants who use drugs by offering counselling and, if requested, guidance in seeking further care, drug treatment and other forms of social assistance. Moreover, the non-judgemental nature of harm reduction makes it the most adequate response for people already facing a lot of discrimination due to racism, xenophobia, drug use and possibly other reasons.

While more (disaggregated) data is needed about the situation of migrants who use drugs in the EU, the existing resources and the knowledge gathered as part of the SEMID-EU project show the necessity of better ensuring that the human right to health of these groups is fulfilled. Harm reduction services can play a crucial role in achieving this goal: not only does their work effectively minimise drug-related adverse health and social outcomes, and reduce harms resulting from punitive drug policies, but also it serves as a bridge between (especially street-based) migrant populations and higher-threshold healthcare, social and legal services. Supporting harm reduction services in expanding their capacity to cater to the needs of migrants who use drugs will eventually foster the general well-being of migrant communities in the EU.

Recommendations for policymakers

As a policymaker, there are several steps you can take to enhance the capacity, quality and accessibility of (mental) health, drug dependency and harm reduction services towards reaching migrants who use drugs in the EU. This will contribute to ensuring that the human rights of migrants, including the right to health, are fulfilled.

Upscale the availability and accessibility of (mental) health, drug dependency and harm reduction services

This could be accomplished by:

- Funding and supporting organisations and bodies that offer these services in expanding their capacity, investing in the employment of interpreters, multicultural mediators, peer navigators, and developing cultural and language sensitivity training for their staff;
- Promoting continuity of health and drug-related care during and after one's time in institutionalised settings such as prison, or the asylum system.

Ensure that EU member states meet agreed standards of provision, quality and accessibility for health coverage in relation to migrant populations

To attain this goal, you can:

- Support member states in creating evidence-based, peer-involving protocols to monitor these standards;
- Support member states and local authorities towards the development of a basic set of healthcare services, that include (mental) health, drug dependency and harm reduction services that can be easily and freely made available to all migrants;
- Encourage member states to establish efficient referral procedures to provide migrants with guidance through the healthcare system, and promote linkage between harm reduction, drug treatment services, mental health services and wider healthcare.

Increase the availability of data on the (access to) services for migrants who use drugs in the EU

This can be reached through:

- Funding and supporting the research and monitoring efforts of agencies, networks, organisations and other bodies that collect, analyse and disseminate (disaggregated) data on the topic.

Contribute to eliminating major barriers for migrants to access services

Achieve this by:

- Encouraging and supporting member states in creating user-friendly information packages for migrants available in multiple languages relevant to the migratory contexts, detailing their rights to health, harm reduction, drug treatment, and local drug laws.
- Allocating funds for the translation of information and upgrading of governmental websites in multiple languages relevant to migratory contexts.
- Ensuring that accessing (mental) healthcare, harm reduction and other vital support services does not have consequences on the migration status of people without required documentation or insecure residence.
- Supporting member states in developing protocols to eliminate existing and preventing future discriminating behaviours in health and social services.

Advance policies that facilitate access to care and further support for migrants who use drugs

In particular,

- Reduce barriers to accessing healthcare, such as the requirement of formal residence and possession of officially recognised identification documents to acquire health insurance.
- Recognise the importance of a housing-first approach in supporting migrants who use drugs and improve access to housing support regardless of status.
- Meaningfully include representatives of the relevant communities in decision-making processes on designing and implementing policies that will affect them.

Increase collaboration among & within EU countries to support migrants who use drugs

For instance, by creating an expert committee on migration and health that could share and disseminate good practices Europe-wide.

Advocate for harm reduction principles and practices and contribute to raising awareness against all forms of stigma, discrimination and racism.

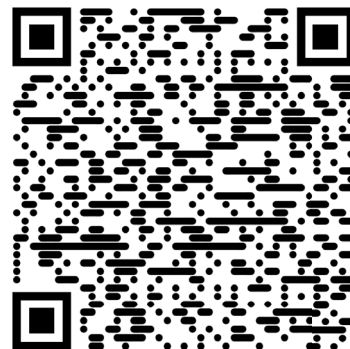
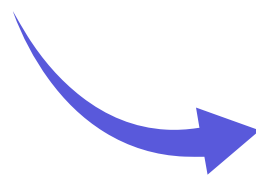
You should:

- Fund and promote relevant campaigns and interventions in all EU member states;
- Endorse the importance of low-threshold harm reduction services 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
- Assessment Tool for Service Providers
- 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



⁴ van Selm, L., White, T. M., Doran, J., Pujol, C., Picchio, C. A., Lazarus, J. V (2022) REPORT on SErviceS for vulnerable MIgrants who use Drugs in the EU (SEMID-EU).

⁵ Van Selm, L., White, T. M., Picchio, C. A., Requena-Méndez, A., Busz, M., Bakker, I., Romero, D., Gayo, R. P., Pouille, A., Vanderplasschen, W., & Lazarus, J. V. (2023). Drug use and access to drug dependency services for vulnerable migrants who use drugs in the European Union: Consensus statements and recommendations from civil society experts in Europe. *International Journal of Drug Policy*, 118, 104087. <https://doi.org/10.1016/j.drugpo.2023.104087>

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