EXECUTIVE SUMMARY

BEYOND BORDERS: EXPERIENCES OF MIGRATION, DRUG USE, HEALTH CARE AND SUPPORT

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Aim and objectives

The overarching aim of the SEMID-EU project is to enhance the well-being of Persons with a Migration background Who Use Drugs (PMWUD) and live in vulnerable situations and to mitigate associated risks and harms. Part of the project aimed at developing an inclusive understanding of local needs and responses in the cities of Amsterdam, Athens, Berlin and Paris, using a Community-Based Participatory Research (CBPR). The CBPR approach included interviews with PMWUD and focus groups with professionals working with the target population.

We tried to identify current and future challenges and good practices in the field of migration and drug use in the EU, based on case studies in four selected capital cities: Amsterdam, Athens, Berlin and Paris. These cities were selected as they host a high diversity of vulnerable persons with a migration background who use drugs (Lemmens, Dupont, & Roosen, 2017). Paris and Amsterdam are for long known as multicultural melting pots, while Berlin and Athens have seen a huge influx of new migrants in the past decade. Hence, these EU capital cities are confronted with the growing presence of diverse groups of PMWUD that face various forms of ill health and encounter limited access to essential harm reduction and drug services. Following research questions will be addressed:

- What are the needs of vulnerable persons with a migration background who use drugs in the selected cities?
- What are core challenges and good practices in the field of migration and drug use in these cities?

Methods

The study applied a CBPR approach consisting of semi-structured interviews with vulnerable persons with a migration background who use drugs (n=98) in the cities of Athens, Paris, Amsterdam and Berlin (20-30 interviews per city) and focus groups in each city with a range of service providers.

Community-based participatory research is a participatory research method that involves all partners in the research process equitably and works with the unique strengths that each partner brings (Collins et al., 2018). From the start to the end of the research process, a team of trained academic, local (practitioners working in the area of harm reduction for PWUD in all 4 cities) and community (peer) researchers collaborated closely. During a three-day CBPR workshop in Ghent, Belgium, the local researchers were trained to perform CBPR research, coordinate and execute the research in their cities, conduct focus groups and train community researchers to conduct interviews. All local and community researchers received a compensation for their time invested in the research.

Participants were recruited by means of purposeful sampling, using a combination of community gatekeepers, venues-based sampling and snowball sampling. Across the four cities, a total of 98 participants were interviewed from 43 different countries of origin and 45 different nationalities. Most participants identified as cisgender men. Eight cisgender women (all Russian-speaking) and two transgender women also participated. Interviews lasted approximately 30-40 minutes and focused on migration background and status, living situation, substance use, physical and mental health, support needs, use of services and encounters with criminal justice and law enforcement. Interview data were transcribed verbatim from the original interview language, translated to English and analyzed thematically by the academic researchers.

In the second phase, focus groups were conducted in each city with a multidisciplinary group of professionals who have experience in working with PMWUD. The focus groups were conducted by the local researchers and focused on support needs, available services, barriers and areas of improvement in supporting PMWUD. Focus group data were translated and transcribed verbatim to English by the local researchers, after which the academic researchers conducted a thematic analysis on each focus group discussion to identify the main themes and topics discussed. The findings were shared with the local researchers, who provided feedback.

Main findings

To understand the specificity, depth and interrelatedness of the findings, we recommend the reader to browse the results of the interviews in each city in the full report and to approach the results with the heterogeneity of the population of PMWUD in mind, both within and between cities.

Many PMWUD who participated in this study were living in precarious situations of **homelessness**, which was mentioned as the main reason for continued substance use, constant cause of distress and a barrier towards legal documents. However, to get access to stable housing, a residence permit is often required. Some good practices of housing for undocumented PMWUD were mentioned in Berlin and Paris. This becomes apparent from the relatively low number of PMWUD living on the streets in Paris, since the social housing program Assore enables PMWUD to reside in a hotel. These differences may also be linked to the composition of the study samples. In Amsterdam, most participants from Maghreb countries were living in more stable housing situations, and it goes without saying that many people from the open drug scenes in Athens were homeless. Several participants occasionally stayed in night shelters, but these shelters were also described as temporal (only in winter or only for a limited number of nights) and insufficient (a place to spend the night, but not a home). Nevertheless, the living situations of study participants indicate that homelessness has a severe impact on PWMUD's future perspectives and may induce a vicious circle of homelessness, unemployment, substance use, health issues, ...

Having a **social network** to rely on came to the fore as an important resource of support, also for finding housing. Yet, study participants have very limited social networks, since their family is often abroad and they are socially excluded due to distrust of others and substance use, homelessness and related stigma within communities and society as a whole. Since it is difficult for PMWUD to rely on own social networks for help on multiple domains, they more often need to rely on services for help. As a consequence, the focus group in Paris mentioned the importance of including community workers in harm reduction services and offering service users a 'place to be' within their community.

A positive finding was the extent to which **basic needs** like hygiene and food were fulfilled among most PMWUD in the four capital cities. Services manage to cover basic needs by offering them places to shower, access to meals or food tickets (Paris). In wintertime, a substantial number of study participants could stay in winter shelters, but at the same time the challenges and stress related to the conditions and temporality of these shelters is a serious issue in all cities.

While equal access to health care is a fundamental right of all human beings, all focus groups mentioned barriers towards **health care** for many PMWUD, such as the lack of legal documents (residence permit, health insurance), stigma and misinformation among health care providers. Many PMWUD had many medical needs, often related to substance use and homelessness. The lack of insurance as a barrier towards health care was often mentioned, although many participants could rely on harm reduction services for urgent medical needs. Most participants had been screened and, if the test was positive, treated for infectious diseases such as HIV, hepatitis and tuberculosis. Regulations with the intention to ensure access to screening and care for infectious diseases clearly pay off.

PMWUD frequently make use of **OAT** in all four cities, but Athens. In Amsterdam and Paris, OAT was available to PMWUD, even to those without official residence or identity documents. In Amsterdam, however, waiting lists may keep PMWUD from accessing OAT. In Berlin, this is not the case and there is an organisation that is able to offer OAT to undocumented migrants. In Athens, OAT is not available for undocumented migrants. Several PMWUD described how OAT had helped them to reduce harmful substance use. Additionally, take-home OAT was mentioned as a prerequisite to be able to work, reducing financial needs and the risk of criminal activities. In Athens, OAT was mainly targeted at reducing substance use and working toward sobriety, whereas in the other cities it was more linked to harm reduction on a personal and societal level such as safe drug use and crime reduction. Also, a few PMWUD asked for specialised abstinence-oriented drug treatment, but this is generally not accessible for undocumented migrants. Culturally sensitive and linguistically accessible information on safe drug consumption was further mentioned as important for newcomers by interviewees and professionals.

While many participants struggled with mental health problems across all four cities, the extent to which **psychological support** was experienced as helpful differed. Moreover, the extent to which participants needed specialized support regarding mental health problems also depended on the root causes of these mental health issues (e.g. precarious living situations, trauma, migration process). Substance use was mentioned as a coping mechanism for dealing with psychological problems. Depending on the root causes of psychological problems, culturally and linguistically relevant specialised psychological support should be provided.

Many PMWUD indicated that they wanted to **work**, but that they could not do so due to homelessness, substance dependence (or lack of take-home OAT) or the lack of a work permit. The focus groups further revealed vicious circles of unemployment, homelessness and drug use. Hence, there is a clear need to decrease barriers towards employment for PMWUD.

Although the majority of participants faced several **legal barriers** toward health care and support services, having an asylum or refugee status, as well as having a permanent or temporary residence status significantly decreased these barriers. Yet, a temporary residence permit was often lost or expired, indicating the instability and temporality of the resources that persons with a temporary residence permit can access. Ukrainian participants who migrated due to the Russian invasion had either a temporal or permanent residence status. In Berlin, Ukrainian PMWUD had access to antiretroviral therapy and OAT, in contrast to some other intra-European migrants. Indeed, research has shown that Ukrainian migrants were generally better welcomed in EU countries than other intra- or extra-European migrants, with easier access to support related to housing, child care and financial support. This double standard has led to frustrations among other refugees who did not experience the same hospitality and opportunities. Yet, the way Ukrainian refugees have been received can also be an example of a good practice that should be further investigated.

In general, it became clear that PMWUD face many barriers towards exercising their basic rights and building a hopeful future. They generally do not want to go or cannot go back to their countries of origin for the reasons that they left their country (war, political prosecution or non-acceptance due to substance use, sexuality or other normative deviations and familial, vocational or financial hardship), in combination with new concerns regarding their living situation, stigma and lack of legal documents. By complicating the opportunities for PMWUD to build up a meaningful future in the countries they stay in, vicious circles of drug dependence, homelessness, unemployment, financial hardship and related crime are perpetuated. Experts and practitioners unanimously plead for more resources, not only to provide basic needs of housing and emergency health care that PMWUD are entitled to, but also to increase opportunities for work, mental health support and recovery. They underscored the importance of culturally and linguistically relevant, integrated and holistic support that adequately addresses the complex, interrelated and cumulative needs of PMWUD. Outreach activities were mentioned as an important part of tailored support for PMWUD. Participants further underscored the importance of systematically erasing (legal) barriers to care and providing other needed resources such as employment.

Discussion and conclusions

Homelessness and poverty amongst migrants has become a matter of growing concern in many European countries, particularly with respect to asylum seekers and refugees, irregular migrants and, increasingly, economic migrants from Central and Eastern European countries (Fitzpatrick et al., 2012). Research indicates that drug and alcohol dependence are strongly linked to both the onset and continuation of homelessness (Fazel et al., 2014). Contemporary perspectives view homelessness as the result of a complex interplay between individual characteristics and structural factors, which encompass the presence or absence of a support system (Fitzpatrick et al., 2012). A formal or informal support system may be particularly hard-to-reach for PMWUD (Pouille et al., 2021). Individual factors that are related to homelessness encompass poverty, early childhood adversity, mental health and substance use issues, a history of personal violence, and involvement with the criminal justice system (Fitzpatrick et al., 2012). Participants across the four cities referred to all of the above factors.

Studies on both migration and substance dependence have adopted the classical hierarchy of needs by Maslow as a useful tool to assess needs of migrants and persons who use drugs (Best et al., 2008; Carta et al., 2005). In Maslow's hierarchy, basic physiological needs must be met before addressing higher-level needs. The results of this CBPR study show that many PMWUD in the European Union are deprived from physiological, safety and belonging needs due to existing barriers on multiple levels. While these lower order needs are presented as the most important ones among the needs of PMWUD, this does not mean that no other needs are at stake. Rather, underlying issues are likely to remain concealed due to these lower order needs and these issues become apparent only when urgent challenges such as substance dependence and homelessness are effectively reduced. Hence, PMWUD will likely present lower order needs as the most pertinent to address and may be more sceptical toward the benefits of addressing higher order needs if they are not compatible with their more pressing needs (Best et al., 2008).

By addressing the challenges of substance dependence, homelessness and trauma that PMWUD face, as well as increasing feelings of hope and belonging (e.g., by offering PMWUD a community and a place to be), opportunities for change and increased wellbeing that enable them to focus on other life domains may arise. This study has shown that harm reduction and other services specific to the needs of PMWUD offer important contributions to the health and wellbeing of PMWUD. The study also showed that these services hold the potential to offer a myriad of material, social and affective resources (Duff, 2010). These services may offer a continuous presence amidst uncertain, unstable and ambivalent health, living and social conditions of PMWUD, addressing physical precariousness but also issues of belonging and connectedness (Brenman, 2021).

The various intersections of precarity that PMWUD face in urban realities imply they are marginalized in many ways, because they complicate and upset established norms, institutions and what is (not) seen as progress throughout their everyday struggles. This marginalization is the result of structural and institutional forces that shape and perpetuate marginalization in everyday life (Thieme et al., 2017). In that regard, Misje (2021) points out that the precarious inclusion of homeless migrants is often restricted to ensuring basic physical survival, albeit in an unpredictable and uncertain manner. This study confirms that legal access to care for PMWUD comes from a moral imperative to alleviate acute suffering, but insufficiently takes into account more comprehensive social rights. Furthermore, access to social rights often depends on multiple requirements, indicating that some persons are considered more 'deserving' of human rights than others (Misje, 2021; Ticktin, 2011). This implicit rationale, which tolerates distinctions in the values of individuals within the same context, seem to be accepted and reinforced by existing regulations within EU countries (Guentner et al., 2016). Ukrainian refugees, for example, have shown to receive much more support in having basic human rights met as compared to other refugees (Haase et al., 2023). Second, persons who formally reside and work in a country and have sufficient financial means, have more access to health care and social welfare services then those who don't. Many PMWUD are struggling financially, physically and emotionally. They face multiple barriers to so-called 'productiveness' (i.e., contributing financially to society through formal work), which has a major impact on ideas of deserving certain social rights (Keskinen et al., 2016). This notion of 'deservingness' may also emerge in the considerations of individual care providers when determining what qualifies as an emergency situation in cases involving PMWUD, possibly contributing to inequity in access to health care and other services for PMWUD (Misje, 2021). Without increasing access to care on a structural, social and personal level, PMWUD are inclined to stay trapped in a vicious cycle of precariousness.

Ensuring access to qualitative and humane healthcare for all PMWUD is a matter of human rights, but could in the long-term also positively affect societies as a whole. First, research indicates that granting access to preventive healthcare for migrants in an irregular situation does not only promote the realization of the right to the highest attainable standard of physical and mental health as established in the International Covenant on Economic, Social and Cultural Rights, but also makes sense economically as it leads to cost savings for governments (European Union Agency for Fundamental Rights, 2015). Second, the challenges that PMWUD face (i.e., barriers to mental and physical health (care), housing, employment, financial resources, belonging, language and knowledge barriers, ...) are also identified as barriers to integration. While some focus groups talked about integration as an important prerequisite for PMWUD to become accepted members of society, it is clear that basic needs to be able to integrate are often not fulfilled among PMWUD. By investing in the fundamental building blocks of integration, governments may increase access to 'productive' members of society (Keskinen et al., 2016; Kraler et al., 2022).

Finally, the harmful consequences of drug criminalization that have a tremendous impact on vicious circles of drug dependence, stigmatization and inequality and hamper opportunities for harm reduction and recovery, call for an open debate on decriminalization of drug use from various perspectives. This discussion should prompt researchers and policymakers to move away from the traditional reluctance to address this subject, which has its roots in long-standing prohibition traditions (Decorte, 2011; Rieder, 2021). A substantial body of research has highlighted the positive outcomes associated with regulated decriminalization of drug use, particularly in reducing the compounded marginalization experienced by persons with drug dependence, especially those already marginalized in society like PMWUD due to various forms of discrimination (Bratberg et al., 2023; Human Rights Council, 2023). Therefore, we probe policy makers and researchers to keep the debate regarding criminalization of irregular migration and homelessness alive, since it has a major impact on the access to rights for PMWUD and the vicious circles of precariousness that PMWUD may face (Commissioner for Human Rights, 2010; O'Sullivan, 2012).

References

See full report for the references mentioned in this document.