

# FACT SHEET

# ADEQUATE DRUG-RELATED RESPONSES FOR MIGRANTS IN ATHENS

Recommendations for policy and practice from the SEMID-EU project

## What SEMID-EU is

SEMID-EU is a project specifically designed to fill gaps in knowledge and practice on drug use in migrant<sup>1</sup> populations 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, for whom institutional, structural, social and personal barriers stand in the way of the fulfilment of their basic human rights.

As part of the project, community-based participatory research (CBPR) was conducted by trained peer researchers in Amsterdam, Athens, Berlin and Paris, focusing on the needs and living/lived experiences of migrants who use drugs.

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 partner that facilitated the CBPR in Athens is [Positive Voice](#), a local association that promotes the rights and health of people living with HIV. They advance and improve HIV-related information, prevention, care and social services for HIV, and provide peer-led harm reduction while advocating for the social inclusion and human rights of HIV+ and/or of people who use drugs.

## What's the current situation?

### Drug use in migrant populations in Athens

The community-based participatory research (CBPR) focused on three main communities selected by researchers. In Athens, participants were:

- **Migrants from Maghreb Arab countries**, who are mostly Greek-speaking, a factor that facilitates their access to services and their overall integration. The reduced language barrier made it very feasible for researchers to interview this group to explore their experiences and needs.
- **Migrants from (other) African countries** (Ethiopia, Egypt, Sudan and Congo) were selected because people who use drugs in this group are particularly hidden as they often do not use or buy substances on the streets.
- **People with a migration experience who reside in the open drug scenes of Athens**, a group whose presence and visibility are growing and who struggle to reach and access drug dependency and harm reduction services. The participants from this group come from West Asia and the Indian subcontinent, and face marginalisation and Islamophobic/xenophobic discrimination from Greek society. In this vulnerable position, this group is highly exposed to high-risk drug use.

<sup>1</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.

Participants from Maghreb Arab countries mentioned the use of heroin, cocaine (sometimes in combination with heroin), sisa (a synthetic, low-cost methamphetamine), cannabis, alcohol and psychotropic medications. Within this group, no participants were enrolled in opioid agonist treatment (OAT) at the time of the interview, and they mostly used drugs on the streets. They attributed their drug use to dependency on substances, and as a survival mechanism to deal with stress, loneliness and dire living conditions. Most of the people interviewed from this group started using drugs in Greece and had not come across some of the substances they use in their countries of origin.

Researchers found that the interviewees from (other) African countries mostly used heroin and (crack) cocaine in combination with cannabis and sisa. One person in the group made use of a drug consumption room (DCR), while the others used drugs mostly in public spaces.

Among the participants who reside in the open drug scenes of Athens, sisa, heroin and poly-substance use were common. Nobody among the interviewees was receiving OAT at the time of the interview, and participants used drugs on the street, or in a DCR. This group described their drug use as motivated by coping with the isolation and boredom they face as people experiencing homelessness, and in one case, by peer pressure.

Several individuals interviewed in Athens reported that experiencing homelessness, unemployment and loneliness led them to use (more) drugs, which eventually pushed them towards criminalisation. This, in turn, confined them to increased marginalisation.

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

For the participants who were interviewed in Athens, **drop-in day centres and shelters** that tend to the fulfilment of clients' **basic needs** (occasional **shelter, food, hygiene**) have been helpful, together with **mental health counselling and treatment, legal and medical support**. Part of the interviewees residing in the open drug scenes of Athens have made use of a local DCR. Only one of the participants in Athens was enrolled in **OAT** at the time of the interview.

More than half of all participants have been previously **tested for HIV and Hepatitis C**. The people who had been diagnosed with hepatitis have been treated. Researchers found that, at the time, one HIV+ person was following a **treatment** regimen, while two other HIV+ people were not.

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

Migrant populations struggle to access harm reduction, drug and wider health services in Athens because of a range of personal, social and institutional factors.

These include:

- 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.
- Obtaining a social security number (AMKA) and a tax registration number (AFM) in Greece requires identification documents, a residence permit and a registered address. These identification numbers are in turn a prerequisite to access national healthcare, other social support services and employment.
- Services are not tailored to and do not prioritise migrants’ needs, and lack resources to implement cultural mediation and navigation by peers or professionals.
- Shame and stigma around drug use, both from society and internalised.
- Experiences of extreme police brutality and discrimination due to substance use, leading to fear of being reported to the authorities when accessing services.

## Getting Started

### **As a Policymaker, this is how you can contribute to the well-being of migrants who use drugs in Athens:**

- Fund and support shelters, drop-in centres, (mental) health, drug dependency and harm reduction services in expanding their capacity.
- Support 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.
- Create protocols to ensure that healthcare authorities and institutions meet agreed standards of provision, quality and accessibility for healthcare coverage in relation to migrant populations.
  - One area that is particularly lacking is that of simultaneous provision of antiretroviral therapy (ART) and opioid agonist treatment.
- Encourage healthcare authorities 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.
- Allocate funds for the translation of information and upgrading of governmental websites in multiple languages relevant to migratory context<sup>2</sup>.
- Defend policies that aim to facilitate access and eliminate barriers to health care such as the need for insurance that depends on formal residence and possession of officially recognised identification documents.
- Recognise the importance of a housing-first approach in supporting migrants who use drugs and expand access to housing support regardless of status.
- Take immediate and firm action to end police brutality against migrants who use drugs.
- Advocate for harm reduction principles and practices and contribute to raising awareness against all forms of stigma, discrimination and racism.

### **As a member of an organisation that strives to support migrants who use drugs in Athens, you can:**

- Integrate migration-informed mental health assessment available in relevant multiple languages in your services, or link clients with other support organisations that offer it.
- Involve professionals such as interpreters, multicultural mediators and peer navigators in the (design and) implementation of your services.
- Dedicate special attention to psychoactive substances and their use practices specific to local migrant communities.
  - In the specific context of Athens: the use of siza, stimulant drugs and heroin use through non-IV routes.
- 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 effects of different substances, safer use, use material distribution, infection prophylaxis and lists of relevant services in the city/region.
- 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.
  - Linkage between different services should be also geographical, as clients might often need support or guidance in reaching facilities.
- Create protocols to eliminate existing and prevent future discriminating behaviours in health and social services.
- Pay special attention to reaching sub-populations of migrants who use drugs that are under-represented in healthcare services due to multiplied marginalisation, and establish special support for those who experience police brutality.

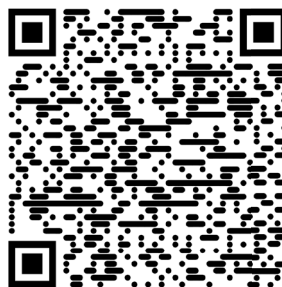
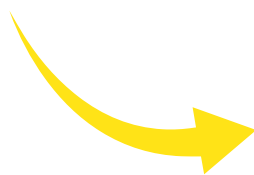
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<sup>2</sup> We suggest English, Arabic, French, Spanish, Italian, Swahili, Kurdish, Farsi, Pashto, Urdu, and Punjabi

## 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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### Title

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