FACT SHEET
ADEQUATE DRUG-RELATED RESPONSES FOR MIGRANTS IN BERLIN

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[1] 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 Berlin is Fixpunkt e.V., a local organisation that promotes the health of people who use drugs through projects such as needle and syringe programmes, low-threshold mobile social work, medically supervised drug use, dental prophylaxis, training, counselling and promoting self-organisation among people who use drugs.

What's the current situation?

Drug use in migrant populations in Berlin

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

- **Russian-speaking (both EU and non-EU) migrants.** This community was included in the research because of the high levels of opiate use among its members and frequent experiences with incarceration and stigma in countries that employ repressive drug policies.
- **Migrants from Maghreb Arab countries** a community that includes many asylum seekers and undocumented people. Individuals in this group are often confronted with a large number of challenges (migration status, housing, employment, language, racism and discrimination) and insecurity (financial, social, and relational). In this vulnerable position, this group is exceptionally exposed to high-risk drug use.
- **West African migrants**, especially from the community that resides in the Görlitzer Park area. Interviewees from this community were frequently in an especially marginalised position (experiencing homelessness, refugees, often undocumented) and unfamiliar with harm reduction strategies and safer substance use practices. Moreover, this community seems to be underrepresented in drug services and wider healthcare services.

[1] 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.

When interviewing Russian-speaking (both EU and non-EU) migrants, researchers found that they mostly started using opiates in their home country and that most of them were receiving opioid agonist treatment (OAT). Participants reported the use of alcohol, cocaine (through injection), crack cocaine, heroin and opioids (through injection), cannabis and psychotropic medications in combination with OAT. Interviewees from this group described that they mostly use drugs in public spaces and, when possible, in a drug consumption room (DCR).

In contrast to the former group, most of the participants from Maghreb Arab and West African countries did not use opioids. Many of the interviewees from Maghreb Arab countries used crack cocaine daily through snorting and smoking, and most of the West African participants smoked crack cocaine, sometimes in combination with cannabis and/or alcohol use. Most participants in these two communities mostly used in public spaces. Not everyone from these two communities recounted where their drug use started, but half of the total interviewees placed it either in Germany or other European countries they had resided in.

Overall, individuals interviewed in Berlin described drug use as a mechanism through which they could cope with psychological problems, trauma, grief, isolation, boredom and the stress resulting from fear of deportation and uncertainty in their migratory situation. Drug use was also reported, on the one hand, as a tool to help survive the harsh living conditions or a necessity for people who lived with drug dependency, on the other.

Access and availability of services for migrant populations

For all three groups of participants involved in the research, **emergency shelters, community housing** and programmes that tend to the fulfilment of clients' **basic needs (shelter, food, hygiene)** have been helpful to some extent. It was pointed out by several participants that shelters sometimes had too limited capacity (e.g., emergency shelters only function during the winter) or could feel unsafe or unsanitary. **Community housing** was identified as a good practice: Russian-speaking participants described it as particularly helpful, as it does not only provide a place to sleep but also **support from social workers, food stamps and a clean environment.**

In the experience of the Russian-speaking participants, harm reduction and other services were made much more accessible when **Russian-speaking counsellors** were present and when the **opening hours** were longer. Moreover, receiving **counselling by the same social worker over time** (instead of several), and having time to build rapport and familiarity with them impacted the outcome of the support received by participants very positively. Russian-speaking participants also reported having benefited from a **drug consumption room** and **mobile harm reduction and social support**. They had had good experiences with **holistic approaches** that combined drug services with counselling, support in finding employment, and opportunities to get involved in voluntary work. **Self-organisations of people who use drugs** were important to several Russian-speaking participants as they helped them connect with people with similar backgrounds and build social networks.

On the other hand, the access of participants from Maghreb Arab and West African countries to (mental) health, drug dependency and harm reduction services was far more limited: less than half of the interviewees were in contact with these services (with the exception of mobile outreach programmes). As these participants mostly did not use opioids, unlike the Russian-speaking group, they did not need to access OAT. However, from the interviews, it emerged that these groups are also not reached sufficiently by other services that could be helpful to them: **DCRs, safer use material distribution programmes, psychological support, counselling and other forms of administrative or medical support.**

Barriers to access to drug services for migrant populations

Migrant populations struggle to access harm reduction, drug and wider health services in Berlin 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.
- To access health insurance (and consequently, healthcare[2]), regular employment and other support services in Germany identification documents, a residence permit and a registered address are required.

- Long waiting times due to limited capacity of the service providers. For example, shelters may only be established temporarily during the winter.
- Shame and stigma around drug use (both from society and internalised).
- Concern about the risk of becoming visible to law enforcement and being legally prosecuted or driven away from the (public) space where one is residing.

Getting Started

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

- 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.
- 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[3].
- 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.
    - In Berlin, it is vital that migrants who use drugs are not driven away (as a result of drug- or nuisance-related measures) from the public spaces where their communities reside.
- 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 Berlin, 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 Berlin: the use of stimulant drugs, snorting cocaine, inhaling crack cocaine and heroin use through non-intravenous 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.

[2] While people without identification documents and health insurance can access some forms of medical support through organisations and solidarity networks, they cannot access wider healthcare.

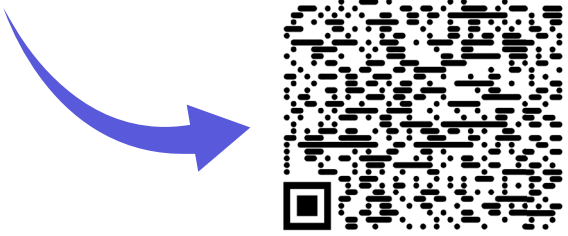
[3] We suggest English, Arabic, French, Spanish, Italian, Russian, other Eastern European languages.

- Create protocols to eliminate existing and prevent future discriminating behaviours in health and social services.
- Support the development and consolidation of self-organisations of migrants who use drugs.
- Pay special attention to reaching sub-populations of migrants who use drugs that are under-represented in healthcare services due to multiplied marginalisation.

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[4]
- Delphi study[5]: 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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