FACT SHEET

ADEQUATE DRUG-RELATED RESPONSES FOR MIGRANTS IN PARIS

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 Paris is Gaïa Paris, a local association that aims to improve the situation of people who use drugs in Paris through services such as needle distribution, opioid agonist treatment, a drug consumption room, a mobile awareness and screening service for communicable diseases and liver fibrosis, and an integration programme.

What's the current situation?

Drug use in migrant populations in Paris

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

- **Georgian migrants**, were included in the research because of their visible presence in local harm reduction services. This community deals with challenges such as migration status, employment, housing, and access to treatment for communicable diseases. Due to language barriers, social workers have reported struggling to reach this group, provide counselling and connect them with relevant services.
- **Non-Georgian Russian-speaking migrants,** who have mostly migrated because of political circumstances and persecution. This community faces challenges similar to those of the Georgian group. The intensity of experienced barriers depends on whether a person is an EU citizen or not.
- **Somali** people most of which migrated due to war and in search of better living conditions. All of them experience homelessness and some are in possession of a temporary residence permit. Housing, loneliness and obtaining officially recognised identification documents and migration-related permits are all challenges that affect this community.

[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 Georgian migrants, researchers found that most of the interviewees from this community used opioid agonist substances, mostly under prescription. Participants used heroin in combination with methadone and Subutex, and combined cocaine, or injection of methadone with OAT medications. Interviewed individuals from this community mostly started using substances in their home country at a young age, and they reported their drug use as driven by dependency on the substance, the necessity of coping with stress, psychological issues, trauma and homelessness.

Among the non-Georgian Russian-speaking migrants who were interviewed, most were enrolled in methadone-based OAT, and in some cases, they combined it with heroin, non-prescription methadone or oxycodone. The majority of the interviewees from this population started using drugs either in their home country or in countries they resided in before migrating to France.

Somali participants mainly injected (crack) cocaine (in one case, in combination with methadone) and smoked cannabis; some of them also used alcohol daily. Their substance use mostly took place on the streets and was identified by this group as a coping mechanism to tackle the stress and uncertainty that come with experiencing homelessness and/or being undocumented. Most of the interviewees in this group started using drugs in Europe.

Access and availability of drug services for migrant populations

For the Georgian and Russian-speaking participants, **drop-in day centres and shelters** that tend to the fulfilment of clients' **basic needs (shelter, food, hygiene)** have been helpful, even though several individuals expressed the need for more long-term solutions. People with refugee status were able to access **social housing. Financial support**, in the form of the Revenu de Soldarité Active (RSA, Active Solidarity Income), was obtained by one participant with a European passport (who described the amount as insufficient to support her and her child) and by another non-EU Russian-speaking participant (before he lost access to identification documents). **Support in securing housing and job training** was also referred to as helpful. On the side of harm reduction, drug and health services, participants from these two groups still presented unfulfilled needs. Still, overall, they had been reached by and had benefited greatly from the work of organisations that provide **basic medical support, OAT, a DCR, testing for HIV, Hep C and tuberculosis, and treatment** for these conditions (especially Hepatitis C). For Georgian participants, services were made much more accessible when a **Georgian volunteer** was part of the staff.

On the other hand, while Somali participants had previously had positive experiences with services that provided **shelter, food, hygiene facilities** and various forms of **administrative support**, at the time of interviewing all of them were experiencing homelessness and framed housing as their top priority. This group mentioned the need for more support in the form of **drug dependency treatment**, securing **housing, employment and identification documents**. Somali participants did not access **testing and harm reduction services** as much as the other two groups.

Barriers to access to drug services for migrant populations

Migrant populations struggle to access harm reduction, drug and wider health services in Paris 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.
- Emergency medical support is provided regardless of migration status in France, but to access wider healthcare and cover the costs of treatment, health insurance is required. People with EU identification documents can receive comprehensive health coverage through the Protection Universelle Maladie (PUMA, Universal Health Protection). Undocumented individuals can obtain essential healthcare through Aide Médicale d'État (AME, State Medical Aid) after having resided in France for three months. However, these forms of insurance can still be difficult to access for people who do not know how to navigate the local healthcare system, especially if they do not speak French.
- Services being held in facilities that are geographically hard to reach, or subjected to long enrolment processes.

- Shame and stigma around drug use, both from society and internalised.
- Experiences of police brutality and discrimination due to substance use and ethnicity, 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 Paris:

- 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[2].
- Recognise the importance of a housing-first approach in supporting migrants who use drugs and expand access to housing support regardless of status.
- 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 Paris, you can:

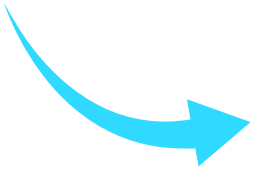
- Integrate migration-informed mental health assessment available in relevant multiple languages in your services, or link clients with other support organisations that offer it.
- Involve professionals such as interpreters, multicultural mediators and peer navigators in the (design and) implementation of your services.
- Dedicate special attention to psychoactive substances and their use practices specific to local migrant communities.
    - In the specific context of Paris: snorting and smoking (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.
    - 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.

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

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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