
MIGRATION
& DRUG USE

SEMID-EU:

MIGRANTS WHO USE DRUGS IN THE EU

In 2022 & 2023, 7 organisations from across the EU came together to study the lives of migrants who use drugs in the EU. SEMID-EU aimed 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 aimed 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 fundamental human rights.

This publication gives an overview of the findings and recommendations of the project and hopes to inspire further reading of its publications.

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.

MIGRATION & DRUG USE

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DRUG USE & MIGRATION
WHAT DO WE KNOW?

IT'S CLEAR THAT THE EU HAS SEEN A RISE IN BOTH DRUG USE AND MIGRATION OVER THE LAST FEW DECADES. BUT WHAT ELSE DO WE KNOW? WHAT, FOR INSTANCE, DO WE KNOW ABOUT DRUG USE AMONG MIGRANTS, OR THIS GROUP'S ACCESS TO CARE?

Europe has a long history of migration, both into Europe and between European Union (EU) member states. In 2020, there were almost 87 million migrants resident in Europe, of which 44 million were born In Europe but had migrated within the region. Between 1990 and 2015, almost 20 million people left the central, eastern and south-eastern regions of Europe, 80% of whom moved to western Europe. In 2015 and 2016, migration to the EU from Middle Eastern and sub-Saharan African countries peaked, driven in part by conflict in these regions. In 2019, 3 million persons were issued a first residence permit in the EU. Finally, in 2022, an estimated 4.5-7.5 million refugees fled to the European Union on account of conflict in Ukraine, which happens to have one of the highest levels of injecting drug use in the world. In addition, self-reported use of drugs and alcohol among migrants and refugees increased by 20% across the globe as a result of the COVID-19 pandemic.

Little information is available on the actual use of drugs among first-generation migrants in the EU who use drugs, nor on their characteristics and access to drug dependency services. Although there is general agreement that substance use prevalence is lower among first-generation migrants compared to non-migrants, data on the levels of illicit drug use among migrants in the EU are scarce and inconclusive.

But when migrants do use drugs, there are several risk factors which make them particularly vulnerable to developing a pattern of problematic drug use. These include:

➔ **Traumatic pre-migration experiences** > war/violence in country of origin or discrimination/violation on the basis of sexual identity, ethnic identity or political convictions

➔ **Traumatic experiences during migration** > the trauma of having to leave home and family behind and dangerous travels and race- and gender-based violence.

➔ **Difficult post-migration experiences** > racial discrimination and stigma, social disengagement, loneliness, alienation, unemployment, poverty and arriving alone in the host country.

WHAT DO WE MEAN WITH...

MIGRANT	All first-generation migrants, including undocumented migrants and refugees.
PEER NAVIGATION	The provision of direct assistance to migrants who use drugs in negotiating health systems and services by people with lived experience of migration and drug use.
MULTILINGUAL CULTURAL MEDIATORS	Individuals who serve as a link between different cultures and social systems and understand the value systems and languages of both cultures.
HIGH-THRESHOLD DRUG ADDICTION SERVICES	Services with restricted use that are not easily accessible for everyone (as opposed to easily accessible "low" threshold services with very few restrictions of use and a client-oriented perspective on service provision).
COMMUNITY SERVICES	Services that "employ" individuals from the community of migrants, people who use drugs or both.

NOT HOMOGENEOUS GROUP
Migrants who use drugs are not a homogenous group, and certain subgroups (defined by gender, socio-economic status, ethnic background, etc.) have less access to drug services than others.

TRAUMA & DRUG USE
Trauma suffered by refugees in their country of origin or experienced as a result of the migration process can act as a powerful catalyst for drug use.

CRIMINALISATION AS A BARRIER
The criminalisation of drug use in a migrant's host country and/or country of origin and the related fear of being reported to the police/authorities when interacting with drug services may be a barrier for accessing addiction and harm reduction services in the host country.

COMMUNITY SERVICES
Community services play an essential role in engaging migrant populations and people who use drugs in healthcare services, groups often considered "hard-to-reach" by health systems.

PEER NAVIGATION
Increasing the provision of peer navigation and number of multilingual cultural mediators for the support of migrants who use drugs in EU member states will increase access to care for this population.

In 2022, a panel of 57 civil society experts on migration and/or drug use, from across 24 EU countries, participated in a three-stage Delphi study to develop statements and recommendations about drug use and access to healthcare services for migrants who use drugs in the EU.

To read the article on this study:
CLICK THIS LINK

For Statements and recommendations:
CLICK HERE

SUBSTANCE OF STRUGGLE

Text: Ingrid Bakker

IN 2022 98 MIGRANTS WHO WERE USING DRUGS IN PARIS, BERLIN, ATHENS AND AMSTERDAM WERE INTERVIEWED ABOUT THEIR LIFES, DRUG USE AND ACCESS TO CARE.

To read the report CLICK THIS LINK

ADRIAN(36) Spain ➡ Amsterdam

LIFE PAIN

"Life's rough patches, really. Mental strain, money troubles, family issues, no job, no roof over the head. Barely getting two, maybe three hours of sleep. Bad food habits. Day in, day out, on your own.Zero socializing. No connections, no social circle. It's either drown the pain in booze or get high, one way or the other."

YOUSIF (38) Tunisia ➡ Athens

WITHOUT HELP

"I have no one here to help me. Alone I will not be able to get a home and a stable job which provides me income. If I had those I would stray away from drugs."

ABDUL (37) male Sierra Leone ➡ Berlin

DEPRESSED

I'm mentally depressed. I'm really fit to do something in society, to work. I'm healthy and want to do something but I'm not allowed. All these things make you mentally sick in your brain.

HASSAN (28) Somalia ➡ Paris

STRESSED

"In 9 years in Europe I haven't been able to get a secure job, an ID nor a home and this made me fall into endless thinking. Then some friends suggested that I take drugs to help cope with the stress."

ANGEL (37) Latvia ➡ Berlin

IN PHYSICAL PAIN

"In Latvia, I was taking strong painkillers after my car accident. I have bad injuries. Since I had no insurance in Germany, no access to a doctor or medication, I started to take heroin as substitution for painkillers."

VICTIM (31) Libanon ➡ Amsterdam

TRAUMATIZED

"After all the traumatic events that I've been through back in my country and after being victimized in my first two years here, plus drugs. Inner peace? I think it will take a lot of time to get to that point."

GUGA (42) Georgia ➡ Paris

CUT OFF FROM FAMILY

"I can't see my children. They don't want a morphine addict father. I am ashamed myself to see them. When I wake up alone in the morning, I do not think about my children. I think where to buy Subutex. Is this life?"

BASKI (48) Georgia ➡ Paris

HOMELESS

"I'm sleeping at the airport. My sleeping hours are messed up and so I use drugs to cope with it all. If I had a house, many things would change. I would give up medicine and drugs, I would take a more serious look at life."

SHUSH (29) Syria ➡ Amsterdam

FEELING UNSAFE

"From the moment I arrived, I was transferred from one place to another. I know that I am living in a safe place, but I haven't felt like I'm "home" yet. Even if you feel safe, the feeling that your family is not safe can affect your own sense of security. That weight stays with you on your back."

SONIA (29) Syria ➡ Amsterdam

ISOLATED

"Here, it is very difficult to make friends. I used to be a social person in the past, and now I am isolated, I am more depressed and afraid of people. Distrusting people makes me escape reality here, and resort to drugs."

HAMID (53) Iraq ➡ Athens

SAD

"Because sadness, sadness, very big sadness, I have no place to stay, a real home. I want to stop using the horse."

Text: Sultan Baghdadi. Photo: Mona van den Berg

JOURNEY TO SAFETY AND ACCEPTANCE

YOUSSEF (31) FLED LEBANON FOR THE NETHERLANDS, SEEKING SAFETY AND ACCEPTANCE, BUT DRUGS TRAILED HIM IN HIS SEARCH FOR BELONGING.

“I was 14 when I began exploring my sexual orientation, and found that I was more attracted to boys than to girls. I lived with my parents and siblings at the time, but didn’t have a great relationship with them. Moving to a different city for my university studies was a turning point in my life. Living with my cousin initially provided some relief, but my struggles with my sexuality eventually began to grow. Lebanese society isn’t very accepting of homosexuality, and discrimination and prejudice were part of my daily life. For instance, I often had to field questions about my sexuality at work. I felt forced to hide who I truly was, which took an enormous toll on my mental health and overall well-being on account of living in constant fear and anxiety. It was so stressful to have to constantly hide the real me from my family, friends and colleagues.

“I FELT FORCED TO HIDE WHO I TRULY WAS.”

At 21, I decided to move in with someone I believed would understand and support me as a partner. It was terrifying being gay in Lebanon, so I sought refuge with him. However, over time, the relationship became toxic, and I had to leave. It was around this time that I started experimenting with alcohol, cannabis and ecstasy, though I tried to keep it under control.

What prompted you to seek refuge in the Netherlands?

The primary reason was my sexuality. As I said, being gay isn’t widely accepted in Lebanon, and members of the LGBTQ+ community face discrimination, harassment and even violence. I yearned to live openly without fear of persecution. The Netherlands, known for its acceptance and progressive stance on LGBTQ+ rights, offered hope for a better future.

Coming to the Netherlands was a bid to find safety, acceptance and freedom. But the reality turned out to be more challenging than expected. While awaiting my asylum decision, I was subject to bullying and violence at the refugee camp. Some of the others would follow me through the corridors of the asylum centre and hurl abuse at me. I was on the receiving end of a lot of hate and anger, which made it hard to relax or get a good night's sleep.

For the sake of my mental and physical well-being, I eventually moved in with another man, who was also from Lebanon. I thought he would take care of me or provide some emotional support. But my life with him was filled with emotional, physical and sexual abuse. On top of that, the whole asylum procedure took two and a half years, during which I couldn’t work or study. I felt stuck in a limbo of uncertainty, and having come from a “safe” country, I wasn't sure I’d be granted refugee status. All the same, I began to explore the gay scene and was introduced to all kinds of drugs. I sought refuge in sex parties, in the hope of experiencing a sense of safety and connection, but my drug use escalated owing to the difficulties I was facing.

How did it go once you got your residence permit?

I thought my struggles were over when I secured my residence permit and accommodation. But it wasn’t long before my past traumas resurfaced. I had to do everything by myself and felt very lonely. I descended once again into drug abuse and risky behaviour. Fortunately, I met someone who cared for me and helped me find the support I needed. The journey to recovery has been challenging, but I’ve learned to get back on my feet whenever I fall down. Now, my hope lies in the possibilities of a brighter future in which I can inspire others to seek help and find acceptance. I want to advocate for the rights of LGBTQ+ refugees and contribute to creating a more inclusive society.”

BARRIERS TO HEALTH CARE AND DRUG SERVICES

MIGRANTS WHO USE DRUGS OFTEN HAVE LIMITED ACCESS TO HEALTH CARE AND DRUG SERVICES. THIS CAN BE ATTRIBUTED TO A RANGE OF PERSONAL, SOCIAL AND INSTITUTIONAL FACTORS.

IDENTIFICATION DOCUMENTS, FORMAL RESIDENCE AND HEALTH INSURANCE

Migrants in the EU who do not have a legally valid proof of identity and/or experience homelessness often end up in a vicious cycle of problems and dependencies when trying to access healthcare services. Most EU countries require a valid identification document for access to health insurance. Similarly, several EU countries with public healthcare systems require proof of official residence for the same purpose. And places with private insurance systems require the payment of a fee. This puts undocumented migrants who use drugs in an extremely vulnerable position, whereby they cannot exercise their human right to health. For intra-EU migrants, emergency and basic healthcare is guaranteed in all member states on provision of a valid ID. However, migrants are often not in possession of their identity documents, and treatments such as those involving metha-done are rarely accessible without insurance.

"NOT KNOWING WHERE TO START"

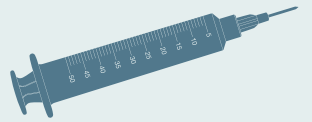
Both undocumented migrants and those with valid proofs of identity and a fixed residence report being unaware of the healthcare options available for them and existing in a state of limbo characterised by a lack of knowledge of where to begin seeking support.

UNFAMILIARITY WITH HARM REDUCTION AND LOCAL DRUG LAWS

Some people may be unfamiliar with the concept of harm reduction and safer drug use practices, or they may lack knowledge about the local legal framework regarding controlled substances. This can happen when a specific behaviour is criminalised in an individual's country of origin, leading them to assume they may be prosecu-ted for it in their host country as well. 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 major barrier to accessing healthcare, harm reduction and drug depend-ency services for migrants who use drugs, many of whom have expressed 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 vein, information and educational materials about substances, mental health and the options for treatment are often not available in migrants' languages, making them inaccessible.



CAPACITY OF SERVICES

Harm reduction and drug depend-ency services may be limited in their capacity owing to a lack of funding, facilities, resources or staff. This can result in waiting times that are incompatible with the more pressing and diverse needs of migrants who use drugs, which can in turn discourage people from seeking further treatment. The lack of resources to implement cultural mediation, navigation by peers or profes-sionals, trauma-informed care and other practices can also hinder the tailoring (and therefore accessibil-ity) of services to migrants' needs.

RESEARCH REPORT

In 2022, 98 interviews were conducted in Paris, Berlin, Athens and Amsterdam with migrants who use drugs, in which they spoke about their lives, drug use and access to care. To read more about their experiences
CLICK THIS LINK

MISTRUST

In certain instances, migrants may be hesitant to engage with the healthcare system owing to mistrust created by previous negative experiences, which may include being victims of structural discrimination and violence resulting from racism or xenophobia.

SHAME AND STIGMA

Shame and stigma around drug use come from society, and can result in self-stigmatisation, the internalisation of shame and the identification as a 'misfit'. This may prevent some from seeking treatment so as to avoid situations that may arouse such feelings.

Author: Ella Bowler

LOST JOB = LOST HOUSING

POLISH MIGRANT WORKERS OFTEN COME TO THE NETHERLANDS ON THE BASIS OF THE SO-CALLED "ALL-INCLUSIVE" WORK AND ACCOMMODATION ARRANGEMENT OFFERED BY EMPLOYMENT AGENCIES. BUT WHAT HAPPENS IF YOU LOSE YOUR JOB?

"My father thinks I am doing well," says Polish migrant worker Daniel (40). "I came to the Netherlands to work but lost my job. I got housing through my work, but it was terrible. Far too many of us lived in a small house, where there was a lot of drinking and drug use. Then I lost my job and therefore my housing."

Each year, an increasing number of migrants from Central and Eastern Europe end up on the streets. Figures from the Barka Foundation, an aid organisation for homeless EU migrant workers, showed that about 2,500 to 3,000 migrant workers lived on the streets in 2021, most of whom were men from Poland and Romania. According to Barka, this group has only grown larger, and may now include up to 5,000 people.

Daniel is at the Pauluskerk, a well-known shelter in Rotterdam. The place is busy. Dozens of people sit at tables, chatting, sleeping, watching movies or eating sandwiches. Polish Aleksander, like Daniel, lost both his job and his accommodation. He had broken his collarbone and could no longer work. "At first, I spoke to my son on a daily basis, but we haven't been in touch lately. My backpack was stolen on the street, so I lost my passport and phone and now have few options."

Taboo

According to Piotr Jackiewic, the Pauluskerk's social worker for EU migrants, migrant workers often know little about their rights and therefore make little use of them. Asking relatives for help is taboo. Polish migrants come to the Netherlands to earn money and return home. In Polish culture, there is a lot of shame around failure, something Piotr is aware of. "That's why many Poles don't dare to go back. People would rather endure a hard time in the Netherlands." This typically includes low wages, cramped housing and long working hours. Exploitation is rife, several Polish migrant workers tell us. "You sometimes have to wait months for your salary, and figure out how to survive in the meantime. But the worst thing is that as soon as you lose your job, you also lose your accommodation."

All-inclusive

"Polish migrant workers often come to the Netherlands for the 'all inclusive' deal," says Piotr. Temporary employment agencies targeting Eastern European migrant workers arrange both work and accommodation. This saves a lot of hassle, but rents are often high, and you're not allowed to seek cheaper accommodation. "As of this year," says Piotr, "employment agencies are no longer allowed to offer work and accommodation packages. The government hopes this will end the 'lost job = lost housing' dynamic."

ASKING RELATIVES FOR HELP IS TABOO. POLISH MIGRANTS CAME TO THE NETHERLANDS TO EARN MONEY.

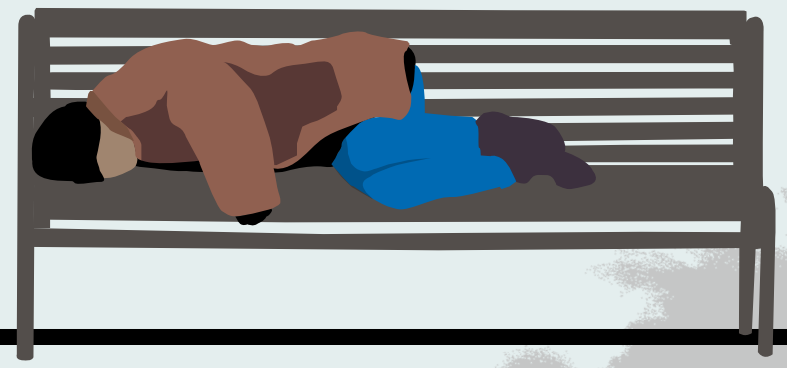
Alcohol

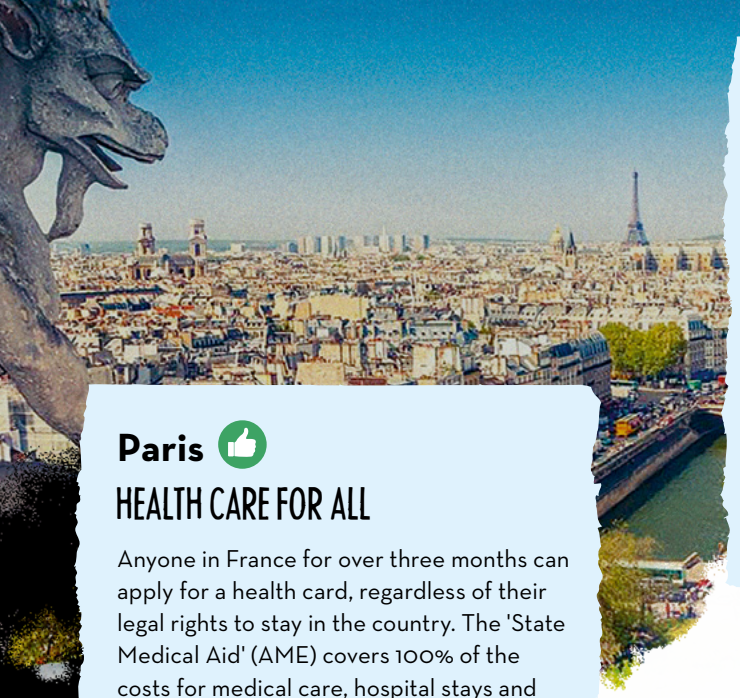
For Polish migrants in the Netherlands, almost everything revolves around work. "You're not just earning money," says one of them, "but you are also keeping busy, which keeps you from thinking about your problems." They prefer not to talk about problematic drug and alcohol use, but it happens. "Many will have used alcohol to cope in Poland, but it often gets worse when they find themselves in a hopeless situation here," says Piotr. Some also start to take more drugs as it's easier to obtain here and provides distraction. There's also the fact that many Polish migrant workers live in villages where there's little to do. Piotr: "Substances are a tempting antidote to boredom, especially when all your housemates do it too."

Drugs also make being homeless bearable. Damien (32): When you're homeless, falling asleep somewhere on the street or in the park with people around you is difficult. Being high on heroin or something else, whatever, makes me more comfortable to be in this kind of place. It is like I wear a blanket, and people cannot see me anymore. It makes it easier being in my current situation."

Miracle

Fortunately, many of those we meet at the Pauluskerk have secured temporary work to see them through spring. Piotr: "Painting, erecting scaffolding and harvesting. But we'll have to see how that turns out. The working conditions are so bad, and some have been homeless for so long, and consequently rely so much on booze or drugs, that they may not be able to keep up with the work." Meanwhile, Daniel is waiting for a miracle: "I hope to someday win the lottery and buy a house with a garden and a garage. Then my father can be proud of me."





Paris

HEALTH CARE FOR ALL

Anyone in France for over three months can apply for a health card, regardless of their legal rights to stay in the country. The 'State Medical Aid' (AME) covers 100% of the costs for medical care, hospital stays and medication, within the limits of the social security rates. This means that in France, migrants can access the same level of care as French nationals. Unfortunately, this system is under political pressure, and the debate about abolishing AME recurs yearly.

Paris

POLICE REPRESSION

With the Olympic Games 2024 in sight, the city of Paris has been intensifying its efforts to – sometimes quite forcefully – remove people who are homeless and who are using drugs from public spaces. The police in France can be very repressive: chasing people away, removing mattresses and tents and relocating camps of people who are homeless to the outskirts of town. Police repression is a huge threshold for help-seeking in migrants.

A PEAK INTO LOCAL REALITIES

Amsterdam

POLICE REFER TO HARM REDUCTION

In general, migrants who use drugs in Amsterdam are quite positive about the Dutch police. They mention that the police regularly refer them to support services and generally treat people with empathy and respect. Amsterdam has several harm reduction services like drop-ins, needle exchange and drug consumption rooms that are accessible to all who need them.

Amsterdam

NO ACCESS TO NIGHT SHELTERS

Homeless undocumented migrants, as well as homeless European labour migrants, have a hard time accessing night shelters. People who sleep on the street often receive fines for this from the police. People who are homeless are not able to pay for these fines. So, fines pile up, and people end up in jail. On top of that, as of winter 2023, only people who can prove they reside in Amsterdam for at least a year get access to winter shelters when the temperatures dip below 0 degrees.

Berlin

WELCOMING CARE FOR ALL WHO NEED IT

The Johanniter emergency shelter, located in the immediate surroundings of Kottbusser Tor and Görlitzer Park (2 drug-use hot spots in Berlin-Kreuzberg), has been an essential place for cold aid in the winter since 2018. There is overnight accommodation, a hot evening meal and breakfast, a clothing storage room, shower rooms, and medical consultations. The service is not only aimed at homeless people but at all people in emergencies. The accepting attitude towards homeless migrants who use drugs is particularly noteworthy. For this reason, many migrants who use drugs from North and West Africa but also European and Russian-speaking countries use the facility.

WHAT HELPS AND WHAT HINDERS THE ACCESS TO CARE FOR MIGRANTS WHO USE DRUGS IN PARIS, AMSTERDAM, BERLIN AND ATHENS?

Athens

ACCESS TO SOME DRUG TREATMENT AND REHAB

Even without some form of "required" identification/documentation papers, migrants and refugees who use drugs can, to some degree, access the drug user "guesthouse" shelter under the Municipal Authorities and some substance-free inpatient and outpatient treatment and rehab units.

Berlin

A SHARP INCREASE IN HOMELESSNESS AMONG MIGRANTS

The number of homeless people in Germany increased significantly in 2022. According to the latest projections by the Federal Association for Assistance to the Homeless (BAGW), the figure was 607,000 last year compared to 383,000 in 2021. Around 50,000 people were living on the streets as homeless people without any accommodation. According to the projection for 2022, 196,000 homeless people had a German passport, and 411,000 were migrants.
The sharp increase is mainly due to the influx of war refugees from Ukraine and the overall increase in the number of refugees in the country.

Athens

BUREAUCRATIC LABYRINTH AND DISCRIMINATION

Migrants from within the EU and refugees from outside the EU often get stuck in the labyrinth of bureaucracy; that is the reality of getting documentation papers that provide full citizenship or an "Asylum card". These are needed to access lifesaving services such as OAT (opiates), ART (HIV) and DAA's (hepatitis C).
On top of that, there is the bigger picture in which refugees/migrants are perceived as a threat to the Greek cultural identity and way of life by a growing number of Greeks. This fuels discriminatory behaviours, which are especially harsh when it comes to drug users.

LOCAL FACT SHEETS

Local fact sheet Amsterdam
Local fact sheet Athens
Local fact sheet Berlin
Local fact sheet Paris

Author: Elisabeth Avril, director of GAIA Paris.
GAIA Paris runs the only drug consumption room in France and is a pioneer in French harm reduction.
Drawings: Mathieu Letellier.

SURVIVING IN A PROHIBITIONIST WORLD

Crack and the presence of its users in public spaces are increasingly being seen as a nuisance in our unhappy urban societies, whose members already feel terrorised by the future, insecurity and the foreign "other". In Paris, the bulk of crack consumption takes place around Porte de la Chapelle. This area has become a haven for crack users, many of whom are homeless and live in the surrounding vicinity. Their crack use governs their lives, enabling them to survive in extreme conditions defined by exhaustion, bad weather, illness, violence, rape and humiliation.

They face harsh judgement from society, which denies them any humanity, and are portrayed in the media as lawless zombies who will do anything for a fix. The more humane-minded are calling for the State to intervene in some way to make the phenomenon disappear. Political leaders have neglected harm reduction services, despite their validation by science and research, opting instead for repressive measures. The situation is dire, with violence, deteriorating health and delayed care plaguing the users.

The harm reduction centre at Porte de La Chapelle is housed in containers located on a plot of land adjacent to the City of Paris waste collection centre, and under an access ramp to the ring road. This unique situation of isolation and pollution is invisible to local residents. Despite these unfavourable conditions, we continue to welcome and care for people who have little access to harm reduction services and whose needs are enormous.

Traumatised

Around 300 people frequent the centre each day. Outside the centre is a constant coming and going of people selling and consuming crack. The crack users are from various backgrounds but consist mainly of traumatised migrants and disenfranchised women. They are heavily dependent on crack cocaine, which they often consume alongside other substances such as alcohol. Survival in this extreme environment means enduring exhaustion, violence and humiliation. The atmosphere is explosive. Not a day goes by without a fight occurring outside the centre, or without a situation serious enough to warrant intervention by the fire brigade or the police.

Fire brigade

We aim to meet the needs of crack users, but our resources are stretched thin. Our services – breakfast, hygiene, rest, care, access to rights and support – are provided in degraded form. Our staff faces an overwhelming influx of people each day, making it challenging to provide individual care. Nevertheless, the centre meets a real need, and our team of professionals keeps finding ways to weather the storm. We respond to the most urgent needs and act as a harm reduction "fire brigade". The people in our care suffer from deteriorating health, physical injuries, fractures and pathologies whose diagnosis and treatment are constantly delayed. We provide medical care, psychiatric support and addiction treatment, albeit with limitations, and collaborate with other organisations to address tuberculosis and hepatitis B and screen for STIs. Our social workers help users access their rights and navigate administrative processes, however, stable accommodation is scarce, exacerbating the challenges faced by these individuals.

Survival

In addition to formal services, the rest area fosters social connections and provides respite from the streets. Users can chat to, and support, one another, and regain a sense of humanity. However, the consumption of crack cocaine and alcohol is forbidden on the premises. Despite evidence supporting low-risk consumption rooms, the official discourse remains out of touch with reality. Consequently, the authorities refuse to allow us provide a drug consumption room. Meanwhile, zero-tolerance policies and repression continue to fuel ever greater consumption and violence.

Surviving in a prohibitionist world necessitates a shift towards a pragmatic and pro-active harm reduction policy. The centre at La Chapelle should be seen not as a mere sticking plaster, but as a comprehensive solution to the multiple needs of users. Political leaders must recognise the importance of harm reduction services and prioritise the well-being of these vulnerable individuals. By adopting a compassionate and pragmatic approach, we can mitigate the harms caused by drug addiction and create a more humane and supportive society.

MEETING THE NEEDS OF MIGRANTS WHO USE DRUGS

Existing services for physical and mental health, drug dependency and harm reduction are often insufficient to the specific needs of people with a migration experience. Not only are the needs of migrants who use drugs complex and different to those of non-migrants, but these needs also differ across migrant sub-populations.

At the same time, organisations that work with migrants are often unaware of drug use issues in the communities they serve or lack the capacity to address them effectively.

Time to learn from each other and join forces.

WHY FOCUSING ON MIGRANT COMMUNITIES?

Migrants who use drugs are exposed to risk factors that can lead to high-risk substance use and negative health and social outcomes. And migrant communities encounter significant barriers that prevent their access to services for physical and mental health, drug dependency and harm reduction.

It is not enough for drug-related services to provide harm reduction interventions that adopt the blueprint approach applied to their domestic clients. It is important to take into account the very specific needs of migrants who use drugs and the challenges they face. These needs include trauma-informed psychological care and advice regarding their immigration status, and help regarding housing and other legal-administrative procedures.

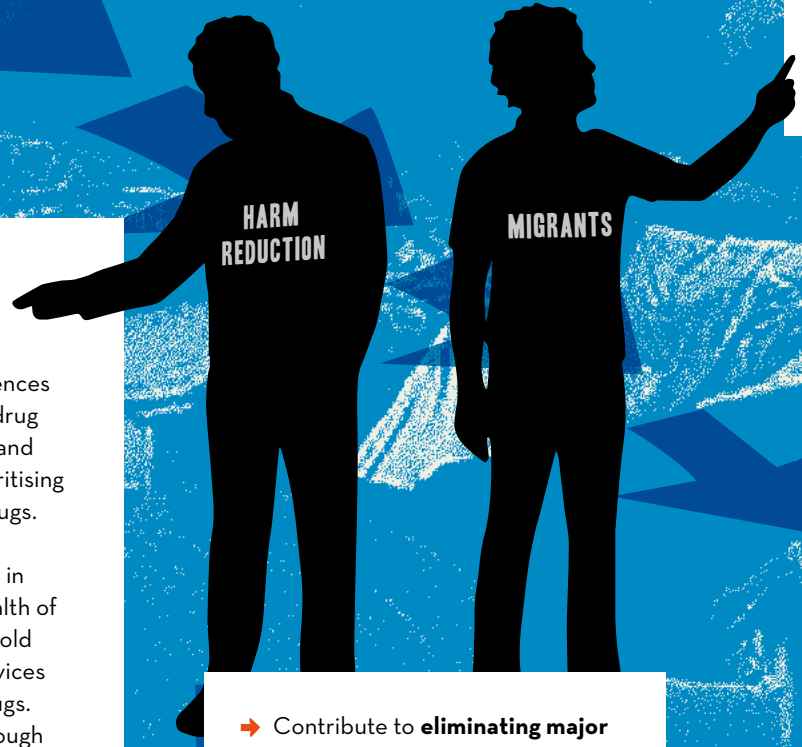
But not all migrants who use drugs have comparable experiences: undocumented migrants, refugees, economic migrants and migrants from within the EU all have to deal with a diverse range of challenges that don't necessarily overlap.

FACT SHEETS AND POLICY RECOMMENDATIONS

Policy recommendations
➔ CLICK HERE

General fact sheet for **organisations that work with migrants**:
➔ CLICK HERE

General fact sheet for **harm reduction organisations**:
➔ CLICK HERE



WHY HARM REDUCTION?

Harm reduction is an approach that aims to reduce the negative health and social consequences associated with drug use and counter 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.

Harm reduction has proven to be very effective in responding to the needs and promoting the health of migrants who use drugs. Being often low-threshold and more easily accessible, harm reduction services play a key role in reaching migrants who use drugs. 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, knowledge of the local healthcare system or access to said knowledge.

➔ Contribute to **eliminating major barriers** for migrants to access your services and conduct **a review** of your services to evaluate whether there are barriers to their access for migrants who use drugs.

➔ Make sure services are **trauma-informed**, **culturally sensitive** and available in relevant **multiple languages**.

➔ Integrate **mental health assessment** and **harm reduction/migration** informed practices in your service, or **link clients** with other support organisations.

➔ **Document your work** around integrating support for people who use drugs in your services and **request recognition, compensation and support** for capacity expansion from funding bodies.

➔ **Involve peers** (that is, migrants who use or have used drugs) in the development and implementation of your services.

➔ **Develop and disseminate** user-friendly **information** packages for migrants in **multiple languages** relevant to the migratory context, detailing migrants' rights to health, harm reduction services, drug treatment options and the local drug laws, along with information on the effects of different substances, safer use, harm reduction material distribution, infection prophylaxis and lists of relevant services in the city/region.

MEDIATING MIGRANTS

MIKHAIL KHOR MIGRATED FROM BELARUS TO BERLIN TO OBTAIN MORE EFFECTIVE CARE. HE BEGAN HIS ACTIVIST JOURNEY WITH BERLUN IN 2017 AND CURRENTLY WORKS WITH THE BERLIN HARM REDUCTION ORGANISATION FIXPUNKT AS A PEER VOLUNTEER AND COORDINATOR FOR EASTERN EUROPEAN MIGRANTS WHO USE DRUGS.

What was your experience with drug use and access to care prior to moving to Berlin?

"The quality of medical care I received in Belarus following my diagnosis with HIV was inadequate, which can be attributed to chronic underfunding. The provision of anti-retroviral therapy in Belarus isn't geared towards improving the quality of life of people living with HIV, but rather to manage their symptoms as minimally as possible. As a result, I experienced a lot of side effects, which eventually forced me to switch jobs. Moving to Berlin helped me access treatments and services that genuinely focused on my well-being. These included psychosocial counselling, syringe exchange programmes and opioid agonist therapies, alongside anti-retroviral treatment.
I became quickly aware that I was one of many Eastern European migrants in this scene. Eastern Europe has the fastest growing rate of HIV infection in the world. This pertains especially to people who use drugs and those who are incarcerated, populations with a great deal of overlap given the criminalization of substances. Many Eastern European governments pursue actively discriminatory policies against these individuals, many of whom consequently move to Berlin, as I did."

Text: Sofija Podvisocka. Photos: Muhammed Jadama

Was this why you set up a self-help project?

"Yes. Much of my work has involved facilitating community support. This began with my first initiative, BerLUN, which I launched when it became clear that the sheer number of Eastern European migrants in Berlin necessitated the support of peer workers with an understanding of their background. Through this peer network, we were able to help clients overcome the language barrier by accompanying them to their counselling sessions, translating documents of all sorts, and providing a safe space for people to share their experiences.

It helps that Berlin already had a decent infrastructure of existing services for people who use drugs. And that a lot of these services can be accessed quite easily by migrants as they do not require proof of citizenship. The real challenge for us is to make these services accessible for people who do not speak the language, whether through raising awareness of said services, translating relevant documents or providing moral support to clients by accompanying them to their appointments."

And what does your current work involve?

"I do similar work for Fixpunkt, but with some added responsibilities. I help with outreach projects in Berlin's most populous drug use areas, using the experience gained from the self-help project and from working with peers. This outreach work includes the provision of anonymous testing and medical consultations, as well as a monitoring project through which we engage more closely with the needs of a specific population.

Using peer workers helps build the trust necessary to promote harm reduction effectively and explain how it can help people improve their quality of life.
It also helps us identify local service gaps.
I've recently also began working with Ukrainian refugees. The government's efforts to expedite their documentation makes it a lot easier to help them access medical services. However, an outreach programme remains necessary to ensure their awareness of the various services available to them and to help them overcome the language barrier. To this end, we distribute flyers in multiple Eastern European languages and offer a hotline for Ukrainian refugees, alongside our chaperone service and translation work. This project encapsulates the essence of the peer network, which is to enable increase accessibility to harm reduction services on the basis of support provided by someone who has been in the client's shoes."

Text: Machteld Busz

HARM REDUCTION, A HUMAN RIGHT

Embracing harm reduction isn't just a lofty goal, it's a fundamental human right. The right to health knows no bounds, and extends to every individual regardless of their background or circumstances. It means that everyone should have unfettered access to essential health services, without being burdened by financial constraints.

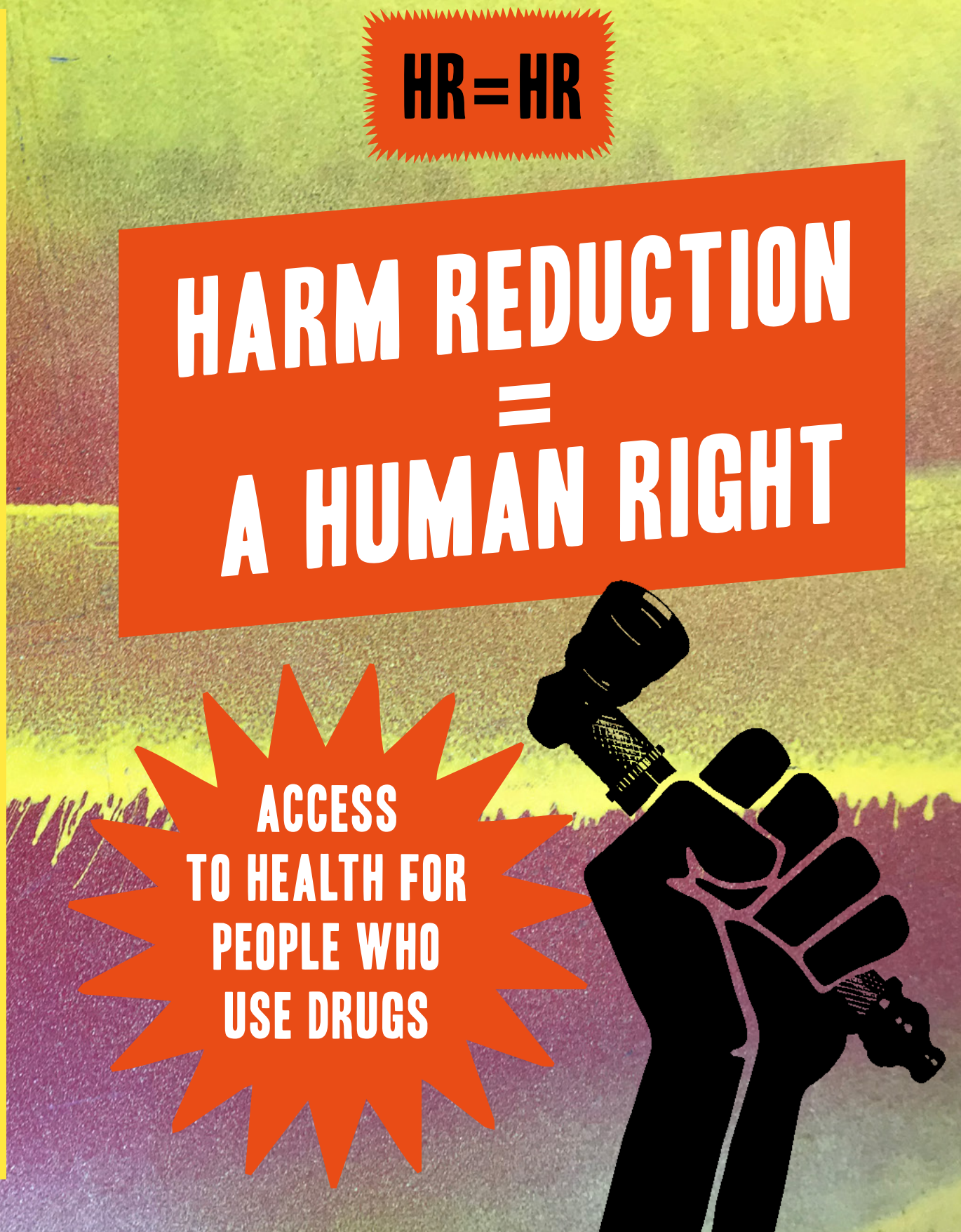
This principle extends to marginalized migrants within the European Union who use drugs. Harm reduction services are their lifelines, and we must ensure that access to these crucial services is unimpeded.
This means providing:

- ➔ Access to drug consumption rooms
- ➔ Access to needle and syringe programs
- ➔ Access to low-threshold health services
- ➔ Access to opioid agonist treatment
- ➔ Access to evidence-based drug treatment
- ➔ Equitable access to all healthcare services

Moreover, the right to an adequate standard of living is non-negotiable.
It guarantees that every person, including marginalized migrants, documented or otherwise, has access to the basic necessities of life.
This includes:

- ➔ Access to nutritional support
- ➔ Access to a shower and clean clothes
- ➔ Safe shelters, including overnight accommodation
- ➔ Housing-first programs that prioritize stable housing

We must also advocate for the broader human rights of those with a migration background who use drugs, such as the right to a fair trial and freedom from harassment and abuse. Harm reduction is a cause that transcends boundaries, and it's our collective responsibility to hold our governments accountable for its provision, thereby ensuring its eventual accessibility to everyone.
Join us in championing these fundamental human rights.
Together we can make a difference in the lives of those who need it most.



CHECK YOUR SERVICES!

RESPONDING ADEQUATELY TO CHANGING NEEDS MIGHT REQUIRE ADJUSTMENTS TO SERVICES AND THE EXPANSION OF LOCAL COOPERATION. BUT WHERE TO START? USE THE SERVICE DESIGN CHECKLIST FOR ADEQUATE DRUG-RELATED RESPONSES FOR MIGRANTS IN EUROPE.

HAS THE LOCAL CONTEXT BEEN ANALYSED TO IDENTIFY THE TARGET COMMUNITIES AND ASSESS THEIR NEEDS?

IS ASSISTANCE ON LEGAL AND BUREAUCRATIC ISSUES PROVIDED?

MIGRANTS

CHECK **SERVICE DELIVERY**

to ensure the availability, accessibility and quality of care services that meet the diversity of needs, preferences, values and lived experience of the individuals and communities they serve.

Design Stage

Services Provided for Harm Reduction and Drug Dependence Treatment

Services Provided for Mental Health Assessment and Care

Other Support Services

Accessibility & Adaptation

CHECK **LINKAGE TO OTHER SERVICES**

to ensure cooperation between harm reduction services, services targeted at migrants, and other health and support services.

If the following services are not provided, are clients referred to other services that can address these needs?

Harm Reduction & Drug Dependence Treatment

Mental Health Assessment and Care

Other Support Services

ARE PEERS (PEOPLE WITH A SIMILAR BACKGROUND AS THAT OF THE TARGET COMMUNITY) INCLUDED IN THE STAFF?

CHECK **HEALTH WORKFORCE**

to prevent and address discrimination and ensure workforce is enabled and prepared to deliver the service.

Education and Training

Accountability

Peer Involvement

DO WE HAVE MIGRATION- AND TRAUMA-INFORMED MENTAL HEALTH ASSESSMENT AND CARE IN MULTIPLE LANGUAGES?

HARM REDUCTION

MIGRANTS

CHECK **CAPACITY**

to ensure that services have sufficient capacity to meet the needs of the communities they serve.

ARE THE SERVICES SUFFICIENTLY AND SUSTAINABLY FINANCED ON THE BASIS OF THE NEEDS OF THE COMMUNITIES THEY SERVE?

ADEQUATE DRUG-RELATED RESPONSES FOR MIGRANTS IN EUROPE

Service Design Checklist:
CLICK HERE


Correlation
European
Harm Reduction
Network
MAINline
GHENT
UNIVERSITY
Fixpunkt
Gaïa
Paris
ISGlobal
Barcelona
Institute for
Global Health
θετική φωνή
άνθρωποι+HIV
Funded by
the European Union