



# Scarce information on substance use by migrants in Europe

## Lisbon Addictions Conference

Lisbon, October 23, 2019

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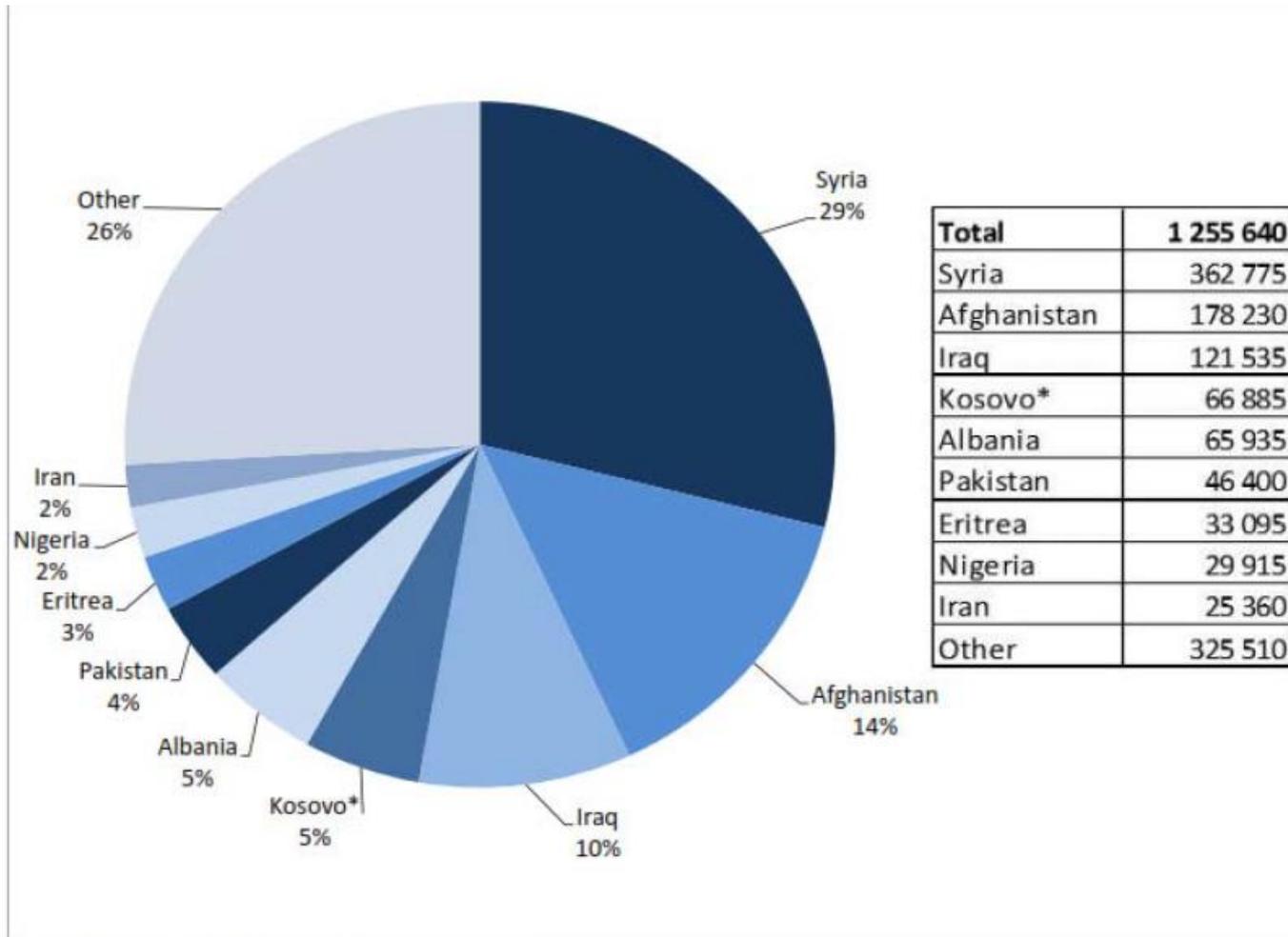
# Migrants, asylum seekers and refugees: an overview of the literature relating to drug use and access to services

Background paper commissioned by the EMCDDA for  
Health and social responses to drug problems: a European guide

Coll. Hans Dupont, Inez Roosen

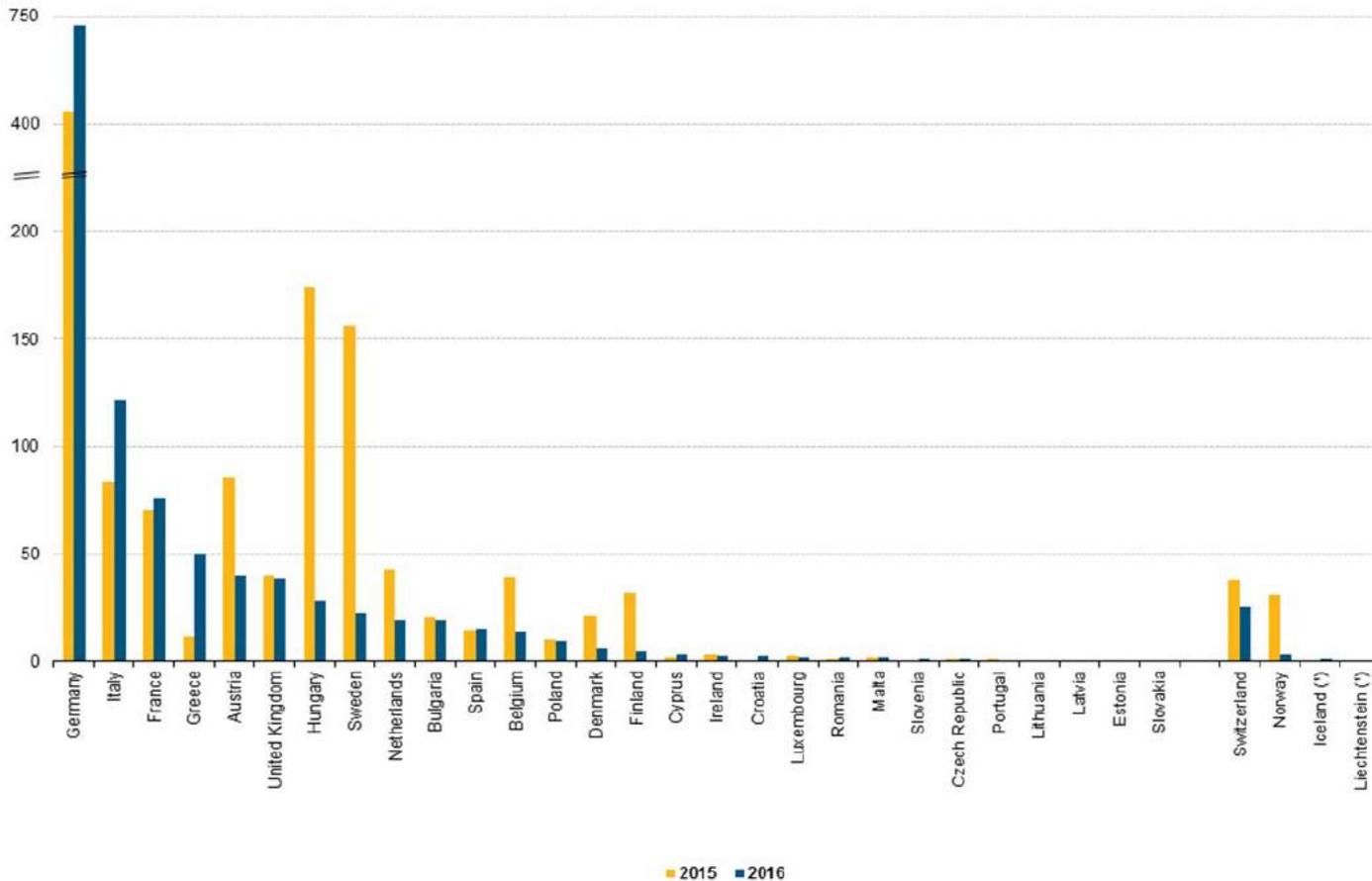
## CAPHRI School for Public Health and Primary Care

### 2016 Asylum seekers



# CAPHRI School for Public Health and Primary Care

## Where did they go ?



## History repeats itself

- 1.2 million over 2015-16
- earlier peaks in 1992 - 672 000 applications in the EU-15
- 2001 - 424 000 applications in the EU-27
- conflict regions
- 90s, mainly Yugoslavia
- recent NL (UM) study: very few returned
- integration, assimilation

## History repeats itself ?

- caveat: validity of research on migrants in the past is limited
- generalisability of past research on health, healthcare utilisation and drug use
  - period and cohort effects
  - cultural values and practices, reasons for migration
  - registration
  - instruments

## categories of migrants

- immigrants,
- economic migrants,
- labour migrants and student migrants,
- refugees,
- internally displaced persons,
- unaccompanied minors,
- sans-papiers (undocumented migrants),
- asylum seekers

# characteristics

- young
  - 80% , 35 years old
  - IT: >80% between 18-34 years old
- male
  - 70%
- healthy migrant paradox
  - most migrants are in relatively good physical and mental condition, particularly as regards chronic conditions
  - tuberculosis, hepatitis A infections and injuries more prevalent

## scarcity of research on alcohol and drug use some conclusions

- NL
  - little evidence of abuse
  - except subgroup of Maghreb Ass (think new year's eve, Cologne)
  - incidental: some problem cases in addiction treatment
- 'setting' factors are more important than 'set' factors in drug and alcohol use patterns of migrants
  - drinking to cope with trauma
  - drinking to cope with boredom and frustration
  - drinking as a social experience
  - social situation more important determinants of health outcomes than genetic, ethnic, 'racial'
- time spent in hostile conditions in the host country
- children of parents who were less well acculturated or integrated
- poor knowledge about and access to drug treatment services
- religion seems to be a protective factor

# résumé

<b>Risk factors</b>	<b>Protective factors</b>
Being single	Being a devout Muslim
Coming from an alcohol culture (e.g. Yugoslavia), a khat culture (e.g. Somalia) or an opium culture (e.g. Iran)	United with family
Boredom, unemployment	Integration into the new society in terms of language, employment or other activities
Traumatic experiences	Good physical and mental condition
Poverty	Early identification of mental health needs and availability of psychosocial services
Poor knowledge about treatment services	

Sources: Westermeyer, 1996; James et al., 2000; Fountain et al., 2004; Pearce et al., 2004; Dupont et al., 2005; Spooner, 2005; Mladovsky, 2007, Horyniak et al., 2016.

## refugee paradox

- healthy immigrant effect: refugees experience more mental issues, but less likely than other groups to develop problems with alcohol or illicit drug use
- lengthy procedure associated with a higher use of mental health and drug addiction services
- the use of health services is low compared with the prevalence of psychiatric disorders
- poor knowledge about and access to drug treatment services
- limited availability of specialised staff and treatment services
- screening procedures

## Dupont hypothesis

- post migration, cultural practices of the country of origin tend to continue in the host country
- these factors are more significant than past trauma in accounting for alcohol and drug use patterns in the asylum seeker population
- practices usual in the home country may not be sustainable in the new European context
  
- Khat among Somali
  - UK and NL ban (2013) against advice (symbolic crusade)
- Opium among Iranians (& Afghani)
- Alcohol among Yugoslavians

## access to health care services

- lack of comparable registered data on hospital, outpatient, addiction care (Charlotte)
- more mental problems, less utilization, yet ..
- BE: migrant status seems to be irrelevant once the other risk factors are accounted for
- low levels of cultural competency and a lack of language and general communication skills (A. de Swaan's proto-professionalisation)
- health literacy

## Responses

### Lisa Ploeg (2015)

- lack of a general policy addressing specific migrant health issues
- cultural barriers, as evident in language problems and differing understandings of addiction
- staff readiness and competence to work with immigrants
- lack of resources
- lack of information on migrants' drug and alcohol use (i.e. a lack of monitoring)
- lack of efforts to ensure migrants' integration

## conclusion

- substance misuse not prioritised in delivering healthcare to newly arrived asylum seekers
- rates of substance use are generally low
- limited availability of mental health and addiction services for traumatised or otherwise mentally ill asylum seekers
- Improvements:
  - access to healthcare,
  - screening for mental health problems
  - training staff
- research on tailored treatment and prevention efforts
- research how practices, cultural expectations and use patterns of the country of origin and the host country interact post-migration

## wider scope issues

- migration issues have had a negative impact on the popularity of the EU project as a whole
- Turkey deal may not live forever
- evidence for assumption that migration offers opportunities for criminals to open a new drug trafficking route is rather meagre, yet ..
- drug trafficking and crime often presented as threat from specific ethnic groups