

Migrants & ethnic minorities in EU drug treatment

Practices aimed at increasing reach, access & retention

“some [MEM] may be more vulnerable to substance misuse for reasons such as trauma, unemployment and poverty, loss of family and social support, and the move to a normatively lenient setting” [EMCDDA, 2019, p. 9](#)

34 PRACTICES

CAVEATS IN RESEARCH AND POLICY

In Europe and Belgium, research on drug treatment service use among varying migrant and ethnic minority (MEM) populations is scarce. Although indications of service disparities among these populations are emerging, drug policies are not specifically aimed at migrants and ethnic minorities. (Burkhart et al., 2011; Fountain, 2013; Lemmens, 2017).

ACCESS

- Some migrant and ethnic minority (MEM) populations, especially refugees and asylum applicants have limited access to European drug treatment services ([Cuadra, 2012](#))
- Non-nationals are overrepresented in methadone substitution in Belgium compared to their representation in the population ([Blomme et al. 2017](#))
- Non-nationals are underrepresented in residential services (i.e. therapeutic communities in Flanders) and ambulant services (aside from OST) ([Blomme et al., 2017](#))
- Non-national clients are older at first intake and have a lower socio-economic status compared to Belgian clients, especially non-EU nationals ([Derluyn et al., 2008](#); [unpublished Belgian Treatment demand indicator analysis 2012-2014](#))
- Language is an exclusion criterion in some Belgian residential settings (unpublished, [De Kock et al., 2017, 2019](#))

RETENTION

- Exploratory studies point out lower retention rates among some MEM populations ([Derluyn et al., 2008](#); Mortier, 2017)
- Growing influence of ‘culturally sensitive treatment’ ([Bombeecq et al. 2019](#)), but little outcome studies on whether ‘culturally competent’ approaches work to reduce disparities ([De Kock, 2019](#))

REACH

- Knowledge about drug treatment services is limited among some MEM (i.e. Intra-European migrants and refugees)

DOMAIN

- Mainly harm reduction
- Less prevention, early intervention & treatment

GOAL

- Mainly access and reach oriented
- Little to none of the practices aimed at retention
- Besides access, reach and retention, practices also focus on tackling social vulnerability

POPULATIONS

- Varying interpretations of ‘MEM’ populations
- Little practices aim at (undocumented) refugees & intra-European migrants
- Northern and Western states: ‘non-nationals’ & labour migration related backgrounds

EVALUATION

- Half had positive outcomes (attendance rates)
- over 80% was not based on previous practices
- Half of the practices had not been evaluated
- Only a small minority has a manual available

POLICY ORIENTED RESEARCH QUESTION



Which inspiring practices are used in European drug treatment services to increase access for, reach and retention of MEM populations that can inspire Belgian drug treatment?

- **What are the main goals: reach, access and / or retention?**
- **Which are the targeted populations?**
- **In which domain are these practices located (prevention, treatment, harm reduction)?**
- **(how) Are these practices evaluated?**

→ Input for a ‘Guidebook for accessible and intercultural drug treatment’ in Dutch and French

METHOD: Survey distribution

- 15 core questions: 9 multiple choice and 6 open ended questions
- Dissemination in two waves to 33 European drug treatment related networks (based on an updated list of [Fountain \[EMCDDA\], 2013](#))
- 84 purposively sampled EU contacts
- Coordinators of 14 EU wide projects on migrant health

Broad Inclusion criteria

- Aimed at increasing access for, reach and retention of MEM in treatment
- Practices: interventions, projects, (small) service actions, measures, policies

Limitations

- Broad inclusion criteria: hard to discern trends across the practices
- Sampling bias (overrepresentation of Portugal, Czechia)
- Limited time frame of the survey
- Exclusion of Belgium (discussed separately in the MATREMI report)



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Ghent University recently created an informal research network on access to treatment, recovery and judicial referral among migrants and ethnic minorities. This network involves Prof. Dr. Tom Decorte, Prof. Dr. Wouter Vanderplasschen, Prof. Dr. Freya Vander Laenen, Prof. Dr. Colman and researchers Charlotte De Kock, Aline Pouille and Eva Blomme.

CONCLUSION & REFLECTION

Mainly *ad hoc* access and reach oriented practices

Little to no practices aimed at retention in treatment

Little evaluation research and evidence-based practice

Little practices in residential high threshold treatment → what about outreach in a recovery and community based perspective? (cfr. [Priebe et al., 2016](#))

Country representation comparable to the [EMCDDA prevention profiles](#)

There is a need for...

- Early (brief) intervention among refugees ([Kane & Greene, 2018](#)) & innovating residential treatment to cope with diversity in society
- Targeted prevention aimed at increasing knowledge about treatment ([Kohlenberger, 2019](#); [Butler, 2016](#); [Priebe et al., 2011](#))
- Addressing social needs among varying MEM ([WHO, 2018](#); [Priebe et al., 2016](#))
- Targetted policy support for tackling MEM (mental) health and substance use related issues ([WHO, 2018](#); [Burkhart et al., 2011](#))

We need to think about how we can...

- Share expertise on early intervention in asylum centres and camp settings
- Disseminate and improve existent practices among professionals
- Support professionals in conducting and disseminating (low threshold) evaluation

Some examples of the identified practices

DMB project , Tovarna ROG (Ljubljana, Slovenia): outreach work with migrants that use drugs, support, dissemination of Naloxone and paraphernalia

Opioid Substitution Treatment, ARAS, Romanian Association Against Aids (Bucharest, Romania): methadone substitution treatment, testing for HIV and hepatitis, social and psychological counselling, general medical check-ups

ADV Rehabilitation und Integration gGmbH Projekt NOKTA (Berlin, Germany): intercultural drug treatment: individual therapy plans in residential treatment for men with a migration background

Native Videotranslation during treatment, Verein Dialog (Vienna, Austria): diagnosis and counselling for drug addicted immigrants