European Monitoring Centre
for Drugs and Drug Addiction

Migration and drug use in Europe.
An emerging research domain

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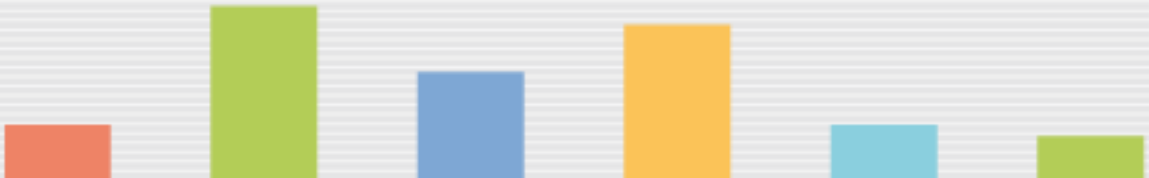
Lx Addictions, Lisbon



EMCDDA – who we are

European Monitoring Centre for Drugs and Drug Addiction

- Decentralised EU agency
- Established in 1993
- EU reference point on drugs

EMCDDA – what we do

- Provide factual, objective, reliable and comparable information at European level concerning drugs and drug addiction and their consequences

- Offer information on best practice in the EU Member States and facilitate exchange of such practice between them.

EMCDDA – how we do it

- REITOX: network of National Focal Points: 28 Member States, Norway, Turkey
- Experts networks, scientific organizations, international organizations…
- Collect, register and analyse information on emerging trends

Health and social responses to drug problems: A European guide

ALL AVAILABLE BRIEFINGS WILL APPEAR HERE. LIKE MAGIC. AS ICONS. IT WILL USE A VIEW.

Overview
Issues, main options and European picture

Evidence
What does the available evidence say?

Implications
Implications for policy and practice

Issues

Europe has a long history of migration and the diversity of its ethnicities and religions creates complex links between ethnicity and drug use. More recently, following a high level of conflicts in the Middle East and Africa, more than 1.4 million people applied for asylum in the European Union in the last half of 2015 and the first half of 2016. Over half of the asylum seekers to the European Union in 2015 (53 %) were young adults (18–34 years), the age group most likely to use substances in Europe. Some lessons may be drawn from past research on migrants to Europe but must be viewed with caution because of cultural differences and reasons for migration.

Many migrants have lower rates of substance use than their host communities, but some may be more vulnerable to substance misuse for reasons such as trauma, unemployment

Response options

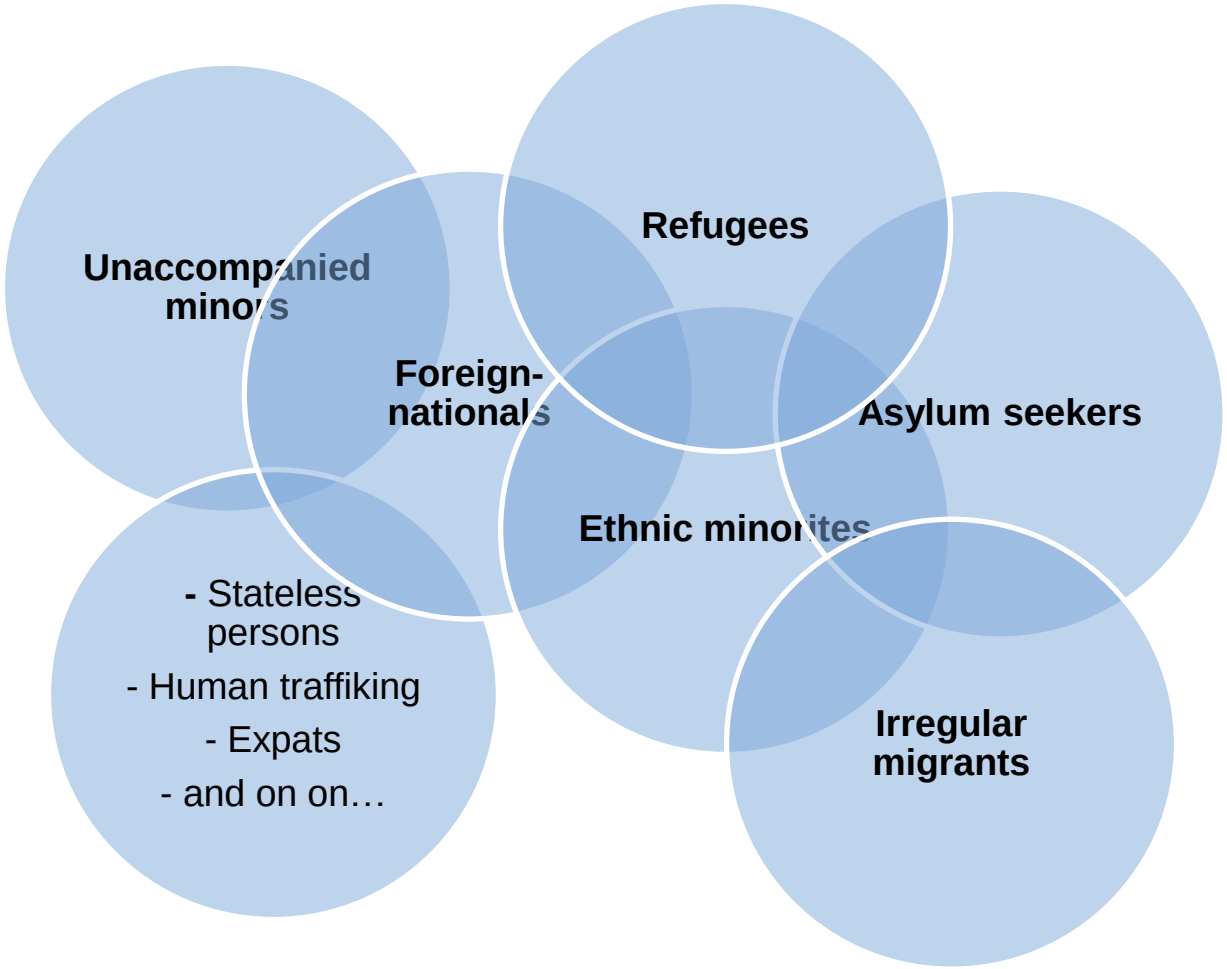
- Cultural competency within existing services and assistance to overcome language barriers will be important in identifying and meeting needs of new migrants. Some studies report lower rates of health care utilisation, particularly for mental health problems. The longer the time taken to get residency the greater the use of mental health and addiction services, but unmet need still remains. Language problems and cultural factors may be major reasons for under-utilisation.
- Preventive interventions for minority ethnic populations are not available in all EU countries. With respect to asylum seekers, general awareness- raising concerning the potential vulnerabilities and marginalisation of migrant groups is more common. Some interventions have used peer educators to provide information on drug use and its risks and drug and alcohol services.
- There is a lack of policies to address migrant health, cultural barriers, language problems and addiction, and a lack of staff competence to work with migrants.

Migration and drugs

- Intra-European and third-country migration flows: not new, but recently taken new shape and dimension

- Europe: concerns that migrants, or specific segments of migrant populations, may be particularly at risk of substance use

Who is a migrant?



Migration and drugs: scarcity of data

- No standardized data collection on migrant and ethnic populations in drug treatment
- Few countries collect data on outpatient care
- Legal constraints in some countries regarding data collection on race, ethnicity (and even nationality)
- Reports from services (low threshold) of increasing # of migrants and asylum seekers with drug problems

Particularly at risk of substance use?

- Many migrants have lower rates of substance use
- Some may already been using prior to arrival
- Some may be more vulnerable to it:
  - Trauma
  - Unemployment and poverty
  - Loss of family and social support
  - Move to normative lenient setting
- Drugs may be used to:
  - Cope with trauma
  - Boredom
  - Uncertainty and frustration over immigration status
  - Self-medication

Vulnerability may be aggravated by poor knowledge of, and access to, treatment services

Interrelated risk and protective factors

- Formal access to healthcare
- Migration and integration policies
- Substance use habits in the receiving country
- Social exclusion/inclusion
- Family/social network
- Contact and social networks with non-migrant populations
- Housing situation
- (Pre- and post-migration) substance use endorsing coping mechanisms and habits (such as self-medication)
- Internalised normative frameworks (such as religious frameworks)
- Experience of discrimination/stigma
- Psychological vulnerabilities/resilience (trauma, PTSD, depressive symptoms, migration-related stress)
- Boredom and uncertainty (e.g. as a result of unemployment or awaiting an asylum decision)
- Socio-economic status

Challenges in accessing health care

Challenges in accessing health care and drug treatment

- legal entitlement
- lack of awareness of one's rights
- language barriers
- trauma
- cultural adaptation
- financial instability
- fear of impact on asylum application
- lack of staff competence to work with migrants
- lack of integrated care
- etc.

Interventions addressing access to health care

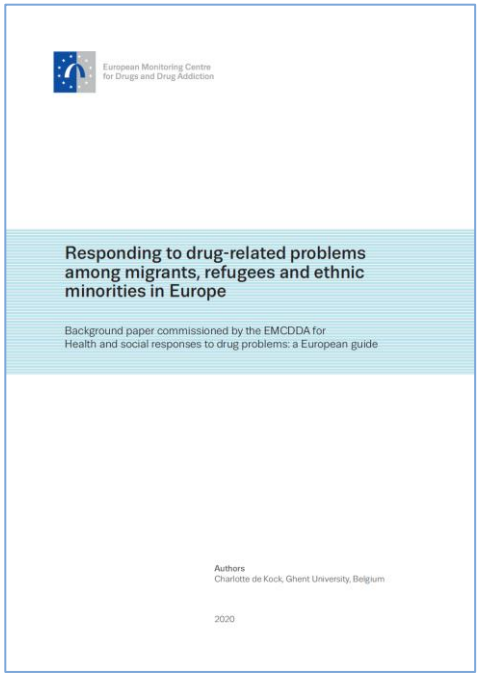
Focus on:

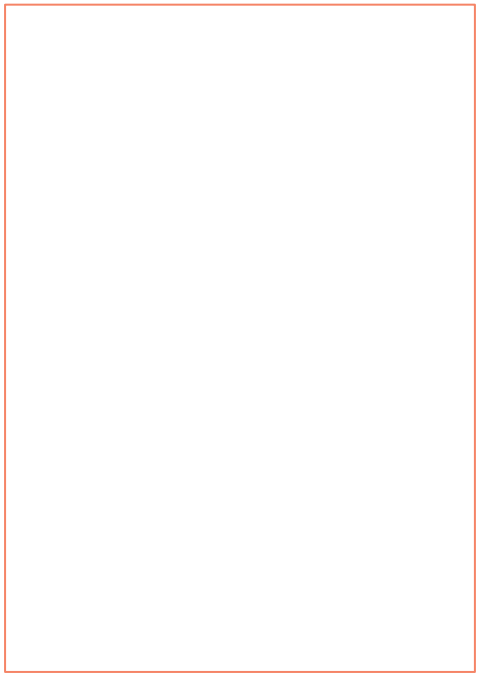
- dissemination of knowledge on the available health services (incl. outreach)
- adaptation of regular/residential services through translation, or not using language as an exclusion criterion
- adjustment to the cultural or migration backgrounds of the client;
- adding a social component to treatment

Prevention and treatment

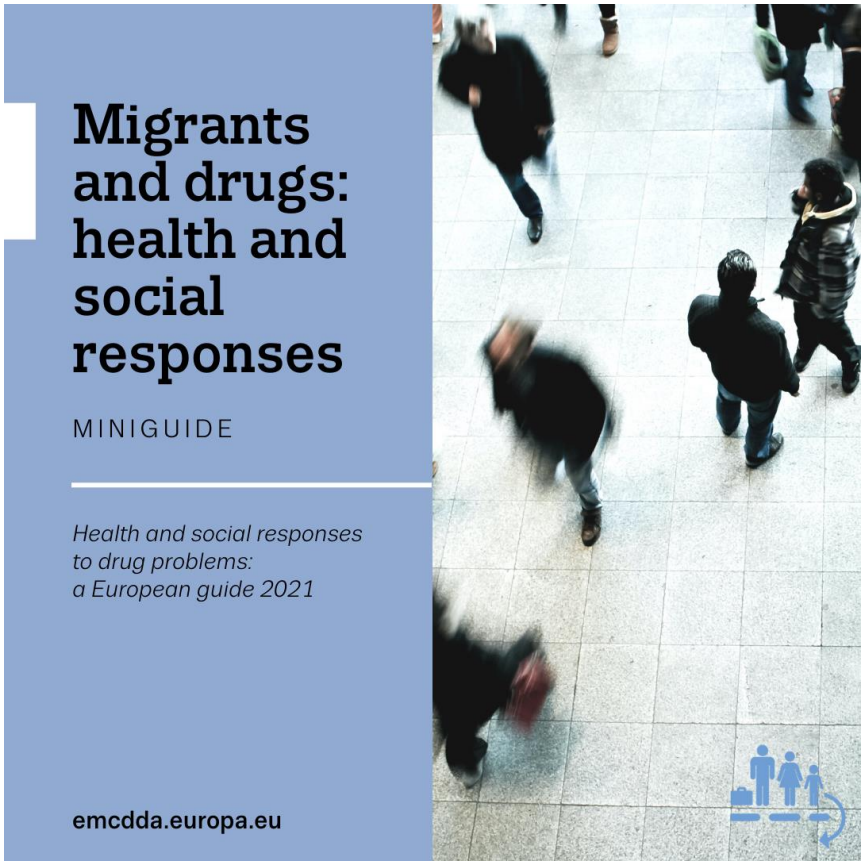
- Low-threshold services
- Continuity of care
- Screening and needs assessment
- Brief interventions
- Integrated health services (comorbidity)

Recent EMCDDA resources





Coming soon on the Health and social responses guide



- Overview of key issues when planning or delivering responses
- Review of available interventions (in Europe) and their effectiveness
- Implications for policy and practice
- Data and graphics
- Further resources

In short…

Basics:

- Migrants may be more vulnerable to substance use problems
- Vulnerability may be aggravated by poor knowledge about and lack of access to treatment services
- Migrants do form a homogenous group

Opportunities

- Services to address the needs of migrant groups are being developed in a number of countries and these should be identified and promising practice shared

Gaps:

- New services for prevention and treatment need to be developed and evaluated
- There is a lack of policies to address migrant health
- There is limited knowledge on the extend and nature of the drug problem among new migrants in Europe. Routine monitoring and needs assessments are lacking

Important to remember

- Migrants are not a homogenous group
- Generalisations cannot be made on the links between migration, ethnic minorities and drug use
- Links may greatly depend on individual differences and characteristics of the social, cultural and economic environment, conditions at the host country

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