

SErvices for vulnerable MIgrants who use Drugs in the EU (SEMID-EU)



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The logo icon for Correlation, consisting of a 2x2 grid of colored squares: blue (top-left), red (top-right), green (bottom-left), and orange (bottom-right).
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Objectives

1

1. Filling knowledge and practice gaps in drug use and migration in Europe

2

2. Understanding the needs of vulnerable migrants who use drugs (MWUD) and how local (health) responses throughout Europe could be improved



The project is funded by the European Union's Justice Programme - Drug Policy Initiatives.

Workpackages



Assessment of the situation



Obtaining an integrated understanding of local needs and responses



Development of policy recommendations, toolkits and practical guidelines



Implementation in the field

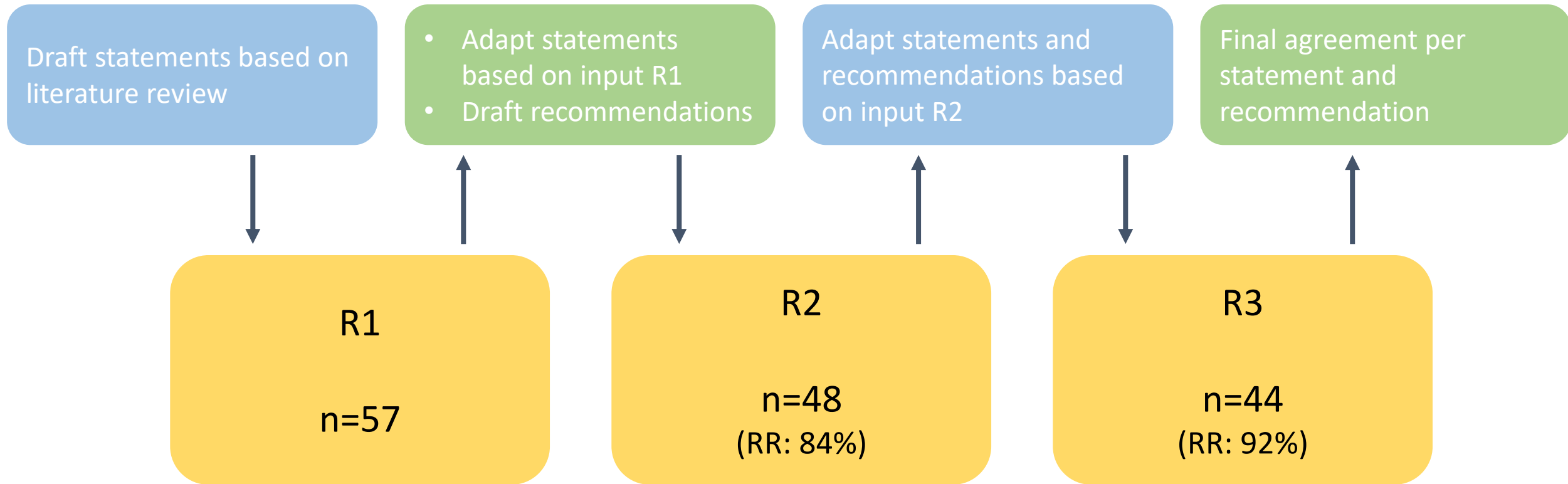
REPORT on Services for vulnerable Migrants who use Drugs in the EU (SEMID-EU)

Prepared by: ISGlobal (Lena van Selm, Trenton M White, Jason Doran, Christina Pujol, Camila A Picchio, Jeffrey V Lazarus) as part of the SEMID-EU project team.

**Literature
review**

<https://english.mainline.nl/posts/show/14430/services-for-vulnerable-migrants-who-use-drugs-in-the-eu>

Delphi process



Results statements [1]

Statements	Agree	Disagree	NQ
1. Many migrants who use drugs in the European Union (EU) have specific physical, mental, and social well-being needs that are related to having migrated.	95%	2%	2%
2. Migrants who use drugs are not a homogenous group and there are subgroups (e.g. by gender, socio-economic status and ethnic background) that have less access to drug services than others.	98%	0%	2%
3. Different migrant groups in the 27 EU member states may have specific drug use patterns that necessitate different health and social policy responses.	100%	0%	0%
4. The prevalence of drug use among migrants in the EU compared to that of the population of the host country is not sufficiently documented.	91%	7%	2%
5. The risks related to illicit drug use including overdose, infections such as HIV and viral hepatitis, violence, poverty, and unstable housing may be disproportionately higher among migrant groups.	89%	5%	7%
6. Information on the migration status of underserved groups of drug users can inform efforts to improve access to drug services.	93%	2%	5%
7. Traumatic lived experiences of refugees in their country of origin or as a result of the migration process can act as an important driver for drug use.	93%	2%	5%
8. Arriving in the host country alone, without having a supportive social network, is a risk factor for engaging in drug use.	86%	7%	7%
9. A lack of awareness of available healthcare services is a common barrier to access to drug services among migrants.	100%	0%	0%
10. The criminalisation of drug use in a migrant's host country and/or country of origin, including fear of being reported to the police/authorities when interacting with drug services, may be a barrier for accessing addiction and harm reduction services.	100%	0%	0%

NQ: Not qualified to respond

Results statements [2]

Statements	Agree	Disagree	NQ
11. Language, religious and cultural issues form common barriers to healthcare access among migrants.	98%	2%	0%
12. Increasing the amount of peer navigation and number of multilingual cultural mediators to support migrants who use drugs in EU member states will increase access to care for this population.	100%	0%	0%
13. Addiction services available in EU countries are often not sensitive to the specific needs of migrants.	91%	2%	7%
14. Migrants who use drugs in the EU are often underrepresented in high-threshold drug addiction services compared to their proportion of the total population of the host country.	93%	0%	7%
15. Service providers in EU member states are not always aware of the legal requirements, if any, that clients must fulfil to access drug services.	86%	2%	11%
16. Experienced stigma and discrimination related to drug use and/or migration status are factors that impede migrants from accessing healthcare services, including addiction and harm reduction services.	100%	0%	0%
17. Migrants who use drugs and who have concerns about being stigmatised and discriminated against due to their ethnic and racial background engage less in healthcare services.	100%	0%	0%
18. Bad experiences with addiction services in the country of origin may lead migrants to engage less with addiction care in the host country.	91%	0%	9%
19. Community services play an essential role in engaging migrant populations and people who use drugs in healthcare services, who are often considered “hard-to-reach” by health systems.	100%	0%	0%
20. The collaboration among EU countries regarding the mass migration owing to the war in Ukraine, including people that use drugs, shows the importance of engagement with civil society organisations.	89%	5%	7%

NQ: Not qualified to respond

Results recommendations [1]

Recommendations	Agree	Disagree	NQ
1. The human rights, including the right to health, of all migrants within the EU should be respected, regardless of their legal status.	100%	0%	0%
2. The EU should create an expert committee on migration and health to address mental health and drug use by sharing and disseminating good practices.	98%	0%	2%
3. The EU should invest in platforms bringing together organizations that support migrants who use drugs.	98%	0%	2%
4. Healthcare services including harm reduction and addiction services serving migrants should offer screening for mental health issues, including trauma, and provide low-threshold integrated care or refer to appropriate treatment and support.	98%	0%	2%
5. Evidence-based, peer-involved national and EU guidelines should be developed on migrant and drug services.	100%	0%	0%
6. Migrants who use or have used drugs should be involved in the development and implementation of drug services.	98%	0%	2%
7. A basic set of healthcare services, including addiction and harm reduction services such as drug consumption-rooms, should be made easily and freely available to all migrants, regardless of their legal status.	100%	0%	0%
8. All 27 EU member states should invest in the training of staff of addiction and harm reduction services, peer navigators and multilingual cultural mediators, focussing on the practical, emotional, cultural and language needs of migrants who use drugs.	98%	0%	2%

Results recommendations [2]

Recommendations	Agree	Disagree	NQ
9. Translation services should be offered free of charge to migrants entering healthcare services, including harm reduction or addiction services.	100%	0%	0%
10. Health authorities and other research funders should continue to commission studies on drug policies affecting access to care in the EU and its member states.	100%	0%	0%
11. Legal barriers and strict rules preventing migrants from using harm reduction and addiction services should be eased or removed.	98%	0%	2%
12. Drug use related services for migrants should employ a holistic approach including assistance with legal and bureaucratic issues.	98%	2%	0%
13. Outreach services should pay special attention to reaching sub-populations of migrants that use drugs that are under-represented in healthcare services.	100%	0%	0%
14. When refugees enter a country, they should have access to information about drug services and drug laws.	98%	2%	0%
15. Campaigns and interventions are needed in all EU member states to reduce all forms of stigma, discrimination and racism, targeting both service providers and migrants who use drugs themselves.	98%	0%	2%

NQ: Not qualified to respond



**Next step:
community
participatory
research**

Advocacy/dissemination



Contact

SEMID EU

Mainline: Machteld Busz



m.busz@mainline.nl