FACT SHEET

ADEQUATE DRUG-RELATED RESPONSES FOR MIGRANTS IN AMSTERDAM

Recommendations for policy and practice from the SEMID-EU project

What SEMID-EU is

SEMID-EU is a project specifically designed to fill gaps in knowledge and practice on drug use in migrant[1] populations and 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 basic human rights.

As part of the project, community-based participatory research (CBPR) was conducted by trained peer researchers in Amsterdam, Athens, Berlin and Paris, focusing on the needs and living/lived experiences of migrants who use drugs.

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.

This publication was produced by Correlation - European Harm Reduction Network for SEMID-EU. C-EHRN (hosted by Foundation De Regenboog Groep) is a European civil society network and centre of expertise, which unites a broad variety of actors at different levels in the field of drug use, harm reduction and social inclusion.

What's the current situation?

Drug use in migrant populations in Amsterdam

- **Intra-EU labour migrants**[2], who as a community are very visible in harm reduction services in Amsterdam. This group was interviewed to gather more insight about their needs and how to strengthen the services available to them. Since most interviewees in this category had EU identification documents entitling them to a certain level of care[3], it is relevant to compare their situation and their access to healthcare, drug and harm reduction services with that of other groups.
- **Arabic-speaking LGBTQIA+ refugees** who engage in **chemsex**, a group whose presence and visibility in the drug scene of the city is growing. Members of this community are often exposed to multiple layers of marginalisation, trauma and psychological challenges. Researchers examined whether they are reached enough by (mental) health, drug dependency and harm reduction services. All the interviewees in this group hold refugee status, have a valid Dutch ID and reside in student housing.
- **Spanish-speaking migrants**, a population that was included in the CBPR to understand the reason for its notable underrepresentation in the city's (drug dependency and harm reduction) low-threshold services, despite its noticeable presence in the local drug scene (as reported by key informants).

[1] In this factsheet we refer to sub-groups of migrants (refugees, asylum seekers, labour or undocumented migrants) when it is necessary to specify. Otherwise, we use the term "migrant" to refer to all first-generation migrants irrespective of their status or reasons for migration, with a specific focus on people with a recent migration experience.

[2] Specifically, participants are from Poland, Slovakia, Hungary, Lithuania, Austria, Bulgaria, Italy, Belgium.

[3] Possession of a European Health Insurance Card (EHIC) offers access to emergency care, but it does not offer a full spectrum of care services.

When interviewing intra-EU labour migrants, researchers found daily (crack) cocaine and heroin use through injection to be very prevalent. Most people co-used methadone, cocaine and/or cannabis. More than half participants from this group reported that they were underage when they started using drugs, and most began using drugs either in their home country or in countries they resided in before migrating to the Netherlands. Drug use was identified by this group as a survival mechanism through which they could cope with stress, depression and homelessness, or as a way of self-medication to tackle health issues.

On the other hand, Arabic-speaking LGBTQIA+ migrants who engage in chemsex used drugs less often, compared to the intra-EU group. Their drug use (3-MMC, MDMA, cocaine) has been reported as occasional and mostly took place at parties and during sex-related activities, but it was also framed as a way to escape loneliness, boredom and stress. For about half of the interviewees, drug use was something they first engaged with in social settings, without properly knowing that they were taking drugs and what their effects would be.

Among the Spanish-speaking migrants who were interviewed, nobody injected drugs. Snorting and smoking (crack) cocaine and heroin use through non-intravenous routes were more common. Substance use was described by the interviewees in this group both as a social activity and as a way to deal with homelessness (which all of them experienced).

Access and availability of services for migrant populations

For the intra-EU and Spanish-speaking participants, drop-in day centres and shelters that tend to the fulfilment of **basic needs** (occasional shelter, food, hygiene) have been helpful. Several people in the group of intra-EU migrants had positive experiences with a local **drug consumption room (DCR)**; Meanwhile, only one person out of all the Spanish-speaking interviewees made use of a DCR. The other Spanish-speaking people voiced the need for a DCR with dedicated spaces for snorting and/or smoking. Being able to create **a friendly connection** with the DCR staff and social workers was described as an incentive towards making use of the service. **Support with administrative affairs** (with housing, fines, arranging medical appointments, migration-related procedures and other paperwork) integrated within harm reduction services has also been essential to interviewees.

Even though some of the Arabic-speaking LGBTQIA+ participants mentioned having received support from **refugee organisations**, **harm reduction organisations** and providers of **testing for sexually transmitted infections (STIs),** the access to healthcare, harm reduction and drug services for this group of participants is still limited and a **severe shortage of refugee-specific programmes** was noted.

The **heroin-assisted treatment** programme offered by the local municipality was mentioned by only one of the overall participants. In general, migrants who use drugs seem to access low-threshold community services more than governmental, higher-threshold ones. As such, low-threshold (harm reduction) services prove to be an important point of contact with these populations and of linkage towards other healthcare services.

Barriers to accessing services for migrant populations

Migrant populations struggle to access (mental) health, drug dependency and harm reduction services in Amsterdam because of a range of personal, social and institutional factors.

These include:

- Limited (access to) knowledge of the local healthcare system and “not knowing where to start” seeking care, which is worsened by cultural and language barriers.
- Lack of services offered in one’s mother tongue or a language in which they are fluent.
- Obtaining a citizen service number (BSN) in the Netherlands requires identification documents, a residence permit and a registered address. The BSN is, in turn, a prerequisite to access both health insurance (and, consequently, healthcare) and regular employment.
- Long waiting times due to limited capacity of the service providers. For example, shelters have reduced capacity during the summer, and access to drug dependency treatment, psychological help and social housing programmes is subject to waiting lists that are too long, considering people’s urgent support needs.
- Services are not tailored to and do not prioritise migrants’ needs, and lack resources to implement cultural mediation and navigation by peers or professionals.
- Shame and stigma around drug use, both from society and internalised.

Getting Started

As a Policymaker, this is how you can contribute to the well-being of migrants who use drugs in Amsterdam:

- Fund and support shelters, drop-in centres, (mental) health, drug dependency and harm reduction services in expanding their capacity.
- Support local authorities towards the development of a basic set of healthcare services, that include (mental) health, drug dependency and harm reduction services that can be easily and freely made available to all migrants.
- Create protocols to ensure that healthcare authorities and institutions meet agreed standards of provision, quality and accessibility for healthcare coverage in relation to migrant populations.
- Encourage healthcare authorities to establish efficient referral procedures to provide migrants with guidance through the healthcare system, and promote linkage between harm reduction, drug treatment services, mental health services and wider healthcare.
- Allocate funds for the translation of information and upgrading of governmental websites in multiple languages relevant to migratory context .
- Defend policies that aim to facilitate access and eliminate barriers to health care such as the need for insurance that depends on formal residence and possession of officially recognised identification documents.
- Recognise the importance of a housing-first approach in supporting migrants who use drugs and expand access to housing support regardless of status.
- Advocate for harm reduction principles and practices and contribute to raising awareness against all forms of stigma, discrimination and racism.

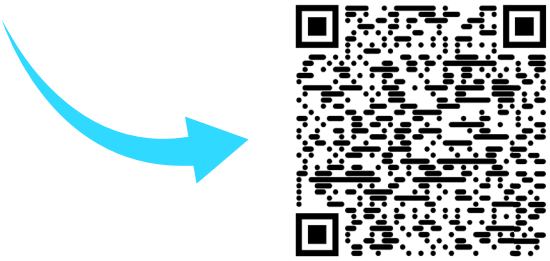
As a member of an organisation that strives to support migrants who use drugs in Amsterdam, you can:

- Integrate migration-informed mental health assessment available in relevant multiple languages in your services, or link clients with other support organisations that offer it.
- Involve professionals such as interpreters, multicultural mediators and peer navigators in the (design and) implementation of your services.
- Dedicate special attention to psychoactive substances and their use practices specific to local migrant communities.
    - In the specific context of Amsterdam: stimulant and hallucinogenic drugs and drug use through snorting and smoking (crack) cocaine and heroin use through non-intravenous routes.
- Develop and disseminate user-friendly information packages for migrants available in multiple languages relevant to the migratory context, detailing their rights to health, harm reduction, drug treatment, and local drug laws, together with information on the effects of different substances, safer use, use material distribution, infection prophylaxis and lists of relevant services in the city/region.
- Strive towards a holistic approach that combines (mental) healthcare, harm reduction, and drug treatment with assistance on medical, legal, language, housing-related and other needs.
- Create protocols to eliminate existing and prevent future discriminating behaviours in health and social services.
- Pay special attention to reaching sub-populations of migrants who use drugs that are under-represented in healthcare services due to multiplied marginalisation.

More Resources

More resources on this topic were created for SEMID-EU. You can find more information here:

- Recommendations for organisations that promote the health and rights of migrants
- Recommendations for harm reduction organisations and practitioners
- Recommendations for policy and practice in Amsterdam, Athens, Berlin and Paris
- Assessment Tool for Service Providers
- Landscape Analysis and review of existing literature on migrants who use drugs in the EU[4]
- Delphi study[5]: Recommendations from experts on migration and drug use
- Community-based participatory research (CBPR) on the needs and living/lived experiences of migrants who use drugs in Amsterdam, Athens, Berlin and Paris



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Title

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