

# Harm reduction services for people with a migration background who use drugs

International Harm Reduction Conference  
Bogotá, 30 April 2025

**MAIN***line*



## Mainline

Independent **harm reduction** NGO based in Amsterdam, the Netherlands.

**Mission:** to contribute to the health and well-being of people who use drugs and to the fulfilment of their human rights, with respect for the individual's freedom of choice and their human potential.

Our **approach** offers people the chance to control their use of drugs and take back their own lives within realistic boundaries, thus restoring human dignity and increasing quality of life.

Mainline was established in 1990, as an offspring of the local network of people who use drugs

After 38 years, the Dutch MoH intends to end our funding by 2028



**MAIN***line*



Mainline outreach team reaches youth, women, sex workers, and street-based people who use drugs, people with mental health issues who use drugs and people engaging in chemsex

And more and more refugees, asylum seekers, (undocumented) migrants and (jobless) labour migrants

**MAIN***line*

# SEMID-EU Project Partners

**MAIN***line*



**PositiveVoice**  
people+HIV



**Fix** **punkt**

**ISGlobal** **Barcelona**  
Institute for  
Global Health





# Goals

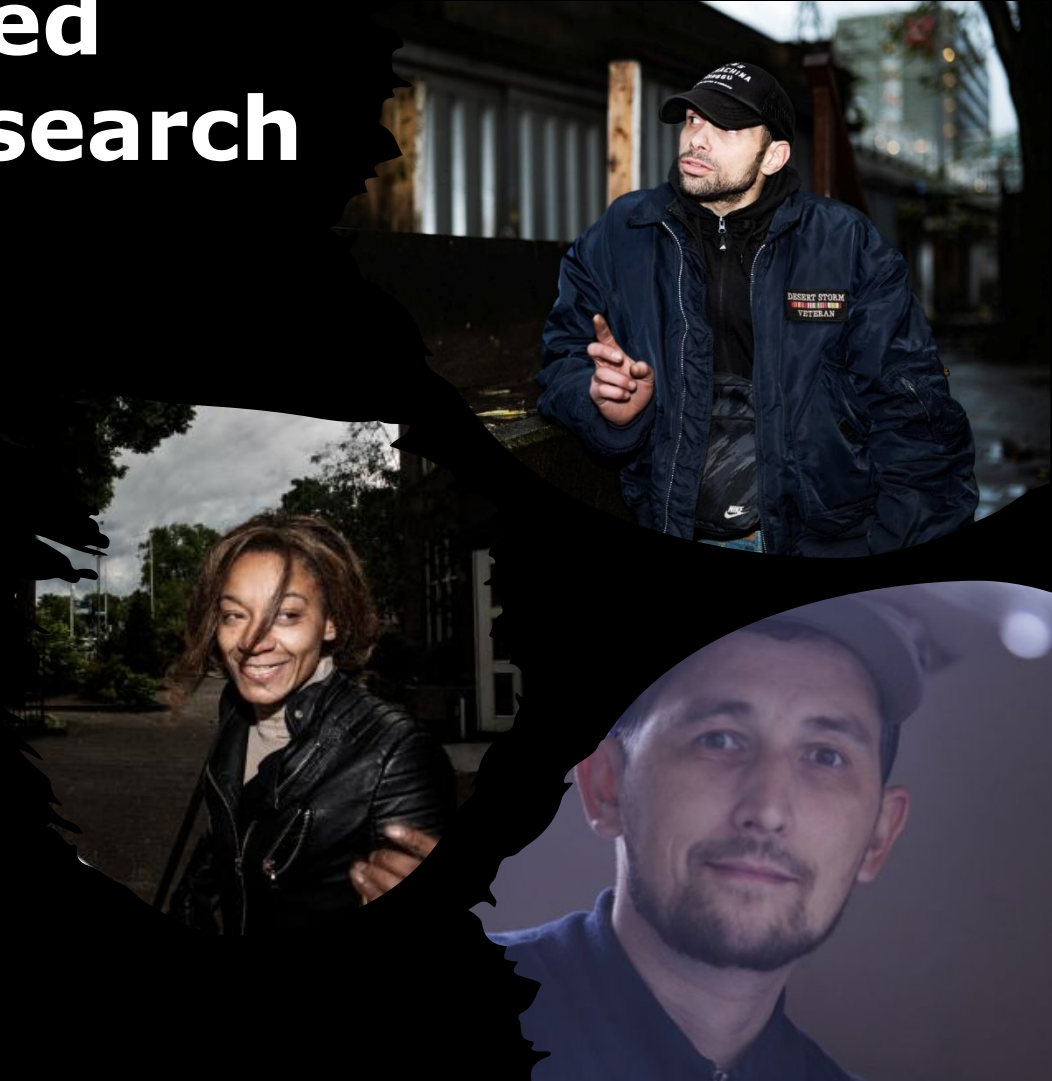
Improve the well-being of and reduce the harms for vulnerable migrants who use drugs by:

- Improving knowledge and understanding among policymakers and practitioners
- Strengthening capacities of healthcare and support services working with these groups



# Community-based participatory research

- Collaboration between academics, practitioners and community researchers
- Workshop on CBPR for practitioners & community researchers
- Semi-structured interviews & FGDs
- Recruitment through gatekeepers, venue-based & snowball



# Challenges



High levels of  
stigma, taboo,  
shame & guilt



Extremely hard  
to reach



People working  
with migrants  
who use drugs  
have little  
knowledge of  
drugs



And are  
protective  
& unwilling  
to grant  
access

# Findings



Locked in **homelessness**, **unemployment**, substance use, psychological **distress** & lack of health insurance or work permit

Limited social networks & social **exclusion** due to **distrust** of others and substance use, homelessness and **stigma**

Healthcare services, incl. drug dependence services inaccessible due to **lack of legal documents** & stigma and **misinformation** among healthcare providers

Need for **accessible information** on drug use



# Recommendations

*According to UN, health care should be available, accessible, affordable, culturally sensitive and of good quality. Discrimination is strictly prohibited.*



- **Involve communities** in support services
- **Reduce (legal) barriers** to care and support
- Culturally and linguistically **sensitive, integrated support** that addresses individuals' multiple and complex needs
- **Holistic** approach: housing, emergency health care, jobs, mental health support and social integration
- **Continuity and collaboration** between services
- **Trauma-sensitive** support
- **Outreach activities** and harm reduction services



# DRUG USE & MIGRATION

## WHAT DO WE KNOW?

IT'S CLEAR THAT THE EU HAS SEEN A RISE IN BOTH DRUG USE AND MIGRATION OVER THE LAST FEW DECADES. BUT WHAT ELSE DO WE KNOW? WHAT, FOR INSTANCE, DO WE KNOW ABOUT DRUG USE AMONG MIGRANTS, OR THIS GROUP'S ACCESS TO CARE?

Europe has a long history of migration, both into Europe and from European Union (EU) member states. In 2020, there were almost 87 million migrants in Europe, of which 44 million were born in Europe but migrated within the region. Between 1990 and 2015, almost 10 million people left the central and south-eastern parts of Europe, 80% of whom moved to western Europe. In 2016, migration to the EU from Middle Eastern and North African countries increased, driven in part by conflict in these regions. In 2019, 3 million persons were issued a residence permit in the EU. In 2022, an estimated 2.5 million refugees fled to the European Union on account of conflict in Ukraine, which has led to have one of the highest

levels of injecting drug use in the world. In addition, self-reported use of drugs and alcohol among migrants and refugees increased by 20% across the globe as a result of the COVID-19 pandemic.

Little information is available on the actual use of drugs among first-generation migrants in the EU who use drugs, nor on their characteristics and access to drug dependency services. Although there is general agreement that substance use prevalence is lower among first-generation migrants compared to non-migrants, data on the levels of illicit drug use among migrants in the EU are scarce and inconclusive.

But when migrants do use drugs, there are several risk factors which make them particularly

vulnerable to developing a pattern of problematic drug use. These include:

→ **Traumatic pre-migration experiences** > war/violence in country of origin or discrimination/violation on the basis of sexual identity, ethnic identity or political convictions

→ **Traumatic experiences during migration** > the trauma of having to leave home and family behind and dangerous travels and race- and gender-based violence.

→ **Difficult post-migration experiences** > racial discrimination and stigma, social disengagement, loneliness, alienation, unemployment, poverty and arriving alone in the host country.

### WHAT DO WE MEAN WITH...

<b>MIGRANT</b>	All first-generation migrants, including undocumented migrants and refugees.
<b>PEER NAVIGATION</b>	The provision of direct assistance to migrants who use drugs in negotiating health systems and services by people with lived experience of migration and drug use.
<b>MULTILINGUAL CULTURAL MEDIATORS</b>	Individuals who serve as a link between different cultures and social systems and understand the value systems and languages of both cultures.
<b>HIGH-THRESHOLD DRUG ADDICTION SERVICES</b>	Services with restricted use that are not easily accessible for everyone (as opposed to easily accessible "low" threshold services with very few restrictions of use and a client-oriented perspective on service provision).
<b>COMMUNITY SERVICES</b>	Services that "employ" individuals from the community of migrants, people who use drugs or both.

#### NOT HOMOGENEOUS GROUP

Migrants who use drugs are not a homogenous group, and certain subgroups (defined by gender, socio-economic status, ethnic background, etc.) have less access to drug services than others.

#### CRIMINALISATION AS A BARRIER

The criminalisation of drug use in a migrant's host country and/or country of origin and the related fear of being reported to the police/authorities when interacting with drug services may be a barrier for accessing addiction and harm reduction services in the host country.

#### PEER NAVIGATION

Increasing the provision of peer navigation and number of multilingual cultural mediators for the support of migrants who use drugs in EU member states will increase access to care for this population.

#### TRAUMA & DRUG USE

Trauma suffered by refugees in their country of origin or experienced as a result of the migration process can act as a powerful catalyst for drug use.

#### COMMUNITY SERVICES

Community services play an essential role in engaging migrant populations and people who use drugs in healthcare services, groups often considered "hard-to-reach" by health systems.

In 2022, a panel of 57 civil society experts on migration and/or drug use, from across 24 EU countries, participated in a three-stage Delphi study to develop statements and recommendations about drug use and access to healthcare services for migrants who use drugs in the EU.

To read the article on this study:  
[CLICK THIS LINK](#)

For Statements and recommendations:  
[CLICK HERE](#)



# MEETING THE NEEDS OF MIGRANTS WHO USE DRUGS

Existing services for physical and mental health, drug dependency and harm reduction are often insufficient to the specific needs of people with a migration experience. Not only are the needs of migrants who use drugs complex and different to those of non-migrants, but these needs also differ across migrant sub-populations.

At the same time, organisations that work with migrants are often unaware of drug use issues in the communities they serve or lack the capacity to address them effectively.

Time to learn from each other and join forces.

## WHY FOCUSING ON MIGRANT COMMUNITIES?

Migrants who use drugs are exposed to risk factors that can lead to high-risk substance use and negative health and social outcomes. And migrant communities encounter significant barriers that prevent their access to services for physical and mental health, drug dependency and harm reduction.

It is not enough for drug-related services to provide harm reduction interventions that adopt the blueprint approach applied to their domestic clients. It is important to take into account the very specific needs of migrants who use drugs and the challenges they face. These needs include trauma-informed psychological care and advice regarding their immigration status, and help regarding housing and other legal-administrative procedures.

But not all migrants who use drugs have comparable experiences: undocumented migrants, refugees, economic migrants and migrants from within the EU all have to deal with a diverse range of challenges that don't necessarily overlap.

## FACT SHEETS AND POLICY RECOMMENDATION

### Policy recommendation

➔ [CLICK HERE](#)

General fact sheet for organisations that work with migrants.

➔ [CLICK HERE](#)

General fact sheet for harm reduction organisations.

➔ [CLICK HERE](#)

## WHY HARM REDUCTION?

Harm reduction is an approach that aims to reduce the negative health and social consequences associated with drug use and counter punitive drug policies through evidence-based interventions and practices that focus, first and foremost, on prioritising the health and well-being of people who use drugs.

Harm reduction has proven to be very effective in responding to the needs and promoting the health of migrants who use drugs. Being often low-threshold and more easily accessible, harm reduction services play a key role in reaching migrants who use drugs. The threshold for accessing health services through standardised paths, such as referral to treatment from a general practitioner, is frequently too high for people who do not have officially recognised identification documents, knowledge of the local healthcare system or access to said knowledge.

HARM  
REDUCTION

MIGRANTS

➔ Make sure services are **trauma-informed, culturally sensitive** and available in relevant **multiple languages**.

➔ Integrate **mental health assessment and harm reduction/migration** informed practices in your service, or **link clients** with other support organisations.

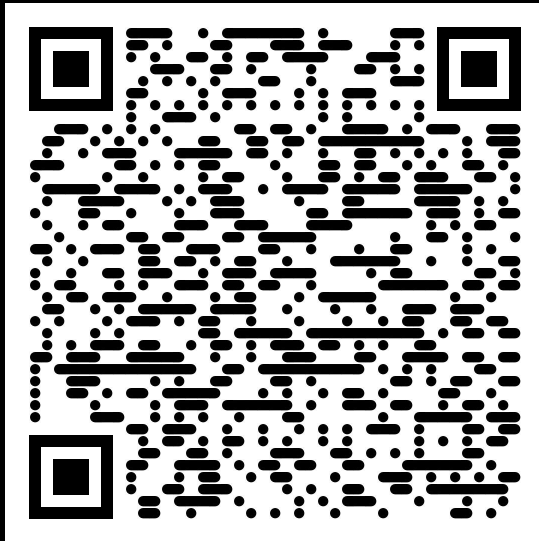
➔ Contribute to **eliminating major barriers** for migrants to access your services and conduct **a review** of your services to evaluate whether there are barriers to their access for migrants who use drugs.

➔ **Involve peers** (that is, migrants who use or have used drugs) in the development and implementation of your services.

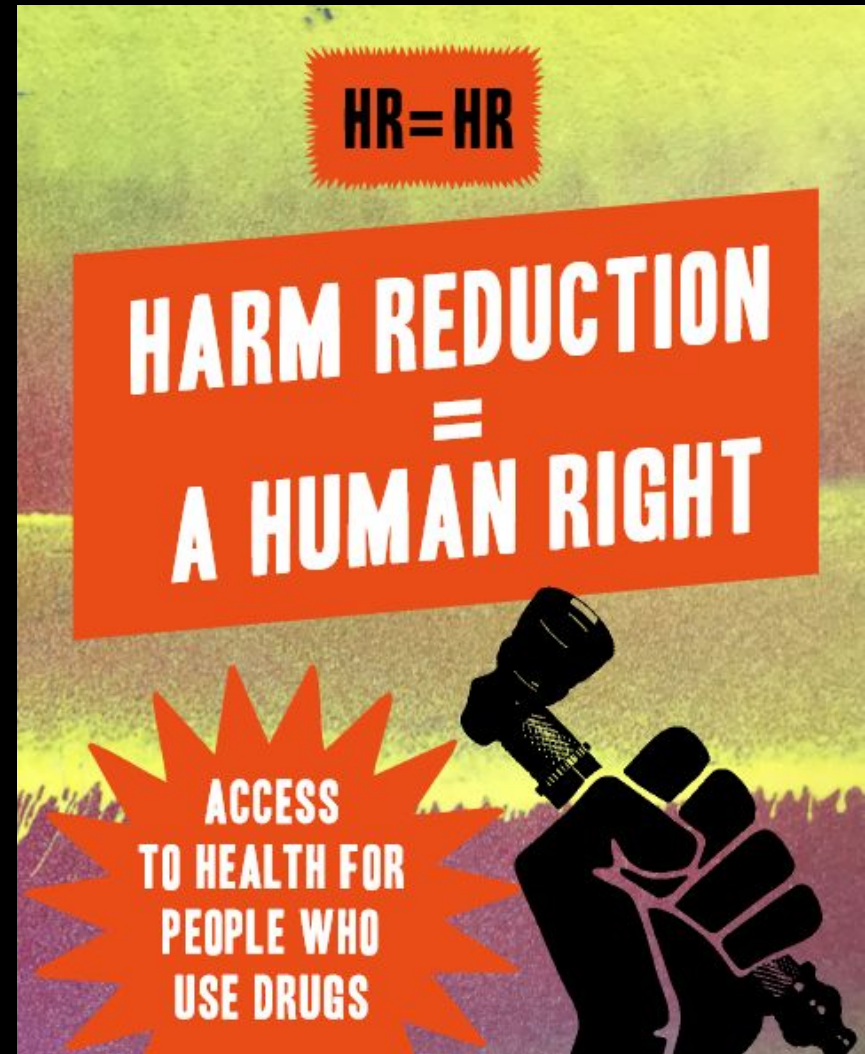
➔ **Document your work** around integrating support for people who use drugs in your services and **request recognition, compensation and support** for capacity expansion from funding bodies.

➔ **Develop and disseminate** user-friendly **information** packages for migrants in **multiple languages** relevant to the migratory context, detailing migrants' rights to health, harm reduction services, drug treatment options and the local drug laws, along with information on the effects of different substances, safer use, harm reduction material distribution, infection prophylaxis and of relevant services in the city/region.

# Thank you



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