

## **BREAKING BARRIERS: TRANSFORMING CARE FOR MARGINALIZED MIGRANT DRUG USERS IN AMSTERDAM**

### **Authors:**

Pouille A<sup>1</sup>, Vanderplasschen W<sup>1</sup>, Moura J<sup>2</sup>, Bakker I<sup>3</sup>, Perez R<sup>2</sup>, Baghdadi S<sup>3</sup>, Sadowski E<sup>4</sup>, Rios A<sup>4</sup>, Rogialli A<sup>2</sup>

<sup>1</sup>Ghent University, <sup>2</sup>Correlation – European Harm Reduction Network, <sup>3</sup>MAINline, <sup>4</sup>De Regenboog Groep

### **Background:**

In 2022, approximately 403,108 individuals immigrated to the Netherlands, primarily from the (former) Soviet Union, Ukraine, Poland, and Syria. Many EU residents migrate to Amsterdam to escape economic challenges and unemployment, but often encounter homelessness and limited access to healthcare. Others seek to flee war or find social and sexual freedom, and engage in drug use without awareness of the associated risks. Whilst undocumented migrants have access to HIV and hepatitis care under compulsory health insurance, EU citizens lacking financial resources or health coverage may lack access. This study, part of the EU-funded SEMID project, aimed to address knowledge gaps in migrant drug use across Amsterdam, Athens, Berlin, and Paris, focusing on enhancing local health responses. This presentation will focus on Amsterdam.

### **Methods:**

Employing community-based participatory research, this study engaged community researchers with lived experience. Twenty-two interviews with migrants who drug users (MWUD) and a focus group involving stakeholders from law enforcement, social and health care providers, peer and community workers, and MWUD were conducted. Data was qualitatively explored using thematic analysis.

### **Results:**

Intra-European and Spanish-speaking migrants identified housing shortages as a significant barrier to well-being and healthcare access, while Arabic-speaking LGBTQIA+ migrants, primarily students, faced financial struggles despite living in student housing. Additionally, they struggled with psychological trauma and did not receive adequate support. Most participants underwent recent testing for hepatitis, tuberculosis, or HIV, with four testing positive for Hepatitis C, all receiving or awaiting treatment. Arabic-speaking LGBTQIA+ participants mentioned an STD testing center.

### **Conclusion:**

MWUD face housing, employment, and healthcare barriers impacting their well-being. Adopting a full-spectrum Harm Reduction approach is crucial in service design and advocacy for MWUD rights. Recommendations include upscaling service availability and accessibility, developing EU health coverage standards, and enhancing collaboration among EU countries, applicable beyond Amsterdam to MWUD globally.

### **Disclosure of Interest Statement: *See example below:***

None.