

Migration, HIV/HCV and Drug Use

First of all I would like to thank EATG and EACS for giving me this opportunity to be here. I would also like to make it clear that today I am going to do something I don't like to do at all. I'm going to talk about a subset of drug users that I don't belong to. On the contrary, I should make it clear that I have been and still am an over-privileged person in any way you look at it, particularly in terms of my access to the national health system and the welfare services.

The general context is that the country I come from and live in is experiencing a huge migration and refugee crisis for which there is no proper official response that respects in all aspects human rights, human dignity and people's sufferings. Among other things this phenomenon has greatly changed the human geography of the open drug scenes, the patterns of use and in some cases the availability and form of substances. I was hanging out with migrants for many years as an active user in the center of Athens and I saw many things that these people encountered without in many cases being able to seek help for many reasons. The same things I faced and am facing as a professional in the field of peer led harm reduction and HIV advocacy.

I honestly wondered many times what it is that made it difficult for me to write some simple things totally relevant to the title of this paper and the answer is simple. I have felt in my own skin the pain of these people and the unbridgeable deadlocks when it comes to their access to health services related to blood-borne infections, problematic drug use treatment and multiple harm reduction structures

In the last two years, in collaboration with important organisations in the field academics and scientists from different countries in Europe- including the Correlation European Harm reduction network - as an association of seropositive people in Greece, we have implemented a difficult project that had to do with the access of this particular group to the services I mentioned above. The project required face-to-face interviews of more or less half -hour duration with targeted questions in order to clarify among other things, the landscape in terms of access to testing and treatment for hepatitis, HIV, other infectious diseases and problematic drug use as well as mental health services in general

As a person with lived experience of problematic drug use who had dealt in this context with the key population and as a peer worker of almost 10 years of experience I overestimated my mental strength for something like this. There have been days after some interviews that I have felt something close to a mental breakdown accompanied by physical weakness as a result of all that I have heard and recorded with the written and explicit consent of the people I have seen and with the invaluable help from my colleagues of Positive Voice , our street workers and the devoted employees of our Refugee Check Point one of the most challenging but important initiatives of our organisation

The project named Services for Migrants who use drugs in the EU aka SEMID EU is a project specifically designed to fill gaps in knowledge and practice on drug use in migrant populations. By gaining a better understanding of the needs of migrants who use drugs in Europe,

it aims to contribute to improving policies and responses that affect these groups, and increasing their access to high-quality healthcare, drug treatment, harm reduction and (re)integration services.

The focus of SEMID-EU has been on vulnerable migrants, for whom legal, 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.

For the participants who were interviewed in Athens, drop-in day centers and shelters that tend to the fulfilment of clients' basic needs (occasional shelter, food, hygiene) have been helpful, together with mental health counselling and treatment, legal and medical support. Part of the interviewees residing in the open drug scenes of Athens had made use of a local Drug Consumption Room (DCR). Only one of the participants in Athens was involved in opioid agonist maintenance treatment (OAMT).

More than half of the overall participants had been previously tested for HIV and Hepatitis C. The people who had been diagnosed with hepatitis had been treated. As for HIV, researchers found that one HIV positive person was receiving treatment, while two other HIV+ people were not.

HIV, hepatitis and drug use constitutes a greater internalized stigma for this population compared to the locals and also sometimes a very hard to deal with stigma inside their national community. This is a major barrier to testing and, if the result positive, to seek treatment and accessing health services.

Stigma of course is not the only barrier.

Migrant populations struggle accessing harm reduction, drug and wider health services in Athens because of a range of personal, social and institutional factors. These include:

- Having low (access to) knowledge on the local healthcare systems and "not knowing where to start" seeking care, which is worsened by cultural barriers and not being able to speak Greek.
- Not having identification papers, a residence permit and/or proof of formal residence.
- Not being able to access care (especially, but not only, therapy) in their mother tongue or a language in which they are fluent.
- Having had negative experiences with drug services in the past due to not trusting the staff, feeling that one's needs are not being heard, or the services being too focused on abstinence.
- People who migrate to Greece often find themselves stuck in a bureaucratic cycle, where identification documents, a residence permit and a registered address are necessary to obtain a tax registration number (AFM) and a social security number (AMKA), which are in turn a prerequisite to access the National Health System (ESYEOPYY), employment

and other social support services. This is a very significant barrier towards accessing healthcare and the fulfilment of one's right to health. On top of that, not having the financial resources and the necessary documents to have a stable, formal residence also excludes a person from legal employment altogether, socially marginalising them further.

I do not want to describe you in detail all the bureaucratic labyrinth regarding documentation papers and how you get them.

The refugees issues are highly complex and has too many restrictions, limits and barriers.

The good news are ...Temporary Social Security Record Number .Moreover for migrants /refugees who are an ongoing increasing crowd in the open drug scenes it is required a Residence permit or an Temporary Foreigner's Insurance and Health Care Number or both or otherwise.

Still the bad news are limited to the fact that without legal status and documentation papers you have no right to health in many cases.

Some recommendations from our side Aim towards the establishment of stable and flowing referral procedures to offer guidance through the healthcare system to migrants who contact a healthcare provider. In particular, promote linkage between harm reduction, drug treatment services, mental health services and wider healthcare.

- Defend policies that aim to facilitate access and eliminate barriers to health care such as the need for insurance that depends on official residency and hold of legal identification documents.
- Promote continuity of health and drug-dependence related care in and outside prison.
- Defend the right to housing by advancing policies that expand access to housing support to migrant populations.
- Include representatives from the targeted communities in decision-making processes on designing and implementing policies, campaigns and programs that will eventually impact their situation.
- Fund and promote campaigns and interventions to raise awareness against all forms of stigma, discrimination and racism, especially for service providers in (mental) healthcare, harm reduction and drug services.
- Support harm reduction principles and practices, and their importance in reaching and supporting migrants who use drugs.
- Take serious action to end police brutality against migrants who use drugs.

Take home messages -

The right to health of all migrants within Europe should be respected regardless of their legal status.

In harm reduction we meet people where they are but we do not leave them there.