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Better access to drug-related services for asylum seekers, a 'high priority' say reception centre staff



Better access to drug-related services for asylum seekers and empowering reception centre workers through training in drug use response are among the priorities highlighted in a new report out today. The needs-assessment study is released by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and the European Union Agency for Asylum (EUAA).[1]

The two agencies joined forces in 2021 to identify the needs and challenges faced by national reception authorities in **EU+ countries**[2]. The focus was on work with applicants for international protection (IP) who experience substance use-related problems. The study, the first European analysis to explore the issue, aims to inform future activities to help implement related responses in reception settings.

The joint effort sought to identify drug consumption patterns among applicants (as perceived by reception professionals), assess staff knowledge on drugs, and clarify needs to better manage drug-related problems. It also aimed to examine barriers to implementing drug-related responses in the asylum and reception contexts.

The study shows that tobacco, alcohol and cannabis are the most common substances consumed in the reception context, followed by opioid-based medications and benzodiazepines. Single men are identified as most at risk, as well as unaccompanied minors and those facing long waiting times for decisions on their asylum applications. Nevertheless, broader literature suggests that substance use prevalence rates among refugees and migrants are generally lower than among host populations ('healthy migrant effect'), although may wane over time. This may be due to a number of factors (e.g. lack of social support system, lack of involvement in meaningful activities and employment, uncertainty related to lengthy asylum procedures).

The report underlines the need to prioritise access for asylum seekers to both substance use-related and (mental) health services. The main response to substance use in the reception context was reported to be referral to mainstream treatment services. Staff, however, highlight language barriers, waiting lists and lack

of cultural adaptation of interventions as factors hampering accessibility.

Over half of the respondents to a survey underpinning the report felt that they had 'insufficient' knowledge to deal with substance use-related issues in the reception setting. Only 25% of respondents felt confident about their skills and competences. The need for training was highlighted in a number of areas including prevention, treatment and harm reduction (e.g. naloxone to reverse overdose).

The respondents also reported that there is currently no standardised way of assessing substance use in reception settings. Where assessment does occur, this usually takes place as part of the medical intake procedure or vulnerability assessment. Reception staff expressed a clear need for screening procedures, including the development or adaptation of existing assessment tools, standard operating procedures, referral paths and the sharing of best practices. The study found that substance use among asylum applicants needs to be viewed holistically, with asylum and drug services working together, and greater collaboration between the protection and health policy domains.

The report identifies a series of possible action steps, including the development of practical tools to support reception authorities in responding to drug-related issues. Recommendations are presented in three key areas: capacity building (e.g. via training materials, communities of practice); response development and implementation (e.g. joint European guidance) and research and monitoring (e.g. health needs of applicants).

The increase in migration since 2015 has heightened concerns related to substance use in migrant populations and highlighted the need to develop appropriate responses in host countries and reduce health inequalities linked to migration status.' It adds: 'there is still limited data and knowledge related to the circumstances and needs of a specific subpopulation of migrants who use drugs, namely refugees and applicants for international protection.

The report states.

Background

The study involved an online survey targeting managers, social workers, psychologists and reception officers active in the asylum and reception sector. Distributed via the **EUAA Network of Reception Authorities** and the **EUAA Vulnerability Expert Network**, it received 98 responses from 21 EU Member States and Norway[3]. Supplementary information was gathered via four online focus groups (16 participants), including medical doctors, nurses, psychologists, managers and coordinators of the centres, as well as local and international NGOs providing psychosocial support in reception facilities.

Download the **needs-assessment study** **"Professionals working in reception centres in Europe: an overview of drug-related challenges and support needs".**

Any further information may be obtained from the European Union Agency for Asylum's Press Office at the following email addresses:

- Press Office: press@euaa.europa.eu
- Andrew McKinlay, Press Officer: andrew.mckinlay@euaa.europa.eu
- Anis Cassar, Spokesperson: anis.cassar@euaa.europa.eu

1

Professionals working in reception centres in Europe: an overview of drug-related challenges and support needs.

2

EU+ countries = EU-27 plus Norway and Switzerland.

3

The online survey was open from 30 August to 8 October 2021. Although the survey had a satisfactory response rate, the results are not representative of all EU+ countries and can therefore not be extrapolated to every context.

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