



PRESENCE IN AND PROFILE CHARACTERISTICS OF NON-NATIONAL CLIENTS IN BELGIAN AND PORTUGUESE SUBSTANCE USE TREATMENT

A DESCRIPTIVE ANALYSIS

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WHY?

- Larger vulnerability among migrants and ethnic minorities (MEM) (Missine et al., 2012; Horyniak, 2016)
- Limited access to / accessibility of health services (Dauvrin et al., 2012; Fountain et al., 2004; Blomme et al., 2017)
- Little to no ethnicity registration or monitoring in the EU (Farkas 2017, De Kock et al., 2017)
 - Limited formal registry data on healthcare utilization in the EU (Rechel et al., 2012)
 - Little knowledge about presence in substance use treatment (SUT)
- > Need to **substantiate targeted treatment** and prevention (Rechel et al., 2012; Lemmens et al., 2017)
 - → Are non-nationals represented in SUT equally compared to their presence in general society?
 - → What are the profile characteristics of non-national (EU and non-EU) clients in SUT services?
 - → Which hypotheses can been developed for further TDI analysis in disaggregated datasets?



METHOD (1/3)

□ Descriptive comparison of presence of EU and non-EU nationals in SUT services versus presence in the general population in Belgium and Portugal
 □ Descriptive comparison between profile characteristic indicators among nationals and non-nationals in Belgium and Portugal

- Education & Employment
- Main substance
- Age
- Referral
- Gender

METHOD (2/3)

Aggregated datasets 2012-2014

- PT: Sistema de Informação Multidisciplinar (SIM)
- BE: Treatment Demand Indicator (TDI)

Coverage

"A drug treatment centre/programme is any facility that provides drug treatment [...] to people with drug problems." (TDI protocol 3.0)

- BE: all governmental SUT services (2012: n=86; 2013: n=122; 2014: n=120)
 - 90% of TDI registering services covered nationality
 - 54'418 treatment episodes, 32'715 identifiable clients
- PT: all governmental SUT services (180-185 services)
 - 5'894 Identifiable clients



METHOD (3/3)

Clear **limitations** of this method:

- Treatment episodes and not unique clients data in BE
- Aggregated datasets (privacy & time limitation)
- Ad hoc analysis versus monitoring (changes over time)
- Ethnicity versus nationality
 - 11 % non-Belgian nationality versus 20% migration background
 - 2,5% of the Portuguese population have a EU or non-EU foreign nationality

→ Need to triangulate TDI / SIM data (EMCDDA, 2017)

- Literature & qualitative research
- national focal point annual reports & population statistics

→ No conclusive results!

→ Sensitize for future research



PRESENCE PER NATIONALITY TYPE IN BELGIAN SUT SERVICES



Presence of EU and non-EU nationalities compared to presence in general population 2012-2014 Unit in psychiatric hospital (n=13171) Unit in general hospital (n=14260) Center of mental health (n=4770) Day center (n=9018) Therapeutic community (n=2023) Crisis unit (n=3745) Ambulant consultations (n=7431) 0% 2% 4% 6% 8% 10% 12% ■ NEU (3,5% of the Belgian population 2012-2014) EU (7,3%) of the Belgian population

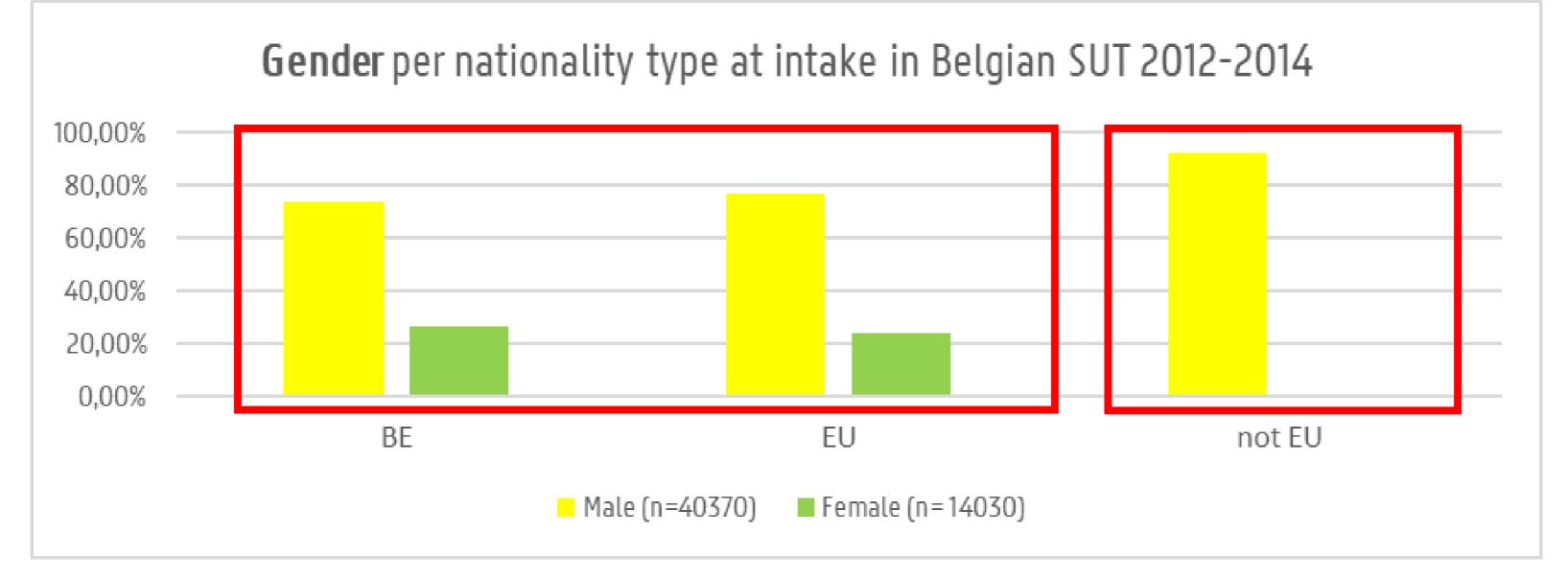
- EU nationals seem underrepresented in most SUT services
- EU nationals seem overrepresented in ambulant services

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- Non-EU nationals seem overrepresented in crisis units and ambulant consultations, day centres and therapeutic communities
- EU and non-EU nationals seem underrepresented in the most regularly used service: general hospitals

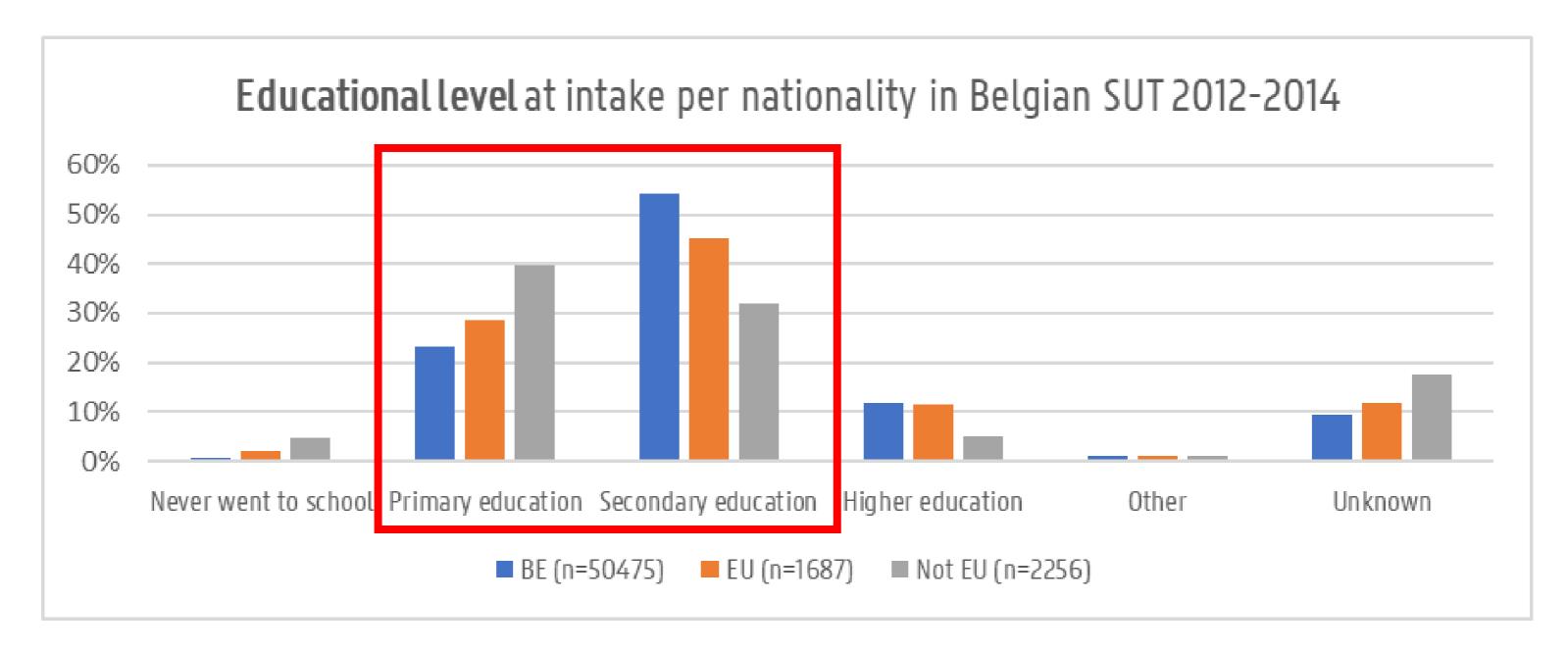
PROFILES PER NATIONALITY TYPE IN BELGIAN SUT





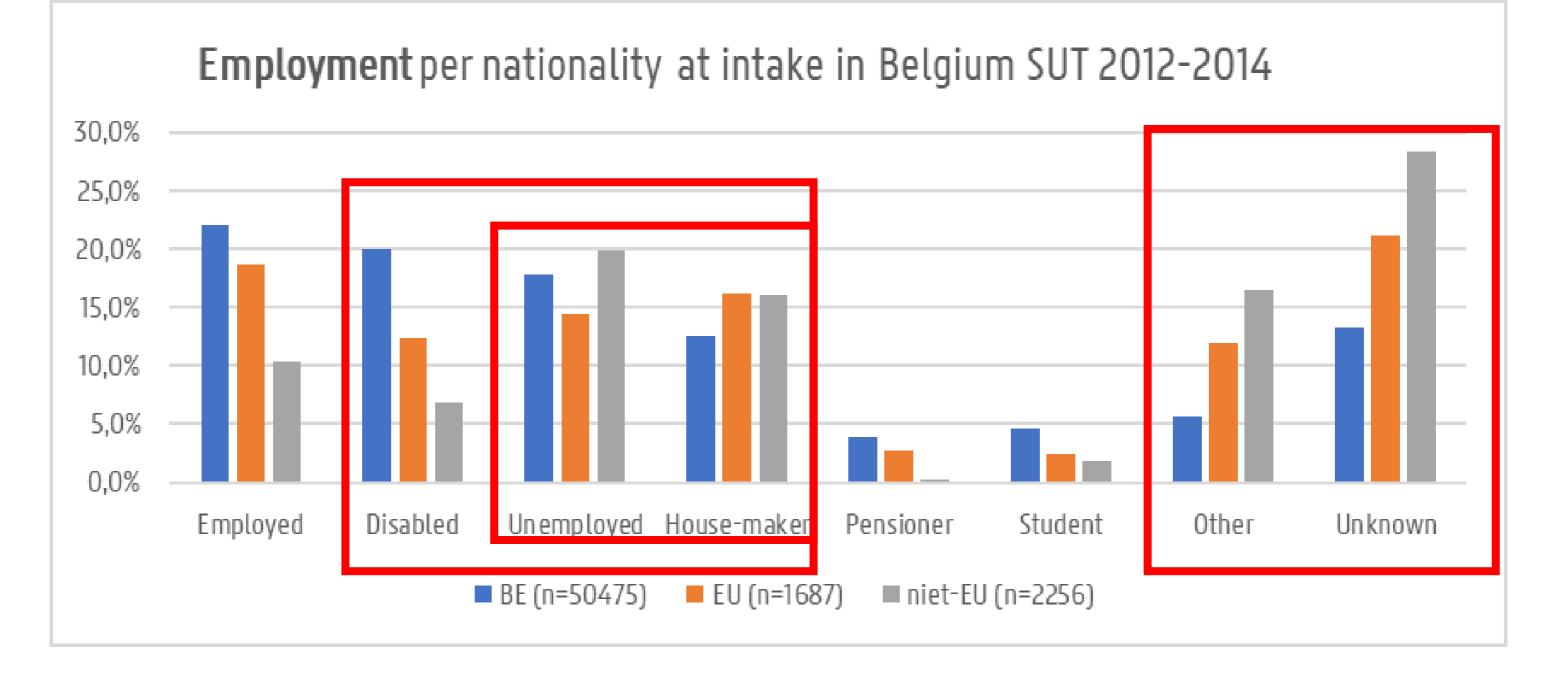
- The gender gap between Belgian and EU clients equals the estimated European average: 1/4 (Montanari et al., 2011)
- Underrepresentation of non-EU females (0,044%) as compared to their male counterparts
 - In 2017 **50% of the EU & non-EU migrant stock was female** (Données issues du Registre national, traitement des données : UCL/DEMO, calculs : Myria 02-10-2018)





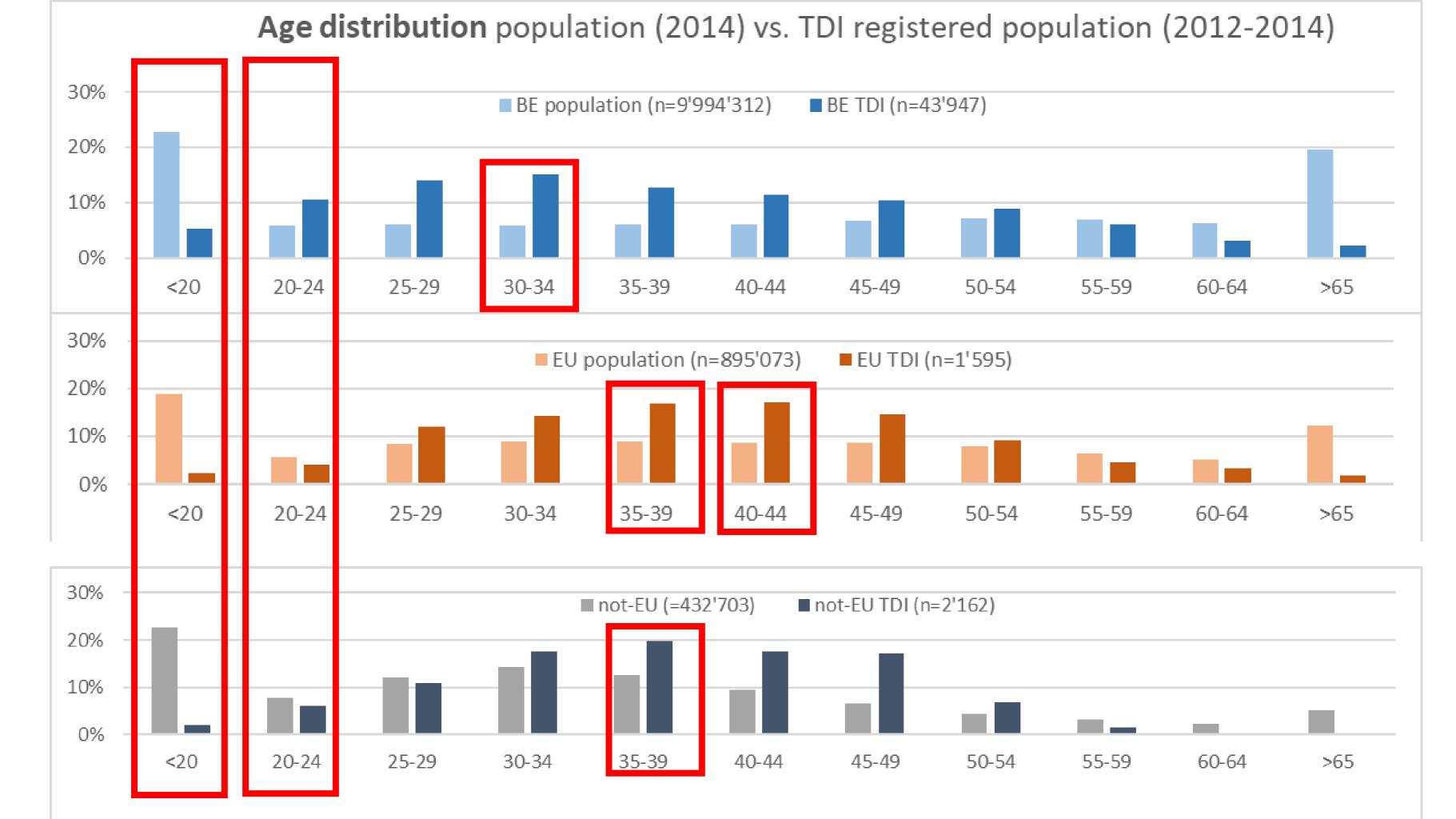
- Lower educational levels among non-Belgian clients (need for testing in non aggregated datasets)
- Low education levels among all clients (National report, 2014)
- Increase of educational level in 2012-2013-2014 among all client groups

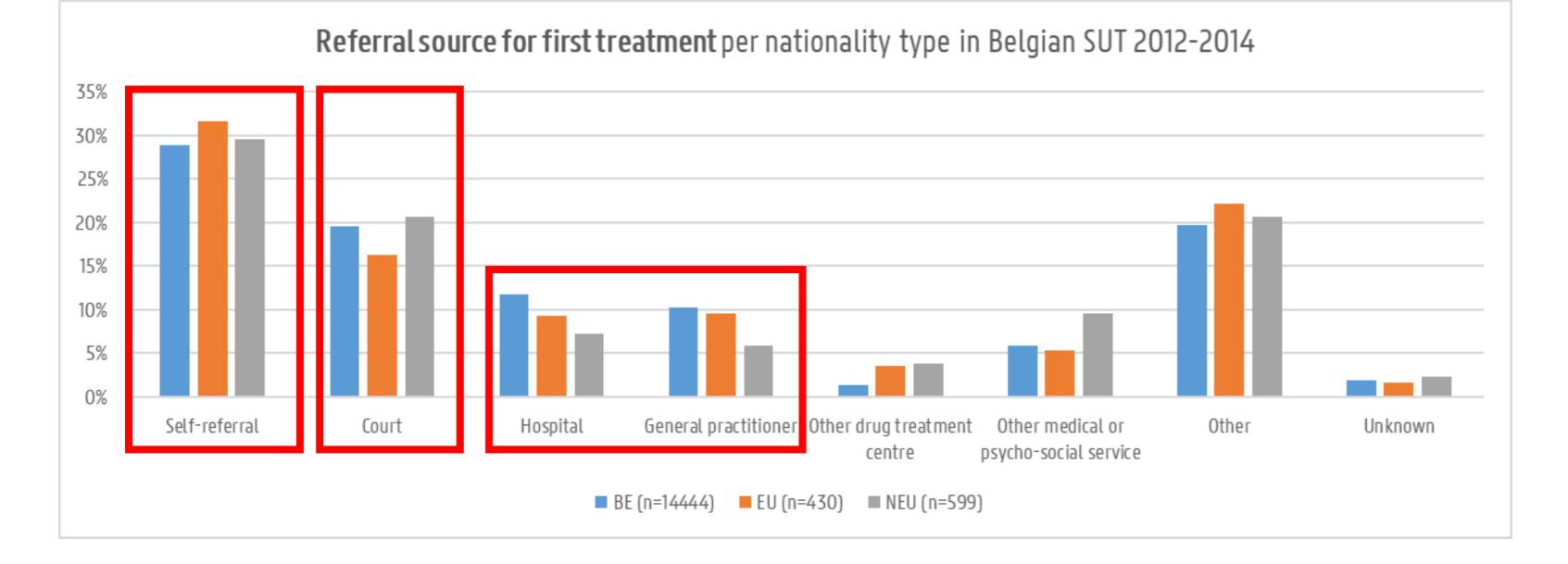




- High unemployment rates across all client groups
 - 8.4% in the general population and 19.8% among SUT clients (National report, 2014)
- Higher unemployment rates among non-European clients (need for testing in non aggregated datasets)
- Large amount of missing data, mostly among non-Belgians







- Self referral is the most common source to treatment across populations (EMCDDA, 2017)
- Literature suggests (Derluyn et al., 2008) that non-nationals will rather present to **GP's and hospitals**, nevertheless they seem to be less referred to SUT by these actors *(need for testing in non aggregated datasets)*



- Possible higher referral of non-EU nationals by court
- Similar picture for later treatment episodes

Main substance among all problematic substance per nationality type at intake in Belgian SUT 2012-2014 60% 50% 40% 30% 20% 10% 0% Opioids Cocaine Cannabis Alcohol ■ BE (n=50475) ■ EU (n=1687) ■ Not EU (n=2256)

- Similar 'top 3' to other European countries (EMCDDA, 2017), besides alcohol
- Higher levels of opioid as main substance among non-nationals
- Lower levels of alcohol as main substance among non-nationals



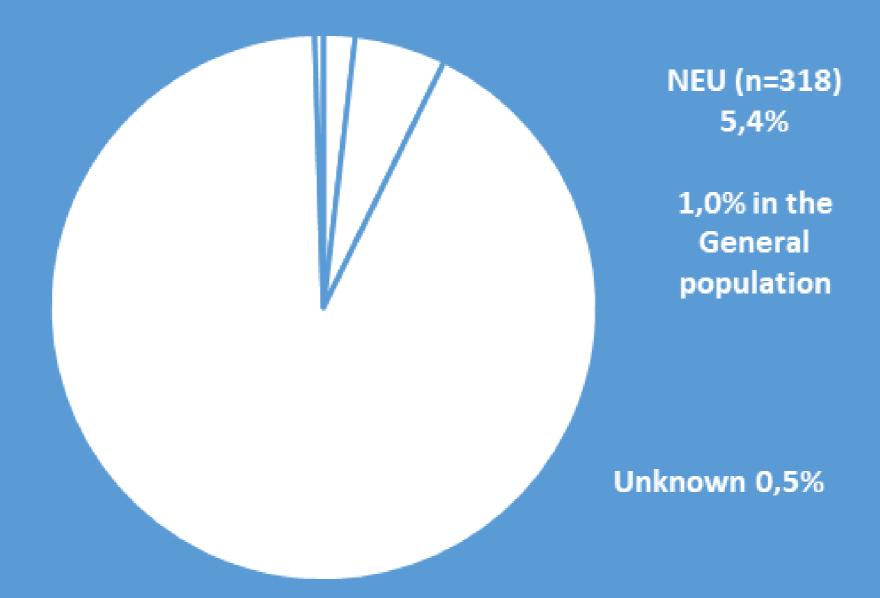
PRESENCE PER NATIONALITY TYPE IN PORTUGUESE SUT



NATIONALITY TYPES IN PORTUGUESE SUT 2012-2014

EU (n=118) 1,9%

1,5% in the General population

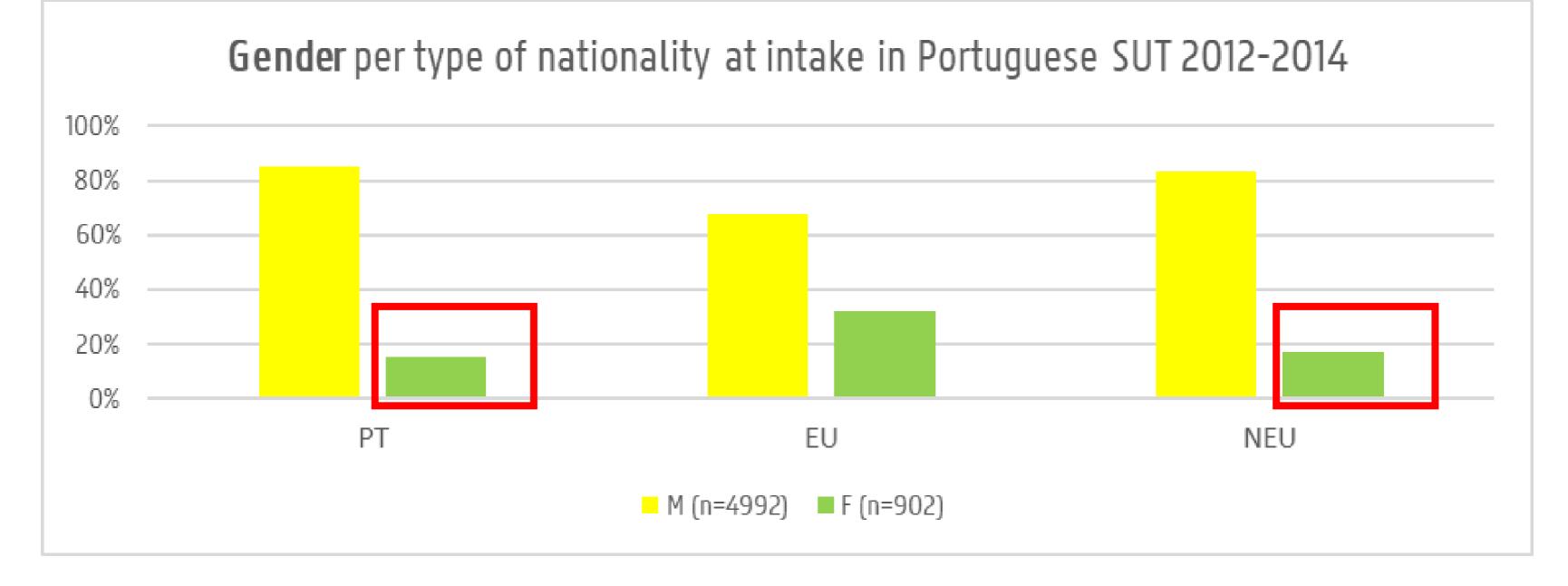




Source: SIM & IDE

PROFILES PER NATIONALITY TYPE IN PORTUGUESE SUT

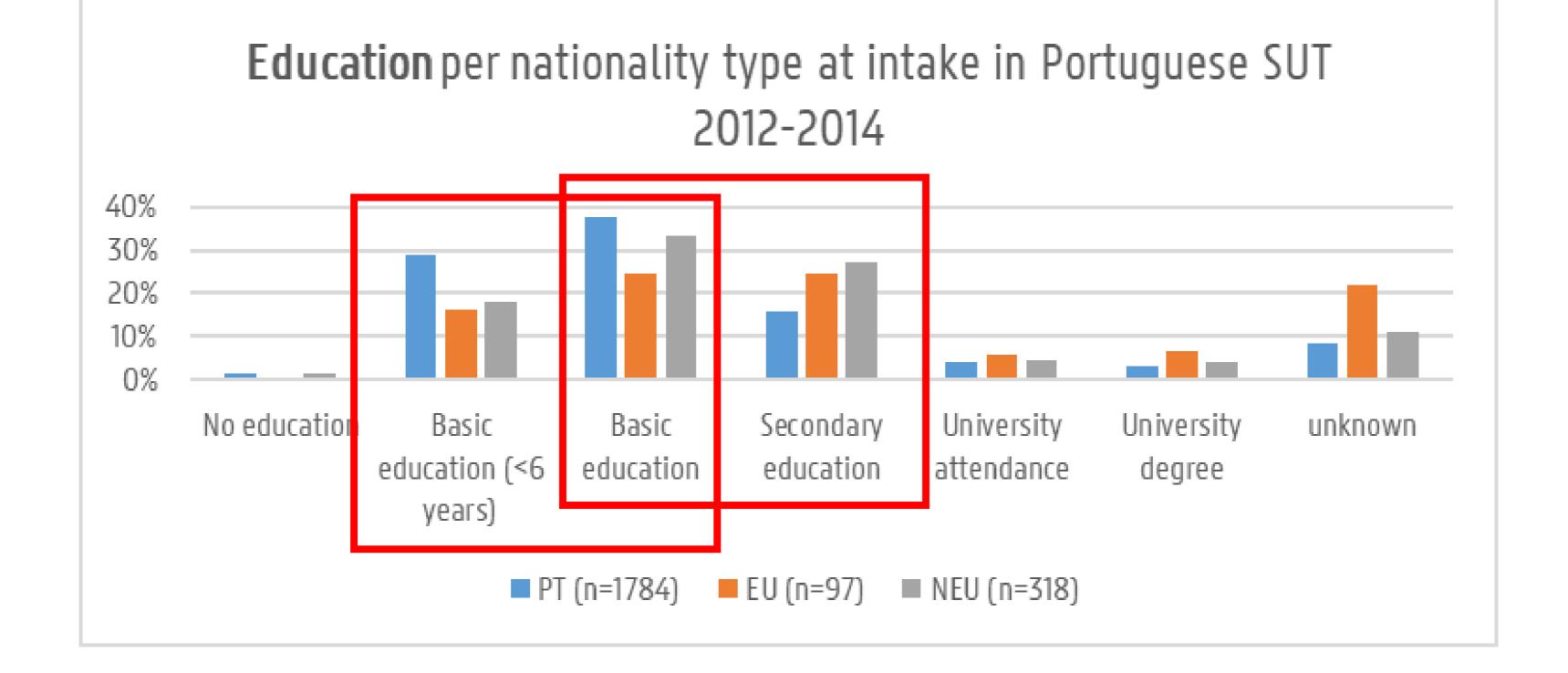




• Gender gap among Portuguese and non-EU clients seems slightly higher than the European average (1/4, Montannari et al., 2011)

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• In 2015 53% of Portuguese migrant stock was female (UN, Department of Economic and Social Affairs, 2015)

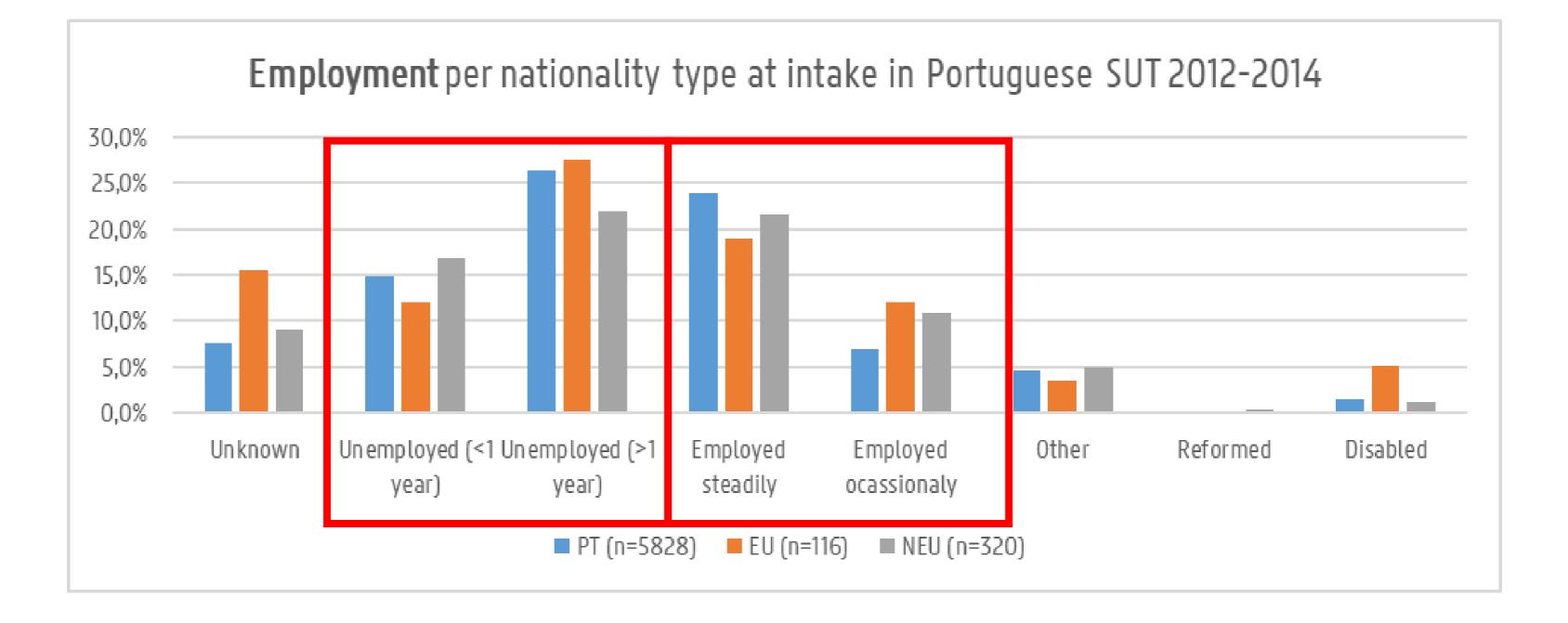


• Generally low educational levels: 13-58% did not complete basic education (National report, 2014)

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• Educational levels among non-national clients is high (need for testing in non aggregated datasets)



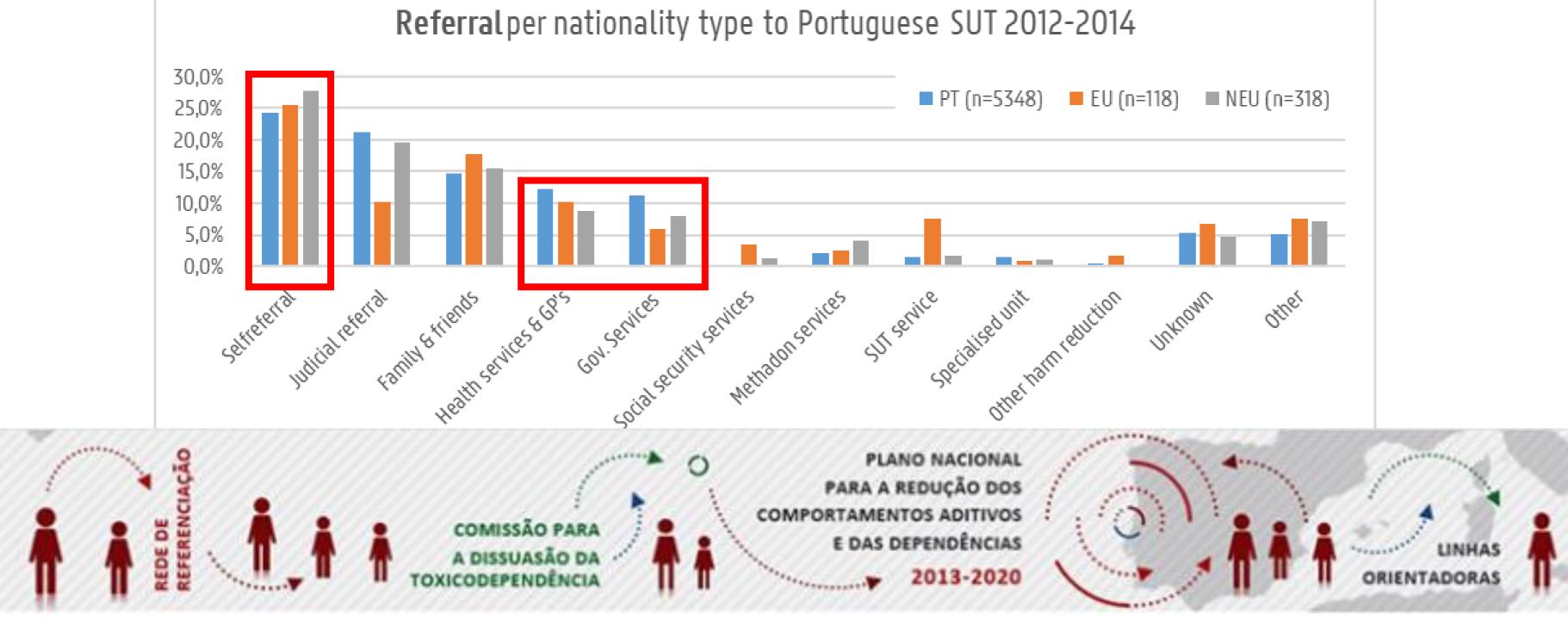
- Unemployment rates are similarily high among all clients
- Non-nationals are less often employed steadily and more often employed occassionaly



Age per nationality type at first intake in Portuguese SUT 2012-2014 30,0% 20,0% 10,0% 0,0% 25-29 35-39 20-24 30-34 40-44 45-49 50-54 <20' 60-64 55-59 >=65 ■ PT (n=5428) ■ EU (n=118) ■ NEU (n=318)

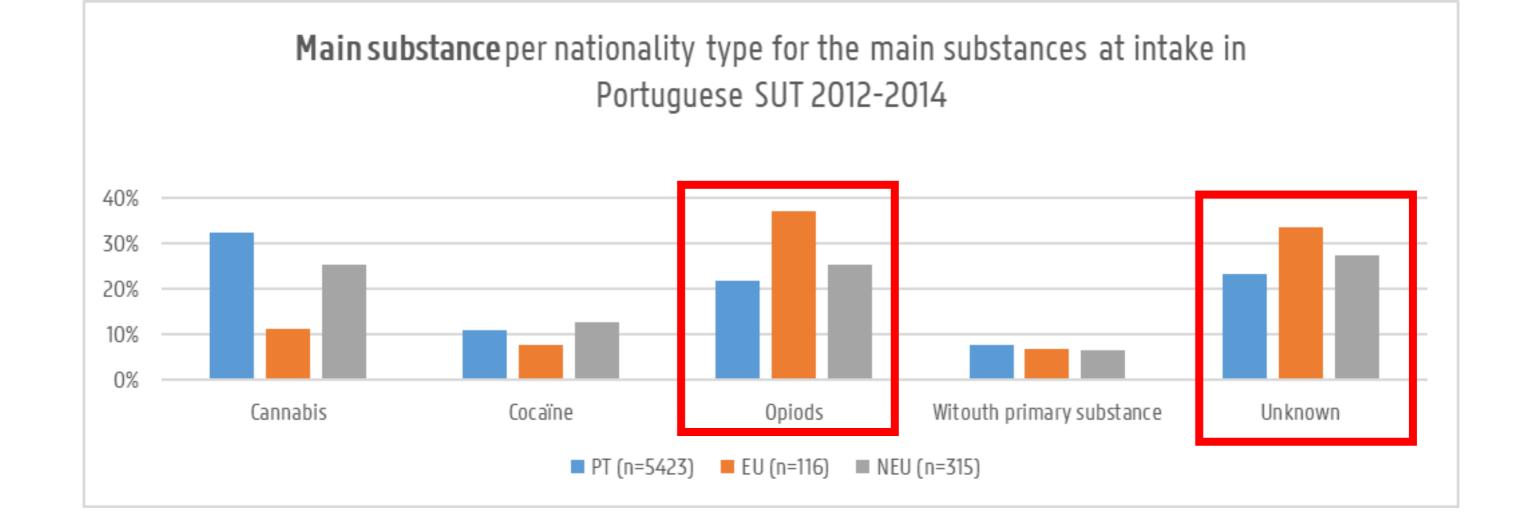
- High entry in all age categories among Portuguese clients between <20 and 44 years old
- Earlier peek in treatment age when compared to Belgian treatment age, but not for EU
- National report 2014: *clients enter at ages 35-44 years (22% to 52%) and 25-34 (18% to 44%)*
 - A large proportion of this extended age range seems to be explained by non-nationals





- High **self referral** among all clients, as demonstrated in literature (EMCDDA, 2017)
- Non-EU clients are less referred by GP's and health services & governmental programmes Governmental. services: Linha & STOP programmes, dissuasion commission & child protection





- Similar 'top 3' to other European countries (EMCDDA, 2017)
- Poly drug use (without primary substance) among all clients
- More opioid as a primary substance among non-nationals
- High number of missing data, especially among non-nationals



CONCLUSION AND IMPLICATIONS (1/2)

- High amount of heroin compared to other substances among non-nationals
 - → Need for in-depth cross-national European analysis of opioid users
 - → Knowledge transfer from low to high tresshold treatment
- Gender gap non-EU clients in BE and to a lesser extent PT
 - → targeted initiatives for specific non-national females
- Other referral sources compared to nationals:
 - → Identify new referral sources and pitfalls in classic referents (mostly GP's and hospitals)
- Apparent lower social integration (education, employment) among non-EU nationals
 BUT High educational levels of non-Portuguese clients compared to Portuguese clients
 - Need to better understand educational, occupational and employment needs among general non-national populations as well as among non-national problem users



NEED FOR FURTHER RESEARCH AND BETTER REGISTRATION

- Need for testing in non-aggregated datasets in BE & PT
- Need for better non-essentialising ethnicity registration and monitoring (Farkas, 2017) also among GP's and low threshold medical centres in Belgium
- Many 'unknowns' among non-nationals: better registration and new categories
- Qualitative understanding of these results and their consequences in treatment





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	EU		NEU	
		in BE		in BE
	in SUT	population	In SUT	population
2012	3,42%	7,00%	4,0%	3,60%
2013	3,02%	7,30%	4,6%	3,50%
2014	2,98%	7,50%	3,9%	3,50%

Source: TDI & Myria

Mental health centres did not register

in 2012

