

Addiction treatment in deprived urban areas in EU countries: Accessibility of care for people from socially marginalized groups

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Aim: This study examines the accessibility of addiction treatment within services providing mental health care and support for people from socially marginalized groups in deprived urban areas across EU countries.

Methods: Services providing mental health care and support in deprived areas of 14 EU capital cities were assessed with a questionnaire. We analysed the availability and accessibility of those services providing addiction treatment for people from six groups: the long-term unemployed, the homeless, street sex workers, asylum seekers and refugees, irregular migrants and people from travelling communities.

Results: While 30% of all the assessed services provided addiction treatment, in 20% of services, addiction was a criterion for exclusion. Among services providing addiction treatment, 77% accepted self-referrals, 63% were open on weekends or in the evening, 60% did not charge any out-of-pocket fees, 35% provided access to interpreters,

and 28% ran outreach activities. These results varied substantially among EU capitals.

Conclusion: Access to addiction treatment for socially marginalized groups varies across Europe. Some of the models identified may constitute barriers to treatment. Developing care delivery models that facilitate access for vulnerable populations should be a priority for national and European policies.

INTRODUCTION

Marginalization is the process of being excluded from meaningful participation in mainstream society. It is linked to a lower social status and limited access to important social resources, such as health care and social services, education, housing, the labour market and leisure facilities (Burchardt, Le Grand, & Piachaud, 2002; Sayce & Curran, 2007). Although there is no single accepted definition of marginalization and social exclusion, most of them underline a lack