



Standing up for migration



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WHO issued a report on the health of refugees and migrants in the WHO European Region on Jan 21, 2019. The report aims to provide an overview of the current health situation for refugees and migrants across the 53 countries of the region, by providing an evidence base for the approximately 258 million migrants in the area.

The report notes that “there are no global or region-wide indicators or standards for refugee and migrant health”. Although the global volume of refugees and migrants has remained relatively stable since 1990 (from 2.8% of global population then to 3.3% now), there has been a sharp rise in the proportion of displaced people over the same period, from five in 1000 in 1997 to nine in 1000 in 2017. This sizable population demands separate consideration, in part because their health concerns need promoting and defending in the face of increasing xenophobia across Europe

Persistent myths about migrants and refugees have been allowed to propagate unchallenged in political

discourse. Our recent Commission on Migration and Health highlighted some of these. Migrants contribute more to the wealth of host societies than they cost, and migrants have lower mortality than their host populations.

This new WHO Report and the recent Compact on Global Migration represent positive moves in an area of global health featuring some of the world’s most maligned and at-risk populations. Too often, however, the voices of the migrants and refugees themselves are silenced in the conversation. Migrants and refugees clearly have vital contributions to make in the debate over their treatment and health, but, frustratingly, the dialogue surrounding them seems limited to those in positions of institutional power. We urge political leaders to privilege migrants as essential participants in the public conversation about their important contributions to the health of our societies. ■ *The Lancet*

See **The Lancet Commission** *Lancet* 2018; **392**: 2606–54

For **WHO Europe report** see <http://www.euro.who.int/en/publications/abstracts/report-on-the-health-of-refugees-and-migrants-in-the-who-european-region-no-public-health-without-refugee-and-migrant-health-2018>



Take-home naloxone: a life saver in opioid overdose



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Deaths from synthetic opioids, natural and semi-synthetic opioids, and heroin totalled 49 068 in 2017 in the USA, with the sharpest increase occurring in fatal overdose related to oxycodone, fentanyl, and fentanyl analogues. In Europe, five fentanyl derivatives were identified in 2017, and these are being mixed with other drugs, including heroin and cocaine. The danger of mixing different drugs is that the user is often unaware of which substances they are consuming with the result that they are at even greater risk of overdose—particularly problematic with fentanyl, which is estimated to be between 50 and 100 times more potent than heroin.

The level of an individual’s tolerance is crucial in determining the outcome of an overdose, and it has been found that overdose deaths are more likely to occur in specific situations—for example, the period shortly after prison release, hospital discharge, or completion of an episode of residential detoxification or recovery treatment. The distribution of take-home kits of the opiate antagonist, naloxone, has now been shown to be effective in reducing opioid-related deaths.

In Scotland, which was the first nation globally to adopt a naloxone programme in 2011, opioid-related deaths in former prisoners within 4 weeks of release from incarceration have reduced by 50% since the introduction of the programme. Several other countries have their own versions of Scotland’s National Naloxone Programme reports a letter published in *The Lancet* today, including Canada, Norway, and the USA. A key element in the success of a take-home naloxone programme is the actual number of kits distributed—research indicates this should be about 20 times the number of a country’s opioid-related deaths. The kits should be given to the opioid user to distribute to friends, families, and other contacts such as health-care workers and all should be alerted to when the user is in a period of heightened risk.

The opioid crisis requires multifaceted, multidisciplinary, holistic, and international interventions. However, as a temporary, and now proven, effective short-term solution to reduce opioid-related deaths due to overdose, a programme of take-home naloxone must now be widely adopted. ■ *The Lancet*

For details of **Scotland’s National Naloxone Programme** see [Correspondence](#) page 316

For more on **mortality from all causes and drug poisonings in the USA 2000–15** *Online/Articles Lancet Public Health* see [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30208-1/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30208-1/fulltext)