

6. 'SEARCH II' in Austria

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1. Description of the organisation

The Institut für Sozial- und Gesundheitspsychologie (Institute for Social and Health Psychology (ISG)) was founded in 1994 with the aim of conducting various activities in the areas of psychological re'search', counselling and prevention, clinical diagnosis and treatment, as well as psychotherapy. As the only independent institution in Austria, it tries to be active in various psychosocial areas and, in particular, to concentrate on subjects concerned with addiction.

The interdisciplinary group of staff comprises psychologists, educationalists, doctors, sociologists, social workers and psychotherapists.

The work focuses on:

- Psychosocial re'search' on behalf of ministries, regions and local authorities, scientific documentation and publications.
- "Use and misuse of substances by children and youths" (1996-1999).
- "Drug affinity amongst youths in the techno party scene in European metropolises", with SPI-Berlin and VWS Vienna (1999).
- "SONAR": Study on nightlife and substance use in 8 European cities (IREFREA 1999).
- "Re'search' and intervention project for risk reduction among socially excluded individuals, IDUs and people with HIV/AIDS (EURO-EXCLUDE)", cooperation with EASP (Granada).
- "European Healthy Schools and Drugs (EHSD)": Prevention of drug misuse in secondary education establishments (with TRIMBOS, NL).
- "Prevention of drug misuse among refugees and asylum seekers" in cooperation with the LWL.
- Concepts in the field of psychosocial prevention and rehabilitation.
- Training target groups (mediators, peers) in the fields of education, health and youth welfare (in close collaboration with RISIKO - Verein für Prävention und Intervention in Vienna).
- Prevention and rehabilitation in cases of substance misuse and addiction as well as in cases of other forms of psychiatric deviations. (In recent years the ISG has conducted numerous prevention projects in schools and firms in collaboration with the Risiko organisation).
- Clinical-psychiatric diagnostics and treatment.
- Health psychology and psychotherapy work.
- Providing counselling, information and care for persons with psychosocial problems.

The ISG is member of the International Council on Alcohol and Addictions (ICAA), Geneva.

2. The transition from 'SEARCH' to 'SEARCH II'

After completion of 'SEARCH' in March 2002, there was a pause of around six months before beginning 'SEARCH II'. During this period, the RAR team in Vienna maintained contact with the key persons concerned with refugee care (in particular with the Evangelischer Flüchtlingsdienst Österreich – the Austrian Evangelical Church's refugee service (EFDÖ), our partner in the pilot 'SEARCH' prevention project). During the discussions it became clear to the team that there had been changes to the target group of Iranian refugees: (almost) all Armenian-Christian Iranians (the majority of whom had severe alcohol problems during their stay in Austria and were thus particularly vulnerable to addiction) had left Austria, while more restrictive admission requirements in the destination countries (USA, Canada) had stemmed the flux of refugees from this ethnic group to Austria. In addition, our key persons indicated that carrying out prevention work with the Iranian refugees who did not belong to the Christian-Armenian minority, and who therefore remained in much smaller numbers, would be very difficult and

inefficient. Tending to consist of ‘older’ men, this group showed opium use patterns that were part of their cultural tradition and which would therefore be difficult to change. Here, any prevention measures were very likely to hit upon stony ground. Thus, already before the beginning of ‘SEARCH’ II, the RAR team again found itself in a ‘monitoring’ phase that made us consider changing the target group for ‘SEARCH II’.

At the same time, key persons involved with the NGO asylkoordination österreich (Asylum Coordination Austria) indicated to us that the problem of drug use had increased among the group of unaccompanied, juvenile refugees (UJRs). We had already considered them a potential target group in ‘SEARCH’, but had received fewer indications of problems than with the Iranians. Persons from refugee care who work with UJRs could no longer simply standby and watch, and enquired at asylkoordination österreich whether the ‘SEARCH’ project, which they had already heard about through the ISG, was still running. The ISG learned about this through the asylkoordination and contacted the key persons involved with caring for UJRs.

During the discussions, the RAR team was informed that an increase in the misuse of addictive substances had been ascertained in the facilities concerned with UJRs, and that the refugee care workers were keen to do something to prevent this but would require support.

As the beginning of the ‘SEARCH II’ project had already been fixed at this point, we agreed to enquire at the opening workshop of ‘SEARCH II’ whether it would be possible to change the target group for Austria for reasons of immediate importance. This was accepted by the project management after we reported on the changes in the situation in Vienna, and we began with a ‘light RA’ (cf. monitoring chapter in the RAR Handbook for the project) for the UJR group.

3. Course of the ‘light RA’

The RAR team began collecting context material on the UJRs in Austria (countries of origin, age, gender relations, accommodation, prevailing legal conditions, etc.) to gain an overview. At the same time we tried, with the help of asylkoordination österreich, to identify key persons involved in refugee care in the UJR area. The starting points were visits to clearing centres for UJRs. These are special facilities for young refugees where they are housed for up to 3 months upon arriving in Austria and where they are provided with initial legal and psychosocial care.

In addition, the ISG attended one of the joint regular meetings of all the Austrian clearing centres where we had the opportunity of getting staff from the various facilities together at one location to concentrate on this theme. This was achieved by means of a clearing centre focus group within the framework of the meeting, whereby we were able to collect a variety of context information and basic facts.

After the clearing centre meeting, at which further interviews were arranged in the individual facilities, we conducted a series of semi-structured interviews with staff not just from the clearing centres but also from the aftercare facilities. These are facilities provided for UJRs after the clearing phase, in which they are housed until they are 18 years old.

We also interviewed staff from the „Kompetenzzentrums für UMF“ (‘Competence Centre for UJRs’, a local department in Vienna) as well as people responsible for the ‘Connecting People’ sponsorship project¹ for UJRs.

1. Here, individual persons voluntarily sponsor UJRs and, within the time available to them, try to help and support the UJRs with legal, social and other problems.

The concentration on semi-structured interviews was partly due to the positive experience had with this method in 'SEARCH' and partly due to the shortened 'light RA' process.

Apart from the interviews with UJR facilities, working sessions were held with the Institut für Suchtprävention (Institute for Drug Prevention, (ISP)), a local authority establishment in Vienna. Here it was determined to what extent the Vienna addiction care service had been concerned with UJRs. However, we were not able to gather much in the way of indications. Although this led to further individual discussions with addiction professionals and social workers involved with youth work, which were partly arranged through the ISP, these also provided very little valuable information. Thus, until 'SEARCH' II, UJRs have previously not been considered in addiction care or youth social work, either in Vienna or Austria as a whole.

4. RAR results

Based on the information from the interview partners, the community of unaccompanied juvenile refugees can be divided into two main ethnic groups with regard to the problem of addiction:

- On the one hand male West Africans;
- On the other male Eastern Europeans.

Based on the statements of the interview partners, two substances in particular came to the fore whose use within the vulnerable groups can be regarded as problematic:

Cannabis use is ascribed in particular to the West African group (especially people from Nigeria, Sierra Leone, Ghana) and, in individual cases, to Afghanis. The interview partners have highlighted the problem not just of using but also of dealing with this substance. The use is considered as an inherent part of their culture and of everyday life, and is therefore somewhat played down. According to the interview partners, the West Africans strictly separate the dealing and use, and only in individual cases do they consider it possible that these are mixed.

At this point it should be noted that, in the group of African UJRs, it is particularly the behaviour patterns linked to drug use that represent a very serious problem. Mafia-like human trafficking and drug rings are carrying out the organised recruitment of African UJRs, who as a consequence are also becoming involved in criminal activities.

The carers of UJRs place particular importance on the problem of preventing crime, as drug searches and raids by the police could harm the reputation of the facilities. This in turn could lead to them losing financial support. For this reason there are usually house rules that are given the highest priority.

The second problematic substance that can be identified is alcohol. Its problematic use seems to be particularly prevalent among eastern Europeans (Georgians, Russians, Kazaks, Ukrainians, Moldavians) as part of a cultural habit that they have brought with them. According to statements made by the interview partners, there is no awareness of the problem among either group. In individual cases, alcohol misuse is also linked to refugees from Guinea and Afghanistan.

In addition, heroin and cocaine were occasionally mentioned in the interviews, which are used as stimulants by African refugees in the street prostitution scene in Vienna, and in the past have also been used by Georgians.

A physical problem that is particularly identified in connection with alcohol use is aggression as a con-

sequence of excessive use. The physical effect of the substance is underestimated by those not used to drinking alcohol as a result of cultural and religious prohibitions in their homelands.

An important psychological factor is considered to be the lack of any awareness of the problem, which according to the respondents is closely connected to the cultural traditions. This can be ascertained with both alcohol and cannabis users. Alcohol is used to suppress worries and fears.

A social problem is considered to be the impairment of daily routines and leisure behaviour due to the effects/results of the drugs. The refugees then spend the entire day in bed and cannot be motivated to take part in any activities.

Apart from the use of specific substances, legal problems also arise as a result of drug dealing and drug-related crime. The drug bans that exist in the refugee facilities are, however, imposed with various degrees of strictness. The consequences range from turning a blind eye and playing down the problem to threats of ejection.

5. Dealing with drug problems in the refugee facilities in Vienna and the surrounding area

In Austrian refugee facilities, it is usually general measures that are applied to counter drug use. Examples that are mentioned in the interviews include house rules, the drug law, announcing drug tests, house searches and their consequences (= ejection). Individual refugee facilities ensure that their carers are trained in aspects of drugs and, in addition, work closely together with the police (e.g. with house 'search'es). Preventive measures include providing information on the legal conditions and activities to bolster self-esteem and self-confidence.

According to the respondents, central elements in the preventive areas are the legal possibility to work (which is only possible for refugees under exceptional circumstances), activities (e.g., German courses), projects (e.g. flood help) and regular leisure activities (e.g., sport, painting, music), i.e. the creation of a structured day programme. However, because of the lack of personnel, time and, above all, financial resources, these are almost impossible to implement.

According to the respondents, a preventive effect is achieved if the juveniles are religiously minded and socially included in peer groups. Although mutual help is offered among the refugees for drug problems, if there are addicts in a residential group or clique they are excluded. Such social exclusion represents a considerable loss for the juvenile refugees and is therefore avoided. Group membership can therefore be regarded as a protective factor.

The focus group that deliberated on the RAR results dealt with open questions and, above all, discussed preventive strategies, confirmed the ascertained 'vulnerable groups' and the problematic substances. There was also agreement that the use patterns are mostly based on cultural tradition and that there is little awareness of the problem either by the UJR's or the carers.

6. Initial considerations for preventive activities in 'SEARCH II'

Based on the results of the semi-structured interviews, we established the following priorities for conceiving preventive measures:

1. Creating structured day programmes through providing activity projects and vocational possibilities
2. Training measures for the carers in refugee facilities
3. Establishing drug behaviour as a standard theme in refugee facility meetings
4. General health care and bolstering self-esteem.

With regard to drug prevention for UJRs, the focus group discussions emphasized the importance of providing structured day programmes that ensure sensible daily routines (and without which there is hardly any basis for providing life skills).

It was also confirmed that the most significant preventive factor would be the legal possibility to work – various possible approaches were discussed in this respect, which, however, all remained unrealistic and would have been impossible to pursue within the framework of ‘SEARCH II’.

Overall, participants in the focus group favoured the prevention option of multiplier training and/or training people from the refugee care services as the most realistic prevention activity. This is not least because there is also the view that, beyond the activities of the ISG within the framework of ‘SEARCH’ and ‘SEARCH II’, the ISP could also include ‘systematic drug prevention in refugee care’ in their working programme. The experts considered that dealing directly with the UJR target group would do little to achieve the aims as this would only be ‘paying lip service’ and, in contrast to coaching activities, would not be sustainable.

As a result of the RAR findings based on the interviews and the focus group, the ISG began designing coaching programmes for carers of UJRs and, in individual cases, began conducting training in small groups (on location or at the ISG).

When selecting the facilities, we decided for the Vienna clearing centre for UJRs and the Laura-Gatner-Haus for UJRs, which belongs to the EFDÖ. (Here, UJRs can remain until their 18th birthday following the clearing phase). Thus it was possible to provide individual and need-based coaching for employees (leaders, key staff and entire teams) in two different forms of care for UJRs.

7. Provision of coaching as part of the prevention work in ‘SEARCH II’

We began the coaching phase in the form of individual coaching sessions with leaders from both the selected care facilities. In particular, these were aimed at:

- further clarifying individual needs to a greater extent than was previously the case during the RAR phase,
- ‘monitoring’ the changes in the facilities since the last discussions through using first-hand information,
- organising group coaching sessions with the staff.

In the case of the Vienna clearing centre (‘Project Caravan’), there was also an additional preliminary discussion on the above-mentioned themes with key persons from the care team, which led to a preliminary coaching session as part of a team meeting of the staff from CARAVAN. This in turn provided the additional information needed for finalising the concrete programme for the team coaching sessions in the Vienna clearing centre. The greater concentration on the Vienna clearing centre was a consequence of the much more complex problems in this facility, which required even more intermediate steps than the EFDÖ’s care facility in Hirtenberg (Laura-Gatner-Haus) to the south of Vienna.

The Laura-Gatner-Haus in fact places great emphasis on activities and tries, with considerable success, to find vocational and training possibilities for the refugees. It also conducts its own activity projects (e.g.: designing and renovating the home). For increasing self-esteem, a psychodrama group

is also provided. Led by two psychotherapists, it has been well received by the juveniles. In Hirtenberg there are different prevailing conditions than at the Vienna clearing centre. The geographical position outside of Vienna, the better financial structure through the use of personal donations, the possibility for UJRs to work and be trained, different team dynamics and the fact that there are generally much fewer problems in terms of drug use means that it has a much more positive starting position than Vienna itself. This allows for better implementation of many of the elements that have a preventive effect on addiction and which are theoretically striven for in Vienna (e.g. structured day programmes, activities).

The most important starting point for the coaching was the fact confirmed by the RAR that drug prevention has effectively less to do with individual prevention than with protecting the facilities. The most overriding aspect in this context is: "Which contribution can drug prevention make to the survival of a facility (drug-free facility, keeping house clean, etc)?"

Thus the ISG focussed on drug prevention that was targeted at the staff and the facilities. In the case of the UJRs in Vienna, drug prevention also means taking into account 'delinquency prevention', which is based on similar premises to drug prevention and can work with similar means.

In terms of the carers, it was mostly concerned with reconciling the actual circumstances in the specific facility with their mostly deviating ideals and beliefs. It was not only necessary to increase acceptance of the circumstances, but also improve how they are dealt with. Likewise the phenomenon of suppression needed to be dealt with. The fact that people keep problems to themselves, and each carer pursues their own way or ideas, means that any consistent line taken by the team falls by the wayside. This in turn means that there is a lack of any predictable decision or sanctioning processes. Thus the UJRs cannot recognise any clear and consistent courses of action, or any stability and continuity within the facility.

In terms of the facilities themselves, the emphasis is on improving the structures so as not to encourage addictive behaviour: clear rules and consequences are necessary, and functioning and practical elements for structured day programmes must be developed. The situation in the facilities is severely restricted by the prevailing conditions (the duration of the UJRs is limited and the carers have no influence on the period after the primary care).

Further important elements for the coaching that were able to be identified included teaching basic knowledge on drugs, introducing methods for drug prevention, discussing risk and protective factors, emphasising elements that strengthen self-esteem, improving group and team dynamics and networking elements.

Coaching sessions show that with the help of this technique, which does not follow any strictly ordained guidelines as to content, acute problems can be approached with openness and flexibility. The aims and content of the coaching sessions are thus first developed together during the sessions themselves, whereby the general preventive objective should not be forgotten.

Nevertheless, we have attempted to summarise the most important requirements and contents when coaching carers of UJRs.

Based on our experiences in 'SEARCH II', we believe that coaching programmes for carers of UJRs should include the following elements and models:

- *Basic knowledge on the themes: "Addictive substances – effects and risks"*
 - Development of addiction
 - Recognition of addiction
 - Reaction to recognised addiction risks
 - Dealing with those at risk of addiction
- *Introduction to "methods of drug prevention":*
 - Primary prevention (tools for developing self-esteem + structural elements, life skills, health care, etc.)
 - Secondary prevention (recognising and reacting where there are already problems)
 - Tertiary prevention: treatment
- *Discussing risk and protective factors*
- *Giving particular consideration to changes to the norms and rules (social norms, norms for youth welfare and/or peers) as well as to the structured day programmes or activities for UJRs*
- *Joint development and/or optimisation of elements for structured day programmes, in which drug-related aspects can be incorporated (e.g. German courses)*
- *Emphasising elements for bolstering self-esteem in care beyond the (moral) relation level*
- *Discussing the contentious issue: "combating causes of addiction" vs. "quickly implemented help"*
- *Improving the group dynamic within the team of refugee carers (strong emotions in team with cases causing particular concern)*
- *Networking elements, knowledge transfer (networking with relevant specialist centres at local or regional level)*

8. Extending the training to the 'Connecting People' project:

An innovative project from asylkoordination österreich is called 'Connecting People'. This enables individual juvenile refugees to spend their free time with an Austrian sponsor and be integrated into their family unit (for a limited time), which contributes to the social integration of UJRs and therefore provides drug prevention.

After the focus group for 'SEARCH II', the contacts that were already made with the 'Connecting People' sponsorship project were intensified, those responsible for the project were informed of the coaching idea and, based on these preliminary discussions, the sponsors were offered 10 hours of individual free coaching. The project leader informed the sponsors of this, and they could contact the ISG directly to receive coaching as necessary. Besides the risk of using drugs, a main problem or concern of the sponsors that could be identified was their fear that the UJRs might drift into drug dealing. Thus the coaching sessions mostly dealt with the sponsors' own fears and with developing joint strategies for taboo-free and open communication between the sponsors and the UJRs.

9. Conclusions, Outlook

The use of coaching for carers of UJRs is aimed at supporting the constant factor in refugee care, i.e. the pool of refugee carers, in their daily work. It also provides them with the necessary tools and, in a joint process determined by individual needs, improves the ability of social workers and social educationalists to act in regard to addiction and delinquency prevention.

It has been shown that such coaching must be oriented to the respective, specific needs of the facilities and/or target persons in the different settings (in our case: UJR clearing centre, UJR aftercare facility, sponsors of UJRs). This necessitates an individually determined method of approach that can, however, follow specific guidelines.

The ISG coaching programme met with considerable interest, was well received and shall be continued after the end of the 'SEARCH II' project. Above all, the cooperation and networking in this regard with the Vienna clearing centre is now on a firm footing, even if the concrete longer-term possibilities for coaching are limited by financial aspects.

According to the participants, the coaching was accepted as a 'door opener', as 'something new' that 'did good'. Previous supervision provided for refugee carers beyond 'SEARCH' raised expectations that could not be fulfilled because there was no continuation. In addition, the subject of drugs was only ever a peripheral theme – if it was considered at all.

With the sponsorship project 'Connecting People', a network was also established by the ISG that enabled regular monitoring of the problems and needs of this special group in terms of the RAR.

Imparting the content of the 'SEARCH' activities to the ISP (Institute for Drug Prevention in Vienna) enabled the subject of 'SEARCH' to be shifted to the political level. Currently there are discussions taking place between heads from specialist drug prevention centres and those responsible in refugee care, which gives justifiable hope that a sustainable and longer-term approach to the problem of drug addiction among refugees can be got going. Since 'SEARCH II', there has been better understanding of the various correlations. Whereas during the course of the 'SEARCH' project suppression was still very much a problem, with 'SEARCH II' there was already much more openness regarding our area of concern. The RAR questionnaires and focus groups from 'SEARCH' had already prepared the groundwork for 'SEARCH II', and thus other necessary plans (such as dealing with 2nd generation migrants with regard to drug addiction) can be approached with more confidence of success.