

## 7. 'SEARCH II' in Belgium

<b>1.</b>	<b>The organization "De Sleutel"</b>	<b>42</b>
<b>2.</b>	<b>From 'SEARCH' to 'SEARCH II'</b>	<b>42</b>
2.1.	Network	42
2.2.	Objectives and Results	42
2.3.	Prevention staff involved	43
<b>3.</b>	<b>Concrete Results</b>	<b>43</b>
3.1.	Instruments for prevention	43
3.2.	RAR	43
3.3.	Multiplication of Methodology	43
<b>4.</b>	<b>'SEARCH II'- Development of material for prevention</b>	<b>44</b>
<b>5.</b>	<b>„Het Gat in de Haag“ („A hole in the hedge“) and 'SEARCH II': primary school children</b>	<b>46</b>
<b>6.</b>	<b>RAR-Monitoring</b>	<b>46</b>
6.1.	Reports of interviews with key figures	46
<b>7.</b>	<b>Conclusions and prospects</b>	<b>52</b>

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***De Sleutel, Gent, Belgien***

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## **1. The organization "De Sleutel"**

De Sleutel ( "The Key") is the largest organisation in Flanders providing counselling services and research into the prevention and avoidance of drug problems. De Sleutel was founded in 1973 and has 230 staff. The organisation has two therapeutic communities, one crisis intervention centre, five day centres, two residential shortterm programs for the under aged, outreach- and streetworkers, methadone supply centres and training centres and a social work centre. De Sleutel works for both the primary and secondary prevention of drug abuse. We thereby combine methods and techniques which are internationally acknowledged and appreciated. De Sleutel has long-term relations with research institutes over the whole of Europe and beyond. Much of our knowledge comes from our own experience on the shop floor. Information, education and a strategy in social and individual handling of drugs converge in an overall preventive treatment in schools or in the community. The life skills and peer-to-peer approach are used in this context.

## **2. From 'SEARCH' to 'SEARCH II'**

### **2.1. Network**

The results of the RAR research in 'SEARCH' led to raised interest from a group of employees within our organisation. This group included people from the different fields: of prevention, outreach, treatment and research. We also found we had learned more about the way how to support asylum seekers. The succession of the first project by 'SEARCHII' assured all the colleagues of the solidity of this project. This also meant that their effort in this action and research could be repeated.

### **2.2. Objectives and Results**

The objectives and expected results for 'SEARCH' were more specifically formulated as follows:

- Further distribution of instruments for prevention. Monitoring the prevention strategy and to change when wanted:
  - in general,
  - with special attention to the integration module in primary schools
- Second RAR-research will have to be carried out in a more differentiated and wider targeted population in compliance with the target population of RAR in 'SEARCH'. RAR consists of a questionnaire and target group of 105 respondents to a local OCMW-initiative.
- To explore instruments for the distribution of the RAR methodology for training modules within our reach.

### **2.3 Prevention staff involved**

Many of the interviewed, target groups or contact persons were connected to people from 'SEARCH'. The positive experiences we had by registering all documents, granted a good base for the necessary action undertaken in 'SEARCH II'.

### **3. Concrete results**

#### **3.1 Instruments for prevention**

We had two publications:

- 1 brochure in six different languages
- 5 stories for children about refugees and about drugs (magic potions)

'SEARCH II' monitored for qualitative distribution and effective use. The distribution became simpler by use of the website ([www.desleutel.be](http://www.desleutel.be)) and by adding an audio-version on CD. This material was presented at a press-conference.

#### **3.2. RAR**

##### *3.2.1. Monitoring 'De Brugse Poort', Gent*

We held interviews with relevant organisations and individuals from the 'SEARCH' sample as well as with new contacts. This resulted in a detailed report and a formative evaluation of the project. In Chapter 5 you will read lively records of discussions relevant to this subject.

##### *3.2.2. RAR at 105 local OCMW initiatives in Flanders*

OCMW's are Public Centres for Social Welfare. Every Community Council in Belgium has such a Public Centre. The RAR methodology was adjusted to incorporate a broader group of contacts by the use of a questionnaire and a regional meeting acting like target groups. The assessment contained 105 respondents. The questionnaire had the same structure as the interviews in 'SEARCH'.

The respondents consisted almost only (96 %) of social workers. The ultimate target group consisted of asylum seekers from almost all parts of the world. Most sensitive for drug problems are, according to the research, asylum seekers from the Middle East and the Balkan. The complete result is published in Dutch and is to be found at [www.desleutel.be](http://www.desleutel.be)

#### **3.3 Multiplication of Methodology**

##### *3.3.1. Material*

We translated the RAR manual and adjusted the manual to the local situation and culture in Belgium. We used examples that were 'close to home'.

##### *3.3.2. Training*

We organised a trial of the RAR method in a setting without drug prevention. The theme was "truancy by children". 'De Habbekrats' in Gent cooperated; this is a very active and well known Youth Centre centered towards socially vulnerable teenagers. We use the results of the trial in a one-day training course about RAR. The training is aimed at social workers who coordinate activities in local prevention schemes.

The methodology was also presented in a lecture at the 'Gents Hogeschool', Department of Social Studies. We became even more convinced that the methodology could be transferred to services and organisations which themselves don't have a well developed scientific section.

##### *3.3.3. RAR in 'SEARCH II': General conclusions*

Of 105 respondents a large majority (89%) had a job where asylum seekers are the specific target population. 80 % of the respondents indicated they had - a moderate to high - knowledge of drugs.

This research showed no dramatic drug problem with asylum seekers. Still, one in three respondents indicated there were problems with drug abuse in this group.

People working for OCMW's refugee initiatives noticed physical, financial and social problems when drugs were used.

Councillors based their views mainly on what they saw of the asylum seeker or from what the asylum seeker told them. The behaviour of these people is often a source of information. They also got information from colleagues.

The average profile of a problematic user according to the respondent:

- Legal drugs are especially problematic. The three most problematic legal drugs are; alcohol, tobacco and medication. Of illegal drugs, cannabis is the most important, followed by heroin.
- The specific circumstances of the asylum seeker create the most important problem. An insecure future, boredom, waiting and traumatic experiences in their homeland are the main reasons why these people are using and abusing drugs.
- Most problematic users came from regions of the Balkan, Iran and Georgia. These people appeared to be mostly male between the ages of 18 and 35. The majority of them emigrated alone to Belgium.

Most asylum seekers with a drug problem are in contact with an aid worker once a month or less. Community centers and schools (general aid work) should organize the prevention. Also the centers for asylum seekers would be good places to organize prevention.

The content will have to accent on product -information and difference in culture. The information will also have to accentuate the consequences and dangers involved in drug use. The people best at prevention are health workers, doctors and professional prevention workers. For non-professional aid work it is best to use the target group itself or people representing that target group.

#### **4 'SEARCH II'- Development of material for prevention**

*Annemie Deloose, De Sleutel, Day Hospital Mechelen, 2004*

##### *4.1.1. Recommendation for prevention from 'SEARCH II'*

RAR research of 105 local OCMW initiatives shows that the most suitable prevention-channels are: centers for asylum seekers 40%, schools 31 %, community centers 16 %

The content of prevention according to this research will have to be about: drug products 49 %, social context 27 %

The most important causes of drug problems are being defined as: boredom 65%, traumatic experiences 57 %, culture differences 24 %, availability 16 %, social position 16%

The most problematic drugs are: alcohol 80 %, tobacco 60 %, sedatives 24 %, painkillers 24 %, cannabis 15 %, heroin 5 %

##### *4.1.2. Recommendation for prevention from 'SEARCH'*

Research of the Kosovanian and Albanian community in a neighbourhood in Gent showed the following conclusions:

- Press the need of good education and the future of the children;
- Give attention to the specific circumstances of asylum seekers without stigmatizing them;
- Give the children and youngsters the same instruments as others in an integrated way;
- Show them the risks of getting involved in a youth-culture of drugs (cannabis and ecstasy) and in truancy;
- Give information about the specific Belgian culture of the use of medicines.

#### 4.1.3. Innovation

We made sure we mentioned in our publications also some recent and common experiences about prevention. We focused in our brochures on physical and mental risks of drug use. But also on the social effects: becoming aggressive after the use of drugs for instance. The publications for this target group give the same information about drugs as other brochures. At the same time we make notes and give information on every page of the brochure of the specific situation of asylum seekers, refugees or illegal immigrants.

#### 4.1.4. Brochures in 6 languages

You will be able to find brochures in 'De Sleutel' in: Russian, Czech, Slowanian, French, English and Dutch.

H.B., streetworker in Gent says about the publications: *"Halfway the nineties streetworkers, who concentrated on drug users and prostitutes, noticed that many different faces appeared. Faces from Kosovo, Albania, Czech Republic, Slowania and very recent Romanies from Prague."*

*„These people speak a different language and have different concerns about their health. They don't always know what they will eat in the evening. They are very reserved. But we managed to gain their trust by working with them in a very intensive and personal way. We realise that these youngsters are not very different from Belgian, Moroccan or Turkish teenagers: puberty, more financial opportunities, experimenting."*

*"It is for the first time I see such prevention material and this is already a great effort of 'De Sleutel'. But there are two difficulties for the distribution. One: reaching the people and two: finding people who are able to explain the material and are able to work with it. I hope this will succeed."*

#### 4.1.5. Integrated use of material

We conceived material such that various subjects engaged at the same time in the 'SEARCH' intervention.

- The teacher uses the stories in 'social skills' lessons in primary school;
- The pupil takes the storybook (or audio-cd) home;
- The stories are also to be found on the website [www.desleutel.be](http://www.desleutel.be);
- The social- or healthworker works with the asylum seeker with help of the brochure;
- The parent talks to the child about the stories and the brochure.

#### 4.1.6. Next steps

- A brochure of 8 pages for the social- or health worker, the teacher and coordinators will give guidelines to work with the SEARCH-prevention materials.

- A presentation with powerpoint adds to the brochure. If required De Sleutel will provide a three hour training-session.
- The internet tools of 'De Sleutel' will be used to optimise the distribution of the material.
- Material will be distributed within relevant target groups and presented at different occasions like e.g. when training the VAD for regional and local people responsible for prevention.

## **5. "Het Gat in de Haag" ("A hole in the hedge") and 'SEARCH II': primary schoolchildren**

The information brochures (in 6 languages) are read by teenagers and adults with or without support of a community centre, integration worker, translator, language teacher, aidworker or other professionals. The brochure refers to 'A Hole in the Hedge', a story book of the prevention program 'Contactsleutel'. A lot of primary schools and nursery schools work with this program. The stories in the book concentrate on the basic skills. These are social and emotional skills children learn on their way to adulthood. We give a few examples of basic skills such as making choices, critical thinking, getting a positive image of themselves, dealing with feelings, learning from mistakes, asking for and giving help, thinking about the differences between good and bad. These skills are being learned at a very young age and 'A Hole in the Hedge' is a good example. The children look 'through a hole in the hedge' to the small vegetables in the garden. Through the stories of Carrot, Mr. Cabbage, Tomato and others they learn about social skills or life-skills. In this way the teacher, parent or any other person who reads the story to a child promotes prevention. The word 'drugs' doesn't exist in the stories, the word 'magic potion' is used.

Five of the nicely illustrated stories are about the situation of asylum seekers ('Brussel sprout has lost his way' and 'A new vegetable in the garden'). There are three stories about medication and drugs ('The magic potion does not work', 'The magic potion of mushroom' and 'The potato and onion become friends').

De Sleutel wants to work in an integrated manner in Gent and also in other cities; the children read the storybook together with their parents in Dutch and the teacher works with the story in the classroom. The mother and father will read the story in their own language at home or in a waitingroom. This forms the start of a dialogue between teacher, child and parent.

## **6. RAR Monitoring**

We asked Evelien Geldof, student of criminology at the 'Brugse Poort' in Gent, to hold open interviews with some key figures of the RAR sample to improve the process of the prevention project. Some of the interviews are interesting for the process and are an example for people who will have to make prevention more concrete locally. 'How do I make sure that people get our prevention material and that they will actually read it?' is an often asked question for many prevention workers. In this part of the report we offer you a lively record of some discussions. There is the danger of it becoming an anecdote, because of the use of the 'I' form in the records, but it has the advantage of being 'down to earth'.

### **6.1. Report of interviews with key figures**

*Evelien Geldof*

*"As contact persons for this stage of monitoring we focused on all organizations and people contacted during the RAR research of 'SEARCH' (Brugse Poort, Gent) and 'SEARCH II' (OCMW-initiatives*

Flanders). Certain other organizations could also be addressed; the local police, JAC, schools in the area, centers for part time education, GP's etc,...

*In the meantime I completed a list of contact persons, and I made a list of schools, childcare centres and youth movements in the Brugse Poort. I started with the following four people: Arafat, Wannes, Veerle and Joris. I decided to contact these people because of their former key-position in 'SEARCH' or because of their relevant experience.*



#### Integration worker Arafat

*Arafat gave me the names of some important people: Marc of the City Council Integration Service (In Belgium known as SID). Marc will discuss my proposal at the team meeting. They will make some suggestions.*

*I received the name of Ferdi, also an employee of the same SID. However, I decided to stay in contact with only Marc, as I thought it better to have only one contact in the service. Anyway, both Marc and Ferdi work with asylum seekers and refugees.*

*Arafat also mentioned an organization for Romanies (gypsies): Opre Roma. This organization is active in Gent and is engaged with people from the Balkans, Eastern- and Central Europe. Contact person: Wolf. Wolf sent me, after a phone call, an e-mail with the names of important organizations working with Slovenians, people from Kosovo and the Czech Republic as well as social workers in the schools of "De Brugse Poort" ("The Bruges Gate") are also included.*



#### Health worker Veerle

*Veerle of the Community Health Centre is very glad that something is happening with 'SEARCH'. She is certainly happy to help me. Together with Veerle I looked at a list of all possible organizations engaged with asylum seekers and refugees of De Brugse Poort. She knows a lot more about the working of the organizations, their target groups and exact activities. She crossed some services off my list and added a few new ones. Veerle advised me to work with a couple of primary schools and a school with special classes for newcomers in Gent who speak a different language. Veerle gives a long list of organisations for me to contact.*

*Towards the end of our conversation Veerle gave me some important information; there is a community meeting once a month. A few services working with occupants of De Brugse Poort take part in this meeting. The community meeting is organized by the City Council Community Center. I would very much like to be present at such a meeting. I will be able to present the project to most of the services in the community. I decide to ring Kristien (who is responsible for community meetings) and ask her if I can talk to the group about my project.*

*In the waiting room there were mainly women and children I noticed. I'm not sure, but I think most of the patients are children. I don't think asylum seekers like to ask for help. They feel ashamed, unsure, etc. and they are frightened they will be sent back to their homeland. An exception is when a child is ill. They will then overcome these fears and make sure their child gets medical attention. Therefore it is very important to reach the children via the parents: we could give the brochure to the parents. The storybooks are also suitable for parents and we can ask the parents to read them to the children.*



#### Street worker Wannes

*Wannes works for a refugee service and he used to be a street worker for the City Community Centre of the Brugse Poort. At this moment he mediates for newcomers. Wannes knows as no other the*



customs of the different nationalities of De Brugse Poort. He also knows what they do with their leisure time; what are they doing, and where do they get together? Idea is to distribute brochures through informal networks. You hope to reach people who don't have contact in any other way with any form of aid work. I specially thought of local pubs. Wannes can give me a list of the most popular pubs. I planned to visit one of these pubs (possibly with a friend) for a drink and to talk to the barman informally about the brochures. It might not be such a good idea though. Yesterday the project coordinator told me about past experiences when during the first phase of the research she received negative reactions from publicans, barmen and customers. It seems sensible to talk first to Wannes before I take a decision about how to handle this. To be honest, I hadn't thought of these problems.



#### Social worker Joris

Joris works for OCMW Gent, Brugse Poort. Together with his colleague Annelies and with De Sleutel he works on a project regarding drug use: Perspective, social re-integration through work and education. Joris was very enthusiastic when I introduced him to 'SEARCH'.

Appointment with Joris, social worker in OCMW. Joris was willing to distribute the CD ROM and the brochures within his organization. He said the project is a great initiative. I can always contact him for further information. I had the impression Joris had difficulty in giving me a straight and clear answer to my question. Apparently the network of services is so diverse and obscure, it is difficult to see through it. This was also my experience when working on my task. There are so many different services focused on asylum seekers and often they work alongside each other. Regularly two different services offer help to the same target population without knowing of each other's existence. Joris admitted this; OCMW works with drugs, Medical Social Centre, De Sleutel and the Gent City Council do also. There is little consultation. Services should adjust their initiatives and exchange their experiences. This could result in two services sometimes working on the same project whereby if one service had problems setting up a prevention project another service with the knowledge and experience of setting up such a project could share the knowledge.



#### Reflections and State of the Art

'SEARCH' is a research and prevention project for illegal immigrants and asylum seekers. Such a project is an important initiative. We can't deny it anymore: the multicultural society is a fact. It has a lot of benefits like enrichment of our culture, but sadly there are also negative sides. Unfortunately there is a large risk that people who are different will be excluded from society. This happens with many immigrants. They look different, they speak a different language, they have different customs, food, clothes, religion etc. We notice this exclusion at different levels.

At first I think of economical exclusion, people find it hard to get a job because for the following reasons: they don't speak the language, they don't have the right job qualifications, they are not used to working in a structured environment like ours or they don't have the right knowledge and experience to go for a job interview.

Social exclusion often follows economical exclusion and not just for immigrants. One becomes more and more isolated from ordinary society. A low income makes it difficult to take part in all sorts of social and cultural activities. If you are not working you don't have contact with colleagues and some of your skills will disappear. A normal reaction would be to get in touch with people in the same position as you. You will then spend your free time together. I can imagine people in this circumstances becoming antagonistic towards the Belgian authorities. It might seem as if we don't want to give them



*a chance to lead a good life, though I am certain they would take the chance to have a happy life( if it were offered). Unfortunately, it often seems very difficult for us to understand asylum seekers as our cultures are so different.*

*A third dimension of exclusion is political exclusion. One becomes excluded from taking part in democratic decision making process of a country. One doesn't get the opportunity to vote and to emancipate. You may then imagine: the government has no interest in you at all.*

*This, of course, paints a very negative picture of immigrants. Surely there are many examples of immigrants who are successfully integrated in our society. The situation mentioned in the former paragraph is, I think, typical for a certain group; namely refugees, asylum seekers and illegal immigrants. Their existence in a foreign country like Belgium is characterized by great uncertainty. Add to this the problematic and often traumatic experiences which have been the reason for their emigration.*

*We are happy to have a couple of organizations concentrating on these people. They try to help them as much as possible. Examples are: het Klein Kasteeltje (the small castle), numerous centres for asylum seekers, city and county councils, the Movement for People without Papers, OCMW's, Social Services, Red Cross, etc. There are of course still people who have problems (with themselves and their surroundings). The use of drugs or medication may provide a feeling of relief. Drugs help you to escape from reality and to forget your problems. It is often difficult to reach people in this position and it makes it difficult to talk to them about drug abuse.*

*Drug abuse by asylum seekers has a few specific problems. Asylum seekers might not know about products in Belgium or alternatively products here might contain more or less psychoactive substances (than the user is used to). Problems could arise because of the law. This needs to be avoided. It is very important to inform asylum seekers, refugees and illegal immigrants in an constructive way about the available products, the effects, the dangers of addiction, the price, the law around drugs, aid organizations, etc.*

*This is a role for 'SEARCH'. It is an interesting project with the objective of informing asylum seekers, refugees and illegal immigrants about addictive substances. An inventory of drug abuse within target population is necessary before we can start on prevention. Without this information it is impossible to start effective prevention because it would not be properly aimed at the target population.*

*'SEARCH' examined drug use and drug prevention in Gent's area De Brugse Poort. Mainly Albanians and Kosovo live in this part of the city.*



Critical discussion of the method in daily practice

*I don't pretend to have a lot of background information about a particular research method. My idea is to look closely at the method and to decide for myself if I can agree with the decisions taken or whether I would have done things differently.*



Mapping, access and sampling

*It was a good decision to start with aid organizations in the area. They know most of the people, have details about their background, they can tell a lot about life in this community and they might have an idea about drug abuse within the target group. First of all we contacted four organizations. They*

*mentioned some interesting contact persons, so we could extend the interviews. They specially referred to local people and to people known to use drugs and medication. From them I got more useful information than I would have from aid organizations. Everybody contacted was willing to take part in the interviews. In the end 15 interviews were taken from 11 respondents.*

*When we realize that former participants pointed out these respondents I do not think this is a lot. The respondents were asked to take part in the semi-structured interviews. This resulted in contacting just a small group. It is thought that people when asked to point someone out, will point to someone similar to themselves rather than to someone very different from themselves. A small group of respondents selected by the 'snowball method' has a good chance of being fairly homogeneous. I noticed the participants originally wanted to start with the aid organizations. These organizations point to someone else, a local or other aid worker. It seems possible for all respondents to be in contact with one or more aid organizations. We have to realize that there are a lot of people who are not known by OCMW, a health center, the city council's integration centre or the asylum policy project. Thus, an important part of the target group has been 'neglected'. This part might be a special group with specific characteristics in relation to use of drugs/medication. It would be a shame to ignore this situation.*



#### Semi-structured interviews

*We took 14 interviews from 10 respondents. Of these 10, eight were professionals and two were locals. A pity only two locals were interviewed. I think locals can give more relevant information than for instance social workers, especially when they have a good contact with Albanians and people from Kosovo. Not that I doubt the expertise of social workers, I am a social worker myself, but I would be inclined to think that locals know even more about the customs of certain people and about life in the community. They walk on the streets, live there day in day out, take part in conversations, listen, visit the same shops,.....as a matter of course they will have a better idea of probable drug use in their neighbourhood. I realize some asylum seekers will hide drug abuse at all costs. They are frightened and think it will effect their asylum application. Aid workers will give information based on suspicion. It is difficult to see the difference between Albanians and people from Kosovo. Again I think locals will know the difference better than aid workers.*



#### Report SI

*The respondents who also took part in the semi-structured interviews were questioned again. Asylum seekers were questioned as well. The people were referred to via participating aid organizations. Personally I think the interviews could have surplus value for this research. I realise there are some less practical sides to this method. I can imagine it to be very time-consuming when asylum seekers refuse to cooperate. It is only natural for them to be suspicious towards someone asking them questions again and again and asking about the use of drugs; it works against co-operation.*

*A shame the police didn't want to give information. I am sure they have relevant information about drug abuse. It would be interesting to know why they refused to cooperate.*

*Although understandable, a weak point is the fact we have interviewed very few asylum seekers. The reasons for this include the following: they don't speak the language, it is too confrontational for them and their friends to talk about drug abuse, they have to answer lots of questions from people anyway, etc. There should be more time and a greater availability of resources, only then interviews will produce more information.*

Focus groups

*The intermediate report shows the problem of bringing people together in a focus group. They all show an interest but drop out when it matters. Just a few respondents attended the two focus groups. It might be interesting to investigate why.*

Methods of prevention

*After I read this report I concluded there is a need for prevention, but it will have to be general. I mean it should contain the really basic information and be put forward neutrally. The report considers whether prevention will be better realized via brochures or via an information evening. I think it is better to do this via brochures as it is anonymous. People can pick up a brochure in their own language in the pub or when attending an organisation. This is a lot easier than going to an information evening which may put people off because to do so might cause other people to think they have a drug problem. There is also a language problem. I feel it is too formal to organize an information evening which people would have to make time to go to. I think it was a good choice to produce brochures in different languages.*

Contents of the brochure

*The brochure looks very attractive, I'll have to say. It looks suitable for youngsters and the drawings in the brochure are of people of different complexion. This is essential when making a brochure for a certain target group; aim everything at the target population.*

*The use of language is not too scientific. I don't think the text is too complicated for the target group. Whenever a difficult word is used, it is explained in a clear way.*

*There might be a bit too much emphasis on the 'bad' side of drugs. For every type of drugs there are two considerations: effects and risks. 'Risks' is automatically associated with something negative: e.g. "it is dangerous, we shouldn't use drugs because..." Maybe it makes a difference to give the two categories another name: 'nice effects' and 'not so nice effects' for example. There would then be a positive and a negative text. The brochure mentioned just the negative side effects of the use of drugs but we shouldn't forget the positive effects people experience when using drugs. Some people love to be under the influence of drugs. The brochure rightly points out these positive feelings but the heading of the text doesn't explicitly indicate this.*

*It is very positive to mention nicotine, alcohol and medication in the brochure. Attention is also paid to cannabis and amphetamines. I feel they could have given information about coke and heroin. I'm sure coke and heroin are being used, though probably less than other drugs. This doesn't mean we shouldn't inform our target group about these drugs.*

*It is also important to gain knowledge of Belgian drug laws, even if just to ensure they know you are not to be allowed to drive after drinking a certain amount of alcohol.*

*I can imagine asylum seekers get little information about such things.*

Instruments for prevention

- CD-ROM

*A CD-ROM with directions of how to use prevention materials is a good initiative. However, it will still be necessary to contact aid workers, schools and community centres personally with regard to the brochures and 'SEARCH' project.*

- Brochure

*I advise putting the brochure together with other leaflets in different centers in the community: centres for adults and youngsters, pubs, doctor's surgeries, community centres, OCMW's, schools, ... The brochures can be taken voluntarily. We could also do it differently, for instance if someone within OCMW has a problem with a certain drug, we could give this person a brochure. Personally I disagree with this method because it is too obvious.*

- Life skill stories selected

*Do we talk about the book itself or do we have to make another collection of relevant stories? The book should be presented personally to the teachers in nursery- and primary schools. We will have to try to encourage them to work with the book in the classroom.*

## **7. Conclusions and prospects**

*Peer van der Kreeft*

'SEARCH' and 'SEARCH II' rejuvenate the Flemish community in the following aspects: the projects financed by the EU delivered an attainable methodology to assess problems effectively in hidden populations. The methodology was usable by field workers, like social workers, on the condition they had access to more scientific services. The method brought a high level of commitment and because of this there was a great sense of 'ownership'.

The project results in a view of drug problems in communities of refugees and asylum seekers. It shows important nuances of the problems. 'SEARCH', as well as in the wider orientated 'SEARCH II', show us we have many unfounded assumptions, some of them based on thin air.

This is an important conclusion which has been and will be given to the media. Other results of our research directed strategies for prevention for asylum-seekers, refugees and illegal immigrants. For example, we became aware of a difference between asylum seekers/refugees who live in an urban community and people who have left such a community or no longer take part in a community. The latter easily get involved with criminals and get trapped easily in drug use and drug trade. A result of the RAR-Assessment Method is the specific context in which the target group approaches our medical and social services. The associated easy availability of tranquillisers and analgesics are particularly concerning.

The 'SEARCH' report revealed a few side effects of alcohol use and smoking with extra risks for children and teenagers. I am alarmed by the reference to the catastrophic consequences of young asylum seekers who are quitting school. The school represents some sort of community or family and tries to educate children in a normal way, even if it is only for a short period of time. It is essential for their social integration and development to send children or adolescents, who are even more at risk, to a school in the neighbourhood.

The somewhat sophisticated formula we use for the usage of prevention material - a combination of brochures in foreign languages for parents and stories in Dutch for children- answers the call to send children and teenagers to school and to keep doing this.

In the future we will take steps to further consolidate our knowledge and expertise in methodology. We will undertake action to realize an integrated strategy of information for parents and children in a coordinated way. We will consolidate the concrete and formative results of this interesting and stimulating method, delivered by the 'SEARCH' team.