

# 'SEARCH' in Austria

## Drug Prevention for Iranian Asylum Seekers in Vienna

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## **1. The Austrian partner of Search: Institute for Social and Health Psychology (ISG)**

The Institute for Social and Health Psychology (ISG) was founded in 1994 as an independent institution working in different psycho-social fields, mainly focused on issues of addiction. It aims to implement different activities in the fields of psychosocial research, counselling and prevention, clinical diagnostics and treatment, as well as psychotherapy.

The multidisciplinary team consists of clinical psychologists, educationalists, physicians, sociologists, social workers and psychotherapists.

The main areas of work are:

- Psychosocial research on behalf of ministries, provinces and municipalities
- scientific reports and publications

Recent Research Projects:

- Research Project "Substance use and misuse in childhood and adolescence" (1996-1999)
- Research Project "Drug Affinity amongst Youths in the 'Techno Party Scene' in European Metropolises" (Rave Research), together with SPI-Research, Berlin (1999)
- "SONAR": Study about nightlife and substance use in 8 European cities (IREFREA, 1999)
- "European Healthy Schools and Drugs (EHSD)": Drug abuse prevention in secondary schools, co-operation with Trimbos, NL
- "Research and Intervention Project for Risk Reduction among Socially Excluded Individuals, "IDUs and people with HIV/AIDS (EURO-EXCLUDE)", co-operation with EASP (Granada)
- "Drug abuse prevention for refugees and asylum seekers", co-operation with the Landschaftsverband Westfalen-Lippe
- Concepts in the field of psychosocial prevention and rehabilitation
- Training of target groups (mediators, peers) in the area of education, health and youth welfare (in close co-operation with "RISIKO - Association for Prevention and Intervention")
- Prevention and rehabilitation of substance abuse and addiction as well as other forms of psychological deviation (in the last years the ISG carried out several prevention projects in schools and companies in co-operation with the association "Risiko")
- Clinic-psychological diagnoses and treatment
- Health psychological and psychotherapeutic work
- Counselling, information and care of people with psychosocial problems

The Institute for Social and Health Psychology is a member of the International Council on Alcohol and Addictions (ICAA), Geneva.

## **2. Target group(s) of Search Austria and their presumed drug consumption**

In the beginning of the RAR process it was unclear how to define the target groups for the Austrian part of 'SEARCH', because there were no information available about the drug consumption of refugees/asylum seekers in general. It was also necessary to use the semi-structured interview phase to explore the field and to gain hints from key informants. During this process we learnt that the problem of

addiction exists among asylum seekers as in other parts of society but is concealed by what can be called a "*collusion of silence*". This occurs for several reasons:

- staff members in refugee care centres are overburdened by their work, and by the huge amount of problems in the field of refugee care (providing a place to sleep, fulfilling the basic needs). They therefore have no desire to encounter drug problems among their clients since an awareness of the problem would create additional work for them which is beyond their given resources and time.
- The issue of drug problems among refugees is also considered taboo because of the fear of negative consequences for the clients if authorities, such as the police, get to know about the problem. In addition, until Search the staff did not even know how to deal with the addiction problems because they had not been specially trained in this field and were not aware of existing professional resources which could provide external help (such as drug care/treatment centres).
- The asylum seekers themselves also suppress this theme, either due to their fear of being sent back to their home country in case their drug problems become known, or because they feel ashamed. The political system also seems to be suppressing the problem: so long as a problem is not perceived then officially it is unnecessary to devise (expensive) measures to counter it.

The most precise information we obtained concerned refugees from Iran (with over 3,000 persons, this was one of the largest refugee groups in Austria at the beginning of the Search project), who particularly had drug problems involving opium and marijuana (substances which are culturally very common in Iran and are often not considered to be drugs in our sense but to be medicine), and to a smaller extent alcohol and medicines. Among the Iranian refugees it was necessary to differentiate between Moslems, amongst whom the consumption of opiates has a high cultural and social importance, and the Christian Armenian minority (which was actually a very large refugee group), for whom the consumption of alcohol is much more important and wide-spread. This is because in Iran it is not forbidden for this group to produce or consume alcohol.

All key informants told us that only Iranian men have drug addiction problems; most of them can be found in the age group between 18 to 45 and are in Austria without a family.

Another potential target group named by our informants were the black African refugees, but only in the sense of their presumed role as drug dealers (which has also been pointed out by a far right-wing political party and used as an argument for a more restrictive asylum policy in Austria). Although in our semi-structured interviews it was confirmed that drug trafficking as a way of making a living is indeed a problem amongst this group, hardly any of the interviewees knew of drug consumption among black Africans. Because of these results - and reliable hints that it would be very hard to conduct interviews among members of this group which is socially very close-knit - we decided not to define this group as a target group of Search-Austria in the further steps of the RAR.

### **3. Development of asylum applications in Austria during the last decade**

The number of asylum seekers in Austria was very high between 1989 and 1992 as a result of, for example, the fall of the Iron Curtain in Eastern Europe and the high number of Kurdish refugees during that period. After the crisis in Yugoslavia in 1993 the number of asylum seekers decreased very considerably. Because of the crisis in Kosovo in 1998 the numbers increased again and have remained at a very high level since then.

In the year 2001, the biggest group of asylum seekers have been people from Afghanistan, followed by refugees from India and Iraq.

Although the overall number of asylum seekers in Austria is still increasing, the number of asylum seekers from Iran (our target group) decreased rapidly in the year 2001 owing to the migration of Christian Armenian refugees to the USA. Previously, however, (at the beginning of Search) the Iranian group had been among the 4 largest ones.

According to projections by the Ministry of Internal Affairs, about 30,000 asylum applications were made in Austria in the year 2001<sup>1</sup> (over 5,000 from abroad in Austrian embassies); about 1,000 of those are children/juveniles who came to Austria without parents or relatives.

#### **4. The social situation of asylum seekers in Austria**

A new and stricter asylum policy of the new middle-right government in Austria (since February 2000) has intensified the poor situation for asylum seekers in Austria.

The UNHCR has referred in recent publications to a situation for asylum seekers in Austria which is life-threatening<sup>2</sup>. Asylum seekers in Austria have no legal right to receive care and are treated as needy or beggars.

Those asylum seekers who are lucky enough to be cared for by the federal government receive a place to live, food, basic medical care and monthly pocket money amounting to about € 38.00. Unlike other Member States of the EU, however, in Austria only about one third of all asylum seekers are in federal care, the rest have to look for other possibilities. The criteria for gaining acceptance to federal care are rather restricted: possession of a mobile phone, for example, can be a reason for not being accepted, with refugees being given the number of a private help organisation instead. Thus, two thirds of asylum seekers in Austria are dispatched to private organisations such as the Caritas, Volkshilfe or the Evangelische Diakonie, whose capacities and resources, however, are very limited. Even the emergency hostels/homes in cellars or churches are overcrowded. In Eastern Austria alone, each week about 100 asylum seekers cannot be cared for, who in the worst cases are forced to live on the streets.

NGOs try to ease the situation for asylum seekers, and without their help the situation would escalate. Only very few European countries show as little interest in asylum seekers as the federal government in Austria. In Great Britain and France, all asylum seekers are taken care of through financial support of the government; only in Greece and Portugal are the circumstances for asylum seekers comparable to Austria.

Thus the living conditions for refugees in Austria are unsatisfactory since most of the asylum seekers are not in federal care (70%) and have to be supported by private/church organisations (as pointed out above) if they are to have a place to sleep. Not being in federal care also means not being insured in case of illness and having no money at all. However, even the situation for refugees in federal care is not ideal: like all asylum seekers they have to live either in large camps without privacy or intimacy, and with poor hygienic conditions, or they are dispersed throughout Austria in small inns, with hardly any contact to Austrians or to friends or family. Their monthly pocket money of only about € 38.00 is insufficient to buy anything meaningful. We know that even "normal" migration can lead to psychological and physical problems. The migrant can develop traumata, which can lead to symptoms such as sleep disturbances, pain and physical or mental diseases. In the case of flight or expulsion, the migration

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<sup>1</sup> comp. <http://www.unhcr.de/news/pr/pm020311.htm>

<sup>2</sup> comp. <http://www.unhcr.de/news/pr/wien/ap011121.htm> or: <http://www.unhcr.de/news/pr/wien/ap020123.htm>  
<http://www.unhcr.de/news/pr/wien/ap020123.htm>

takes place involuntarily, thus increasing the physical or psychological problems in exile<sup>3</sup>. Given the living circumstances described above, these problems can be made even worse.

The biggest problem for the asylum seekers in Austria, however, seems to be the fact that they are not allowed to work until their asylum applications are decided (which very often lasts for years). Having the opportunity to work would structure their daily lives<sup>4</sup>, give them the chance to be responsible for their own lives and enable them to develop a feeling of security. On the contrary, asylum seekers are either completely dependent on the care organisations or make their living on the black labour market under difficult circumstances, with the danger of being detected and deported back to their home countries. This situation is very unsatisfying and leads to a feeling of senselessness, agony and despair among many refugees.

Another problem is that asylum seekers take the lowest place in Austrian society, and therefore are socially segregated, discriminated and are very often victims of racism or xenophobia. Because of all these negative factors, many refugees are very disappointed after having had high expectations of the "golden west" before their flight.

Our target group of Iranian refugees could be found both in federal and in private care; the minority group of Christian Armenians was concentrated in special camps and homes while waiting for their permit (visa) to move to the USA or Canada, which is the destination most of these people are heading for.

## 5. The RAR team for the ISG

Our RAR team consisted of 4 persons:

- *A male clinical psychologist/ psychotherapist*, who as national project director co-ordinated the RAR phases, was involved in the secondary analysis, conducted semi-structured and structured interviews, and was the moderator of the focus group and co-author of the country report.
- *A male sociologist* who was responsible for research activities, the conducting and transcription of semi-structured and structured interviews; the preparation, documentation and analysis of the focus group, and who co-authored the country report.
- *A female clinical psychologist and psychotherapist*, who co-moderated the focus group and had a consulting role in the RAR process.
- *A female psychologist*, responsible for conducting and transcription of a couple of semi-structured and structured interviews (especially with female interviewees); participant of the focus group.

<sup>3</sup> comp. e. g. BOHRN, A. & BOHRN, K. (1992): "Mit meinem Verstand bin ich Österreicher, aber im Herzen bleibe ich Lateinamerikaner." Jugend zwischen Getto, Integration und Rückkehr. Eine psychosoziale Langzeitstudie über Lebenswelten, Identität und Perspektiven von lateinamerikanischen Flüchtlingen in Österreich. (Vienna: unpublished research report on behalf of the BMWF) ("In my mind I am an Austrian, but in my heart I am a Latin American". Youth between ghetto, integration and return. A socio-psychological long-term study about social environments, identity and perspectives of Latin American refugees in Austria)

<sup>4</sup> Not having a daily structured routine often means that refugees lie in bed the whole day and that they become lethargic

## **6. Getting started with the RAR in Austria: mapping the community and snowballing**

At the start of the RAR process in Austria there was no information available about drug-related problems among refugees other than a few hints which had been given on the role of black African refugees as drug dealers (see Chapter 2). So we had to deal with an unexplored field, which in the beginning required all members of the RAR team to make a considerable number of phone calls with all kinds of people who we thought could provide us with information about drug addiction among asylum seekers. Therefore in a brainstorming process the RAR team made a list of potential informants (officials/authorities, doctors, NGOs concerned with asylum issues, social workers, etc.). Although our first discussions with officials/authorities had led us to think that there was no drug problem at all among refugees in Austria, we were then able to make contact with key informants (named by doctors and social workers from drug care centres and refugee organisations with which the ISG has permanent contact), who were able to give us a brief outline of the drug situation amongst asylum seekers. These key informants included staff members from the refugee camps/homes, an Egyptian psychotherapist who gives psychosocial treatment to refugees, as well as members of staff from the drug care centres.

During interviews with these persons it was suggested that the Iranian and the black African groups might make potential target groups (see Chapter 2), so we asked our initial key persons to name persons they knew who might have a good insight into these groups and who might be interested in taking part in further semi-structured interviews.

During the *semi-structured* interview phase we carried out a couple of interviews with experts concerning the black African group: since the results of the first semi-structured interviews persuaded us not to choose this group as a target group, the snowballing in this group ended at this point (see also Chapter 2).

With regard to the Iranian group, we were fortunate to find a director of a camp for Christian Armenian Iranians who provided us with essential information and with good contacts to other informants in the field of refugee care. The Egyptian psychotherapist named a member of the "Asyl in Not" association (supports refugees with any kinds of problems), who himself was of Iranian origin and had good knowledge of this group, including drug-related problems, and had a central role in the further snowballing process. We were also able to find another social worker in the field of drug care who already had contact to Iranians with addiction problems as part of her work, and who supported our snowballing in that area.

For the Iranian group, our interview partners in the semi-structured interview phase provided a good basis for further snowballing during the structured phase. It seems that once you are able to start a snowballing process (which in our case was initially difficult since we had no basic information before researching the field), you will be able to proceed with the networking process. The only problem in our case was to find interviewees directly from the target group because of the fear refugees had of talking about the subject of drug addiction. That is why in the case of Austria the majority of interviews had to be made with people working closely together with asylum seekers. In the cases where interviewees came from the target group, these people also played an important role as arrangers of interviews, convincing other refugees that they could trust the RAR team.

## **7. Advice for interested colleagues concerning aspects of the RAR process**

It is essential to co-operate with persons whom the refugees trust- but even then access is not so easy, as is illustrated by our example. During the *interview phases* more time was required than expected or

anticipated. This was as a result of cultural differences in answering questions. For example, our interviews with a different cultural background did not keep to the interview format as much as the Austrians did. They sometimes told stories around the concrete answers and they invited us to drink a cup of tea first (cultural politeness). Language problems also sometimes led to delays: it is important to attempt to find out before the interview phase how cultural differences can influence the interviews themselves in order to be able to adapt the interviews (in expert talks!); and more time should be anticipated for each interview.

With regard to the *focus group*, not all the potential participants were either willing to participate or could afford the time (it was hard to find a date that could accommodate everyone even though in principle they wanted to participate). Because of these problems, the actual number of participants in the focus group was lower than we expected. Nevertheless, those who came made the discussion very interesting and valuable.

It is therefore important to ensure that:

- all participants turn up nearly every day, because their reliability is sometimes not so good, and not all people who are invited turn up even if they confirm that they are coming.
- For the preparation of the focus group it is very useful to note deviant answers from the interview phase in a separate file so that you do not have to separate them from the rest of the individual interviews just before the focus group.
- Because of the language problems of some of the participants, it was sometimes difficult to have a fluent discussion (translations were needed). People from Iran have a different discussion behaviour (very polite, but talking very much before coming to the point of interest, in a manner opposite to that of the Austrian participants): that is why more time should be taken into account, because a discussion between people of different cultures seems to last longer than "normal" ones.

## 8. Austrian results

### 8.1. Results of the RAR concerning the drug consumption of Iranian refugees

Our most important findings concerning the drug consumption of Iranian asylum seekers were that the use of opium and marijuana among the Moslem people is mainly based on a strong cultural background and tradition. The use of (smoked) opium is something accepted in the society of origin. The use of opium regularly takes place when men meet to talk, discuss, drink tea and so on. This form of opium use in most cases does not lead to physical or psychological problems, or addictive behaviour, because the use is socially controlled. As in all societies, however, some people intensify the use and become addicted. Among these are people who also decide to go to Austria as asylum seekers. Our results show that *the majority of Iranian refugees with drug problems (opium or heroin) started their behaviour in the country of origin*. The poor situation of refugees in Austria, however, sometimes leads to a more dangerous form of opiate consumption (injecting), or to a more intensive use of the respective drug concerned, or even to a change, such as from taking opium to taking heroin.

Besides opiates, some Iranian refugees also tend to consume alcohol in a problematic way; but again they do not start from nothing in Austria or as a result of their traumatic flight experiences. Basically these people have already had their first experiences in Iran, even though the use of alcohol is strictly forbidden there and punished even more severely than the use of opiates (opium). The fact that, in contrast to Iran, alcohol is available in every Austrian supermarket at relatively low prices encourages them to drink alcohol more often and in a problematic way.

In Iran the use of alcohol is not forbidden in the Christian Armenian group and is far more common than in the Moslem group. In Austria, many members of this group consume considerable amounts of alcohol - the reasons for this are somewhat different than for the Moslem group:

For the majority of the Christian Armenian refugees, the declared aim is to migrate to the USA. Because they are Christians, they have had very good chances until this year of getting visas for the USA, and they regard their stay in Austria as just an intermediate stop on their way overseas. Because they do not expect to have to stay in Austria very long, they feel no need to integrate into Austrian society, to care for anything, or to respect the rules of the Austrian authorities and refugee camp directors. They feel they could do whatever they want, being sure to leave Austria in a couple of weeks. For this reason the alcohol consumption in homes where Christian Armenian refugees were concentrated was very high, and the staff of refugee centres had hardly any chance to do anything about it.

Some informants from the RAR phase also referred to the misuse of medicine by Iranian refugees, in particular in terms of self-medication, using tranquillisers, sleeping pills or pain-relieving medicines without a doctor's prescription.

## **8.2. Existing prevention models**

During the RAR in Austria we were unable to identify any existing prevention measures for our target group in Austria. The only things concerning drugs and refugees which we could find were:

- psychotherapeutic care for refugees (in individual cases, but not on a large scale), which also sometimes is concerned with addiction, but not in a preventive way (only therapy)
- psychosocial care for refugees (voluntarily organised by the NGO "Asyl in Not"), which only deals with addiction when the issue is mentioned during counselling (again only individual cases) and refers them to psychotherapeutic treatment (see above)
- One NGO which visits asylum seekers in prison, and which offers counselling and treatment in cases of drug-related problems among refugees waiting to be sent back to their home country because, for example, they broke the law.

## **8.3. Prevention ideas based on the RAR**

By the start of our prevention part of Search, the number of Christian Armenian refugees had decreased rapidly and no such new refugees arrived, so we had to concentrate on the Moslem Iranian asylum seekers with regard to drug prevention.

Since we had discovered that Iranian people with drug problems regularly bring their problems with them and continue, intensify or change their substance consumption patterns in Austria, we recognised that the approach of implementing primary prevention measures for our target group did not seem so meaningful.

We defined our prevention approach instead as *secondary prevention / early detection & intervention / harm reduction to minimise the negative consequences of drug abuse and to provide possibilities for changing / stopping the addictive behaviour.*

### *General ideas*

With regard to preventive factors for drug abuse among asylum seekers in Austria, one of the main findings of the RAR was,

- that nearly every respondent pointed to the poor social situation of asylum seekers (see Chapter 4) as being the cause of many of the problems experienced by refugees, including drug-related problems. If refugees could live under better circumstances, have a chance to work and be accepted by the population/authorities, criminality or drug abuse, for instance, would be reduced/prevented.
- Another issue mentioned by respondents was the need to intensify the forms of psychosocial work among refugees in order to help them deal better with their asylum situation during their stay in Austria. Only a few associations offer this help and they can only care for a very small number of refugees owing to a lack of funding.
- The important role of the family as a social protective factor for drug abuse was also mentioned. Since most persons in our target group are alone in Austria without their families, however, this approach is merely theoretical. Since 'SEARCH' does not have the means to change the general problems of the Austrian asylum policy and the living conditions of refugees, and also cannot provide financial support for existing care organisations, the ISG had to think about other forms of preventive activities.

#### *Concrete idea*

On the basis of the interviews, *an information folder on drugs, dangers of substances, detection of addictive behaviour and the possibilities for receiving professional help and treatment* was considered as a concrete prevention measure (tailor-made to the cultural needs of the Iranian group). However, many respondents believed that only a few refugees would actually read such a brochure, and for this reason we consider that such a folder should be directed not only to the target group itself but also, for example, to the care staff in refugee centres in order to increase their awareness of the problem and to give them advice on how to (re) act.

Additional, very general ideas for secondary prevention projects included:

- Establishment of training programmes for persons who have frequent contact with refugees (social workers, doctors, etc.) or for refugees themselves (as a kind of peer education) to enable them to react properly to any problems that occur relating to drug abuse among asylum seekers
- "harm reduction": measures to minimise the negative consequences of drug abuse

Both ideally should take place in co-operation with existing partnerships in Vienna (drug care centres, "Aids-Hilfe", etc.)

## **8.4. Adapting prevention ideas**

Following the 'SEARCH' workshop in Turin, in a further brainstorming process on how to actually start our prevention activities we developed concrete prevention ideas based on our own suggestions and on the results of the discussions in Turin. We decided to concentrate on:

*Developing an information transfer and creating networks between drug services and refugee services:*

This should ensure that the asylum seekers are able to profit. A very important result of the RAR process was the discovery that there was a lack (non-existence) of networking between refugee care organisations on the one hand and drug care centres / treatment centres on the other. Until 'SEARCH' this had hindered the measures taken by separate refugee care staff to help their clients simply because of the lack of information on drugs, possibilities of drug therapy or drug counselling. With this in mind we decided that it was essential to start a networking process between those two "parties" in order to guarantee the success of any secondary prevention activities.

Within this context, our first concrete steps were aimed at integrating the ideas and expectations of the persons relevant for making the prevention measures. Discussions on the issue took place in personal talks, telephone calls and small working groups, with the added difficulty that the summer period meant that many relevant persons were absent. Nevertheless, positive developments, such as involving the "Asylum Co-ordination Austria" and strengthening the good relationship to refugee care organisations, took place during that period.

The forming of a permanent, inter-disciplinary "steering committee" which had been originally planned appeared to be impossible because of difficulties co-ordinating the different parties in terms of time. Thus the development of prevention measures went on at a rather non-institutionalised level.

### **8.5. Three concrete preventive measures**

*As a result of this process of discussion, gathering concrete prevention ideas and expectations of relevant persons, and then adapting these ideas, the ISG agreed upon three concrete prevention measures within Search-Austria:*

**A Organisation and conducting of a one/two-day symposium**, which seemed more realistic than establishing another new network (networking these days is very common, and nearly every organisation takes part in several networks which makes it hard to join a new one because of a lack of time).

This symposium should include talks, discussions and working groups and is aimed at the staff of drug and refugee services. It should ideally give the necessary impetus for co-operation and should provide an information exchange between different organisations.

In organising this symposium, existing resources and sources of co-operation should be used, and national and international institutions should also give their support.

The major problem with this project is the very time consuming preparation which cannot be completed in the intended period of 'SEARCH'. This approach is therefore foreseen as a possible continuation of 'SEARCH' starting in summer 2002 - logistic preparations for that can be started now so as to ensure that it will be well organised.

**B Integration within existing networks**, which means that the subject of "asylum seekers and addiction prevention" should be integrated within existing networks, circles, etc., such as the network of drug services "Migrants and drugs" (in which at least some participants are very interested), the working group "Notquartiere", or the network of "Asylum Co-ordination Austria". The intention is to spread information about the need for drug prevention among refugees and to work on establishing institutionalised forms of co-operation.

However, as our experience in this field has showed, networking is a very long-term process and, because of the relatively short period of time for our prevention work, we thought it would be best to focus primarily on a short-term pilot project. This would provide an example for following equivalent approaches, which ideally could then continue without the supervision of 'SEARCH'/the ISG.

**C The pilot project: "secondary prevention within a group of asylum seekers in an emergency refugee hostel"** with the intention of developing co-operation between two specific organisations: an emergency refugee hostel and a drug counselling centre to improve the situation in the refugee hostel concerning the drug/addiction problems of refugees. The ISG had good contact with both organisations during the RAR process.

The pilot project was aimed at developing a new policy in asylum care centres for dealing with drug abuse-related problems (until now drug dealers and consumers have been handled in the same way - the only possible consequence of detection is expulsion from the refugee home). This new policy shall also include training measures for the staff where information is provided on substances, early detection, and on resources that can give help and so enable early intervention (before 'SEARCH', the staff had no idea that there are drug care/counselling centres which work anonymously and for free). The external resources (drug care/treatment centres) which are needed for this pilot project shall be arranged with the help of the ISG, which can also use its experience in policy-making and have a guiding and supervisory role in the project. In addition, the intended information brochure shall be produced for trial use in the emergency hostel concerned - in co-operation with an Iranian refugee worker.

The need for such a project became very clear during the frequent discussions about prevention; it was planned to be conducted during the remaining period of 'SEARCH'; evaluations shall provide know-how for later, similar projects.

### **8.6. Target groups receiving the Austrian prevention measures**

All the prevention measures planned by the ISG are not only directed at Iranian asylum seekers. This is because on the one hand, with the exception of the pilot project, our activities are more general in nature, and on the other hand because the number of Iranian refugees is steadily decreasing. Furthermore, we did not want to exclude refugees of other origins from the pilot project. In terms of the Iranian group, however, the knowledge about the cultural background gained through 'SEARCH' can and should be used.

### **8.7. The pilot project - turning it into practice**

After the 'SEARCH' workshop in Vienna where the specific prevention projects of all partner countries were discussed, the following steps were taken which concentrated on the pilot project:

- We intensified our contacts with the drug care centre (where people are counselled anonymously and for free<sup>5</sup>), which during the RAR phase was very interested in co-operating with our project. Although the talks seemed very positive, problems came to light which included the impossibility of providing counselling in languages other than German or English, the lack of treatment facilities following the counselling process, and the need for an official decision by the board of directors of the care centre as to whether there could be any form of co-operation.
- At the same time the ISG had intensive meetings and discussions with the staff of the emergency home. This was initially with the director, who was still very interested in co-operating with the pilot project and who wanted to change the way drug-related problems are dealt with in his home.
- Following this, a meeting was convened with the entire staff which lasted for several hours. This was used to exchange information while at the same time providing a first training step in dealing with the addiction problems of their clients. Subjects covered by this training included the need for a clear differentiation between drug dealers and drug consumers, advice on different reactions and conse-

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<sup>5</sup> As pointed out previously, only one third of the asylum seekers are in federal care and insured and have the theoretical chance of receiving treatment. The problem is that asylum seekers lose their right to receive federal care when drug problems become evident.

Those refugees outside federal care have no chance at all to receive treatment because no one would pay for it. It is therefore important that there is anonymous and free access to drug services.

quences, and alternatives for helping consumers instead of throwing them out and leaving them alone with their problems (for instance, refugees with addiction problems could remain in the home if they seek drug counselling from a drug care centre). Also covered were ways to differentiate between different substances and their dangers, and means of detecting drug-related problems among their clients at an early stage. Primary prevention issues were also included such as the need for refugees to be able to take responsibility for their own lives or to have a meaningful occupation to structure their days (since refugees are not allowed to work, some care centres such as our emergency home have already started activities such as renovating/redecorating the homes). This training session, which was very well received by the staff, was continued a couple of weeks later after finding out about additional subjects which the staff were interested in.

- In our first staff meeting we also pointed out that it was essential to establish co-operation or a network with external resources when it comes to secondary prevention, and that we were trying to convince a drug care centre to take part in the pilot project. The reaction of the staff to that approach was very positive because they stressed that they would never be able to do the prevention work all on their own, parallel to their rather exhausting regular work. However, the staff questioned the usefulness of providing drug counselling without the chance of follow-up treatment for those refugees who are not insured (the refugee organisations cannot provide the money for the costs of inpatient or outpatient treatment). We agreed that, together with members from the drug care centre concerned, this issue and the various possibilities should be discussed at a following meeting to see what opportunities there were in concrete terms.
- Another activity which concerned both the pilot project and our networking idea was the ISG's participation in the working group that has been established for all Viennese emergency hostels ("Arbeitskreis Notquartiere"). There we introduced the 'SEARCH' project and our prevention ideas and measures within the pilot project. The intention was to disseminate the information amongst potential partners for following prevention programmes who would then be able to profit from the experience gained from the pilot project. The working group was invited to the annual NGO forum of UNHCR to present the results of their work in November 2001. There the subject of "drug prevention among asylum seekers" was focussed upon in a brief presentation in order to raise interest in this subject at a higher institutional level.

Parallel to this we continued to collect material for the information folder in co-operation with the Iranian refugee worker.

### **8.8. Problems faced**

The drug care centre that was intended to assume the role of an external expert resource for drug counselling surprisingly decided at board level that it would be impossible to co-operate with the emergency hostel without additional funding for that work (even though in principle this institution is open to everybody).

As an alternative we immediately contacted the psychosocial service of the municipality (the only place which gives treatment to non-insured persons). The result was very similar: additional funding would be needed. Contrary to the other drug care centre, the responsible medical doctor was willing to think about ways of obtaining funding from the officials together with the organisation which runs the emergency hostel.

### 8.8.1 Reducing the aims and developing new strategies

Thus in the final phase of the prevention stage of 'SEARCH' we were forced to limit our aims. This was because it would not be possible within the remaining period of time to concentrate our efforts on getting funding for our prevention idea of establishing co-operation between existing drug care centres and the emergency hostel (our experiences with trying to get national co-funding for 'SEARCH' had been rather disappointing in general). For the rest of the period we therefore adapted the pilot project by concentrating more on the "staff training approach", while at the same time trying to develop a strategy for dealing in future with the funding problem and the organisation of the emergency hostel.

- With regard to *training*, we were able to increase our co-operation with the emergency hostel, although the expectations of the members of the staff were not able to be fully satisfied in that the provision of external resources and possibilities for treatment cannot be guaranteed at the moment. We were able to leave the staff with better knowledge of drug-related problems, the early detection of drug problems, how to deal with drug addicts and aspects of primary prevention (risk factors/protective factors), but we have not (yet) been able to provide co-operation partners from the field of drug care/treatment with whom the staff would be able to implement early intervention measures.
- With regard to the *problem of funding*, we had discussions with the director of the emergency hostel about making the problem of drug addiction among refugees an official issue. Refugee organisations are very careful about how they deal with information on problematic situations in their homes/hostels because they are financially dependent on funding by authorities, such as the municipality, or by private sponsors. Letting those people know that drug addiction is (at least a minor) problem in the refugee centres has the inherent danger that they could lose funding, lose their good image (in the neighbourhood, in the municipality) and could complicate the work for these refugee organisations. This is one of the main reasons why the problem is still treated as a taboo subject that nobody really wants to be aware of<sup>6</sup>.
- On the other hand: if refugee organisations want to start to handle the problem properly it is essential to integrate officials in the prevention process as sponsors as our example shows. Without a certain amount of financial backing the extent of our prevention measures was very much limited.

By the end of the project period of 'SEARCH' the refugee home had still not made a decision whether to apply or not for funding for specific prevention measures in our sense. The next step to be taken by the director of the emergency hostel, however, will be to meet the director of the psychosocial service of the municipality who has already showed willingness to co-operate and to consider funding ideas. This should enable these two institutions to make a concerted effort, which would raise the chances for funding. The ISG is ready to play a counselling role in these discussions even after the end of the project period of 'SEARCH'.

The director will also discuss the subject with the board of directors of the "Evangelischer Flüchtlingsdienst" (the organisation behind the emergency hostel and other refugee homes), particularly in regard to finding ways of funding. The board of directors also includes people with a certain amount of influence within the municipality, so it seems to make sense to integrate those persons in the funding efforts. Although it was unfortunately not possible to arrange a meeting of this board within the project time, the ISG still is ready to participate in discussions with that body.

<sup>6</sup> see page 3 "collusion of silence"

### **8.8.2 Consequences for the information folder**

The negative developments also influenced the production of the folder, which, besides information about drugs, dangers and addiction, ideally should also name a definite place or person which/who could be contacted by the refugee, the staff of a refugee home, or a relative in order to get help. As we do not have this possibility at the moment, we consider our concept for the folder to be a draft to which the missing information on possibilities for getting help will have to be added after the necessary networking and financial funding has been established. We do not intend to produce a high number of copies of our draft folder because we do not consider it to be complete: it is rather useless to distribute a folder in which people can learn about drug abuse but in which the most important information (namely a definite resource for counselling/treatment) cannot be found.

You will find enclosed a draft version of the information folder in English (the translation into Farsi will take place when the folder is ready for publishing and will be done by Iranian ex-refugees).

## **9. Plans of the ISG**

Our plans for the immediate future primarily include efforts to integrate local authorities/officials, such as the Fonds Soziales Wien (Social Vienna Funds) which previously provided the drug co-ordination for Vienna, into the prevention plans.

Just recently there has been a positive development: a former colleague and friend of the director of the ISG became director of the "Informationsstelle für Suchtprävention" (Information Office for Addiction Prevention), the office which co-ordinates all preventive measures of the municipality, which may lead to a good basis for talks about possible national funding of Search II, funding of training activities, or co-operation in producing the folder and organising the symposium planned in the year 2002.

We also wish to maintain good contacts with the different networks in the field of drugs & refugees in order to keep interest in that topic alive so that we can get things moving quickly when funding is guaranteed.

## **10. Long-term implementation of addiction prevention for asylum seekers in Austria**

If there is going to be a long-term implementation of addiction prevention for asylum seekers then it is essential that there is a guarantee of funding for carrying out the pilot project in the planned form (see Chapter 9). This would then provide a useful and evaluated example which other refugee centres/organisations could adapt for themselves and for which long-term funding is realistic.

With regard to the national funding, a continuation of 'SEARCH' in the summer of 2002 could guarantee at least further activities in the field of addiction prevention among asylum seekers, which would maintain awareness of the problem among refugee and drug care organisations and could also improve the chances of receiving necessary additional sponsoring.

The symposium (planned for Search II, see Chapter 8.4) would provide a useful basis for spreading and exchanging information between refugee and drug care organisations (which the ISG also wants to continue in 2002 through regular information talks on the current situation with the relevant institutions). Since this symposium would provide a certain amount of publicity, it could also serve to increase awareness of the problem by authorities with the hope that they might start their own efforts or support our prevention measures with financial or infrastructure measures.