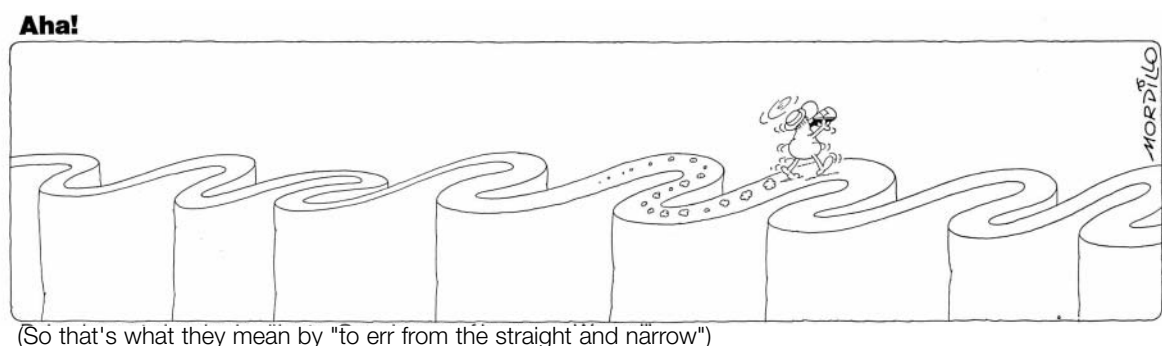


# 'SEARCH' in Germany

## Drug Prevention for Tamil Asylum Seekers in the "Kreis Soest"

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### **Diakonie Hochsauerland-Soest e. V., Soest, Deutschland:**

**Dieter E. Hauck**  
**Beate Wolf**

**Project Coordinator 'SEARCH' Germany**  
**Research Assistance**

## 1. The German partner from 'SEARCH'

### 1.1 Soest District - Hellweg Region

14 The region around Hellweg is characterised by towns, districts and three health resorts. They all have a history which goes back several centuries, but which is very much still alive. The historic trade route "Hellweg" had already attained importance by the Middle Ages in terms of the early economic development. Openness to new developments, a nurturing of traditions and an optimal regional infrastructure have enabled the towns and districts to become lively and important centres.

#### The Hellweg region in facts and figures

Large towns	Lippstadt (66,806 inhabitants)
	Soest (48,561 inhabitants)
	Werl (31,738 inhabitants)
	Warstein (29,073 inhabitants)
	(Last updated: 31.06.1999)
Soest District	1,327.47 qkm
Population	305,589
	(as per: 1999)

The Soest District Local Authority organises its duties according to the "departmental concept". The organisational structure consists of four departments which are administered in line with the principle of decentralised resource management.

The department mainly involved in the 'SEARCH' project is department 4: Social, Youth and Health Services. In order to realise the research part of the project a co-operation agreement was concluded with the Diakonie Hochsauerland-Soest, a church body providing voluntary welfare work.

### 1.2 Diakonie Hochsauerland-Soest e. V.

The Diakonie is a church network which provides social welfare. It helps people in social, mental and physical need, and fights for social justice.

The Diakonie is there for all people, regardless of their origin or religion.

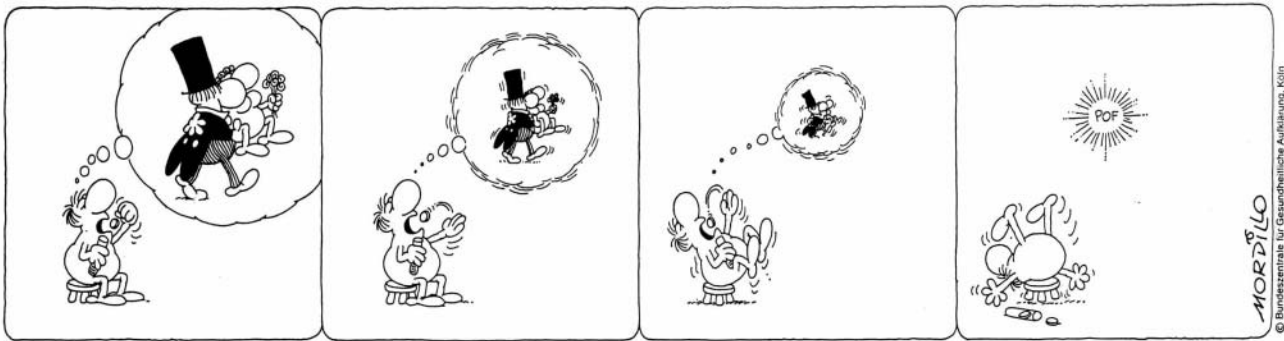
The Diakonie represents closeness, trust, friendship, solidarity, openness and tolerance.

The Diakonie provides areas of work for many voluntary and full-time employees working in parishes, outpatient counselling services and in social and inpatient facilities.

The fields of work include providing counselling for aliens and refugees as well as for people with psychiatric, addiction and accommodation problems.

The experience and resources of the Diakonie are incredibly well suited for conducting research; in the field of addiction risk and dependence the employees have almost 30 years of experience in inpatient and outpatient addiction care. This includes both substance-related and non-substance-related dependencies for Germans and foreign residents in the Soest District and the bordering regions. Moreover, the Diakonie is involved in the structural and conceptual further development of addiction care within the Soest District and throughout the federal state of North Rhine-Westphalia.

**That'll do it**



„so that everything is OK -  
one to calm the nerves...

...one for faintness...

...one for anxiety...

...then it'll be OK!"

## 2. The target groups of 'SEARCH' Germany

### 2.1 The initial situation in the Soest District

At the start of the survey conducted for 'SEARCH' around 305,000 inhabitants were living in the Soest District, an average population when compared to the rest of the federal state.

The proportion of foreigners was around 6.5 %, consisting of 19,784 people from 95 different nations.

The statistics for foreigners reveal that there are:

- 1,598 asylum seekers
- 125 de facto refugees
- 1,519 holders of short-term resident permits, i.e., there is a total of 3,242 registered refugees and asylum seekers.  
(16.4 % of the foreigners or 1 % of the overall population.)

The town of Soest was selected for the observations related to the 'SEARCH' project.

On the reference date of 30th November 2000, 223 refugees and asylum seekers were registered in the town of Soest by the Aliens Authority of the Soest District.

At the beginning of the Rapid Assessment and Response research there was no specific knowledge about drug and addiction problems among the (potential) target communities.

When observing the living conditions of the refugees and asylum seekers in the town of Soest, it was noticeable that the accommodation was concentrated in the so-called "Soester Süden" (South Soest), in the immediate area surrounding the "Britische Siedlung", the former British military base. These are housing blocks which, following the disbanding of the military base there, were made available and now provide homes for a great many foreigners.

In the town accommodation:

"Opmünder Weg"	=	capacity	110	places
		occupancy	50	persons
"Waldstraße"	=	capacity	120	persons
		occupancy	75	persons,

there is stable occupancy that mostly consists of families with a very low fluctuation rate and where there is very little in the way of conspicuous behaviour that would point to substance use.

The situation was more problematic, however in the all-male hostel in the "Werkstraße", where refugees live who have mostly short-term resident permits. Here, experts and contact persons assume that there is a high proportion of consumers and dealers.

The other registered persons either lived in the immediate proximity of the "Britische Siedlung", or elsewhere in the town, mostly in their own flats.

## **2.2 Assumed consumption patterns and the definition/narrowing down of the target group for our RAR**

At the beginning of our work we received the overriding impression that the voluntary workers concerned - but also the "professionals" from the administrative and social services - were extremely discreet in dealing with information on the subject at hand and certainly did not mention anything at all in public. Although we were unable to find any confirmation of this, there appeared to be a "collusion of silence".

*In the course of this report it will become clear how, using the RAR method, it was possible to very successfully break down this "wall of silence" and provide reliable information.*

The gathering of information on conspicuous behaviour that would indicate drug problems led to speculation about significant alcohol abuse amongst *Tamils* and drug abuse amongst Kurds. As a result, the study concentrated on persons in the target group of *Kurds* from Iraq, Iran, Syria, Lebanon, Georgia and Turkey, as well as on *Tamils* who were mostly from Sri Lanka.

Here it has been *presumed* that there is nicotine, alcohol and drug consumption amongst Kurds and nicotine and alcohol consumption amongst the *Tamils*.

## **3. Asylum in Germany - a quantity with many unknowns**

### **Comment**

At this point we do not wish to make any sweeping comments on, or any general criticism of, the German asylum policy and the procedures used.

In the following report exemplary factors will be mentioned which, as will be shown, effect the conditions which influence the occurrence of problematic substance use. The reader is called on to use his own imagination here.

### **3.1. Initial situation**

*"The word asylum derives from the Greek: "Asylon" means place of refuge, "asylos" means that what cannot be captured. In former times "asyle" were mostly holy places which protected the refugees from capture by secular powers.*

*With the incorporation of the statement*

***"persons persecuted for political reasons enjoy the right of asylum"***

*into the German Constitutional Catalogue (Article 16 Par. 2 Clause 2 of the German Constitution) the right of asylum is legally enshrined as an enforceable right at constitutional level.*

*The Federal German Right of Asylum, which is guaranteed by no less than the German Constitution itself, is the result of the bitter historical experience of political persecution during the period of National Socialism. The authors of the German Constitution granted those entitled to receive asylum with a highly personal, absolute right of protection and thus the fundamental right of asylum. By granting an individual right of asylum the German Constitution goes beyond that of international law, which does not recognise such a right, but in terms of granting asylum gives preference to the right of the State over that of other countries.*

*The fundamental right of asylum is the only fundamental right to which aliens are entitled. It applies only to those who have been persecuted for political reasons, i.e., persons who as a result of their race, religion, nationality, membership of a certain social group, political conviction, etc, have suffered from, or are immediately threatened by, state persecution. General emergency situations, such as poverty, civil war, natural disasters or high unemployment, are excluded as grounds for granting asylum<sup>1</sup>.*

"The growing number of asylum seekers in Germany (1987 - 57,000, 1992 - 438,000 persons) led to an amendment of the fundamental right of asylum in 1993. The main elements of this constitutional amendment are the "third country regulation", the list of "safer countries of origin" as well as the "airport procedures". These regulations can be considered both as measures against possible illegal entry as well as, de facto, as causes for creating new illegality. Together they have the aim of limiting the number of asylum seekers entering Germany. Many refugees who are neither able to receive asylum through the German embassies nor get visas are therefore forced to travel illegally to Germany and the EU. Refugees become aliens without any right of residence, seeking protection while being completely at the mercy of others.

Since the amendment of the fundamental right of asylum, there has been an increase in the discrepancy between registered entry and asylum applications made in Germany. One explanation is that the asylum seekers enter Germany illegally. Indications that would confirm this to be the case have been provided by estimates for the number of illegal entries. Whereas the number of asylum seekers in 1997 was 107,000, the number of illegal entries for the same year is estimated to be an additional 175,000.

Refugees in Germany without any right of residence form a "hidden" population - not just statistically but in real terms, being closely woven into the fabric of society. The extent of the illegality is hard to quantify."<sup>2</sup>

### **3.2. The route to Soest during the course of the asylum procedure**

*"In accordance with the Asylum Procedure Act which has been in force since 1<sup>st</sup> July 1993, the course of the asylum process is essentially as follows:*

*Provided that the asylum seeker is not immediately expelled by the border authorities, he is then referred to the closest reception centre which every federal state is legally obliged to establish and maintain.*

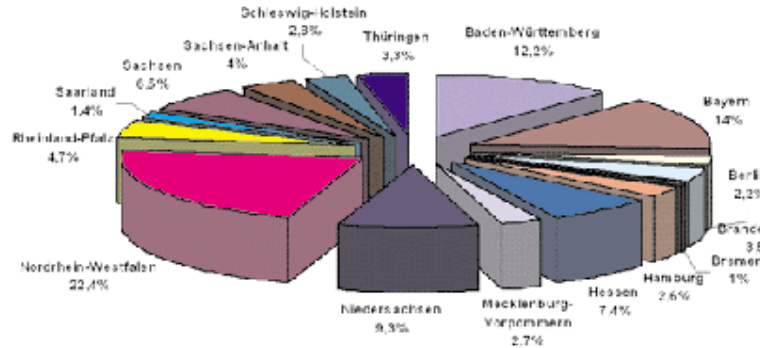
#### **Distribution**

*With the help of the national distribution system EASY ("Erstverteilung von Asylbewerbern" - meaning: First distribution of asylum seekers), the asylum seekers are distributed throughout the individual federal states in accordance with a quota system laid down in the Asylum Procedure Act (take-up quotas in %).*

<sup>1</sup> See <http://www.bremen.com/migration/auslg/verfahren.html>

<sup>2</sup> Ohne Recht auf Aufenthalt, published by: Ev. Kirche von Westfalen, Bielefeld, 2000

Moreover, through EASY the respective reception centre is determined that will be responsible for providing the accommodation. These are assigned to a local office of the Federal Office



The alien can normally stay in the reception centre for up to six weeks, at the longest, however, for up to three months. The responsible local office of the Federal Office is issued with the relevant documents of the asylum seeker required for conducting the asylum procedure. There, the employees in the Asylum Procedure Secretariat (AVS) open an asylum file for the asylum seeker as soon as he has applied for asylum and has been fingerprinted and photographed for identification purposes.

On receiving the asylum application the data of the respective alien is entered into the ASYLON computer system, whereby it is checked to see whether it concerns an initial application, a follow-up application, or even possibly a double application. The data of the asylum seeker is then transferred to the Central Register of Aliens (ARZ) at the Federal Administrative Office (BVA) in Cologne.

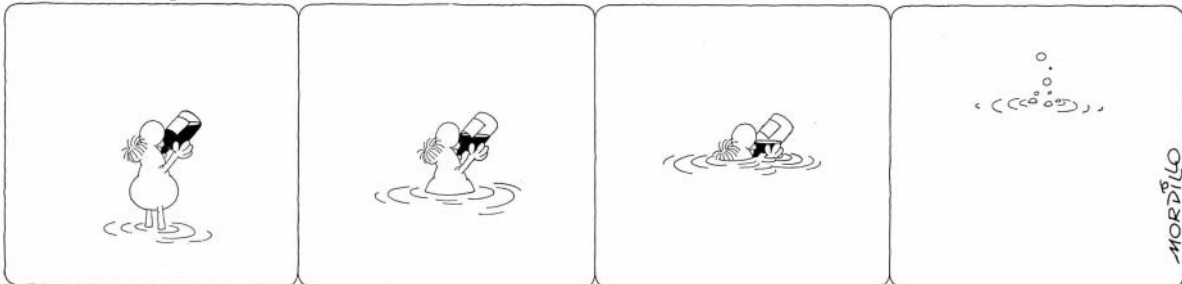
The asylum seeker is then issued with a resident permit which provides him with a temporary right of residence for the purposes of carrying out the asylum procedure in the Federal Republic of Germany.

### Interview and decision

Following this, the asylum seeker is then interviewed by an individual assessor in the presence of an interpreter. The asylum seeker is obliged to explain the grounds for his persecution, to provide facts and any existing documents. A transcript is produced of the essential assertions made during the hearing which is then translated for the asylum seeker and normally given to him as a copy immediately after the interview.

The individual assessor then reaches a decision on the asylum application based on the hearing and, should it be necessary, on the basis of further investigations ordered by him to clarify the facts of the case and any knowledge gained from the information and documentation office of the Federal Office<sup>3</sup>. All this means that the asylum seeker has to wait . . .

### It all depends on our point of view



Whenever I drink...

I have the pleasant feeling...

that the big bad world...

sinks into oblivion.

MORDILLO  
© Bundeszentrale für gesundheitliche Aufklärung, Köln

<sup>3</sup> <http://www.bremen.com/migration/auslg/verfahren.html>

### 3.3. Further information on the living conditions of asylum seekers in Soest/Germany

The living situation for refugees and asylum seekers after their assignment to Soest has already been briefly described.

Providing accommodation to asylum seeking families has proved to be particularly problematic. Frequently, they are temporarily accommodated as single persons in short-term hostels where there is often little space and, from our point of view, a very problematic mix of various nationalities.

An obligation to remain present, and in extreme cases, a daily registration requirement, causes an enormous amount of strain and even discrimination. Because there are no or only limited employment opportunities, this means that they are dependent on state care that, depending on the status of their residence, is provided through the Federal Welfare Act, the Asylum Seekers Benefits Act (§ 3, § 1a and § 2) or child care and housing benefit. Here, payments are made which are frequently smaller than those made to needy Germans/foreigners living in Germany (for example, besides other allowances, up to the age of 14: 20.00 €, from 15 years of age: 40.00 € per month as a sum of money to cover daily personal needs).

The support provided by charitable institutions, non-organised voluntary carers as well as those involved in the field of asylum work has proven to be both helpful and indispensable.

Otherwise, the problems mentioned by the colleagues from the research teams in the other countries are repeated here.

## 4. The RAR team of the German project partner

For the German team the greatest problems already became evident during the preparations before the project start: the addiction and psychiatric co-ordinator from the Soest District suffered a complicated, drawn-out illness.

She was in charge of the team that, supplemented with employees from the Diakonie Hochsauerland-Soest, was supposed to begin the work.

After a phase of uncertainty when transitional arrangements had to be made, responsibility for the project was transferred to **Dieter E. Hauck**, a qualified social worker, social therapist and department head of the four addiction counselling centres of the Diakonie in the Soest District. This included the initial survey and reports, instructing employees, conducting semi-structured and structured interviews, moderating focus groups and co-authorship of reports. **Cornelia Witt**, a qualified educationalist and preventive specialist for the Soest District Authority was asked to carry out the evaluation of the data and statistical material, as well as being involved in preparing and documenting the focus groups, the moderation of these groups, and the production of prevention material. **Beate Wolf**, who is currently studying to become a qualified educationalist and is a student assistant with experience of empirical social research, was responsible for conducting and transcribing the (predominately structured) interviews, as well as preparing and participating in focus groups and producing prevention materials.

## **5. The course of the RAR process in Germany**

### **5.1. Rapid Assessment and Response (RAR)**

After the initial problems with compiling the RAR teams, luck returned with the selection of interview partners.

During the preparation of the project we were advised to use certain "key persons", who in the end were all available for the phases of semi-structured interviews. The results of the interviewing as well as the arrangement of contacts for the structured interview phase was deemed by us to be very successful.

The following provides an overview of the "background" of these interview partners:

- Key informants from the group of people closest to the refugees and asylum seekers
- Employees from various hostels (social workers, caretakers)
- Employees from the "Britische Siedlung" resident centre
- Employees from the drug counselling centre who provide special services in the resident centre
- Town Social Services- Aliens Authority
- Refugee Counselling Centre
- Asylum Work Group
- Advisory Council for Aliens
- Treatment facilities
- District authorities (Addiction Co-ordination, prevention experts, Commissariat for Prevention)
- "Stadtteilkonferenz Süd" - (council for the town's southern district which includes the working group on addiction prevention)
- People working voluntarily as individuals or in groups

Most of the interview partners were able to name people who made desirable candidates for questioning within the framework of the structured interviews. Moreover, many proved to be very helpful in making successful contacts - an important phenomenon that is linked to the traditions of refugees and asylum seekers which develop out of the conditions/ experiences in the homeland, the places travelled through and finally the host country.

During this phase, we met the majority of the interview partners from the target groups of Kurds and Tamils in hostels, addiction care inpatient facilities and in a penal institution (JVA).

Besides the extensive problem of nicotine misuse amongst most refugees and asylum seekers, all the information up to this point suggested that with both Kurds and Tamils the vast majority of young men living alone or independently (aged between 14 and 35) use substances in a problematic way.

Regretfully, it proved impossible for our team to find interview partners outside the JVA or therapy facilities. Here those concerned were either unwilling or the respective "key persons" lacked the possibilities to provide contacts.

### **5.2. The focus groups in the RAR process**

As a result of the "crisis situation" regarding personnel during the initial phase of the project, and as a result of missing or deviating answers from interview partners which, in those individual cases where interviews were conducted by phone, were not able to be clarified, we decided to dispense with focus groups during the interview phase - a decision which we later regretted! When considering the course of the process from today's standpoint, this led to a delay in reaching any success:

From today's standpoint we feel that when the respective persons from the target groups and other "key persons" participate in focus groups, these groups provide a phase of personal sensibilisation to the theme and its content, which increases the ability to make contact, build up relationships and become more approachable, and breaks down reservations, reveals hidden approaches, clarifies hindrances, reveals existing protective factors - i.e., to put it briefly: reveals perspectives, possibilities, limits and conditions for interventions.

**Example:** During the entire phase of the semi-structured and structured interviews there were no indications at all of problematic substance use amongst Tamil women.

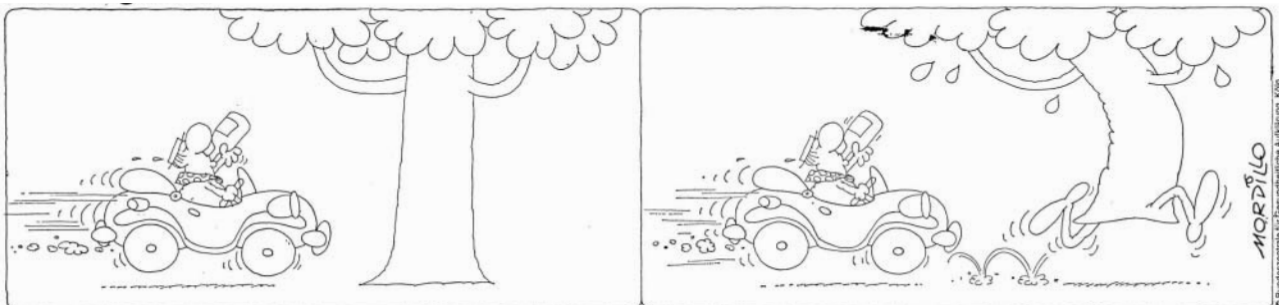
With regard to the specified intention of developing culturally suitable prevention measures, it became clear during the course of the focus groups, which were held in an atmosphere of competence, trust, openness and helpfulness, that there is a much greater problematic medicine use amongst women from Sri Lanka than expected, that had previously been overlooked or not mentioned. The causes are considered to be traumatic stress and post-traumatic stress reactions as a result of the asylum seeker procedures on arrival.

The reasons for this:

- Cultural circumstances and, in particular, the lack of willingness to address these and other problems outside the family in the public realm,
- Position of the women in the community of the homeland,
- Lack of education on the risks and dangers of medicine use in the host country,
- Inappropriate use of prescriptions instead of necessary therapy.

This knowledge led to short-term interventions and changes/expansion of the intended preventive measures.

### One Day...



One day there will be no more accidents due to alcohol...

That is the day when the trees learn to walk

## 6. Results of the RAR in Germany

The studies in the target communities of the Kurds and Tamil asylum seekers in Soest were unanimous in showing that amongst the persons most at risk in terms of problematic substance use were *young men living alone*.

During our researches we furthermore discovered that, with some of the Kurds, organised crime apparently lay behind some of the asylum applications. We received indications that in particular *young Kurds* are literally "recruited" to emigrate to Germany in return for money. The price for doing this: they are supposed to sell drugs at their destinations at schools and elsewhere.

The results reveal the wide-spread consumption of nicotine; for organisational reasons, however, we dispensed with conducting a more thorough survey about the use of this substance.

Particularly noticeable is that in both of the named communities there is a lack of social contact and lasting relationships, segregation bordering on open disapproval, financial dependence, isolation in the host country, legally unsure residence, consumption patterns which are brought with them and a wide-spread "openness" to substance use.

Tamils: Summarised factors which encourage/promote problematic substance use:

- a) The consideration of alcohol as a "luxury good" and the tolerance of alcohol consumption in the host country (in stark contrast to the homeland), as well as the problem of availability.
- b) Effects of the asylum policy; the course and duration of the asylum procedure, the manner in which they are dealt with by the authorities and the type of accommodation.
- c) Traumata; Whilst initially caused by the persecution and violence experienced in the homeland, these traumatic experiences are often first communicated in the host country, which in itself can trigger the use of substances.
- d) The effect of alcohol; This helps to repress isolation and to forget or dispel problems, thus increasing the apparent sense of well-being. A particular problem is the wide-spread, genetically-determined low toleration of alcohol by people within this cultural group, which again increases the risk of becoming addicted. In individual cases there have been reports of liver damage caused by the toxic effects of alcohol.
- e) Through the incorrect estimation of ages by the authorities, as well as through false statements given about their ages, young Tamils (>16 years of age) are often assigned to group accommodation with men living alone. Here, the adolescent youths are very much at risk of being exposed to violence, addiction and sexual assault.
- f) The activities of the "Tamil Tigers" in Germany. This group, which fights for the independence of Northern Sri Lanka with the aim of defending the culture and language of the Tamils, is financed through "donations": "Nobody can avoid their obligation to provide support" (quoted from an interview partner).

Kurds: Summarised factors which encourage/promote problematic substance use:

Alcohol

- a) In contrast to widely held assumptions, there appears to be a more wide-spread consumption of alcohol in the homeland (e.g., Raki as a "medicine"). Nevertheless, the liberal approach to alcohol in the host country eases/promotes its consumption and misuse.
- b) The trauma resulting from political persecution and experiencing violence, as does
- c) The duration of the asylum procedures, the type of accommodation, the attitude of the authorities and their restrictive way of dealing with applicants.
- d) The effect of alcohol - forgetting, suppression and denial of problems and consumption as a way of trying to compensate.
- e) Moreover, the easy availability of alcohol at any time and place must be emphasised as a significant factor.

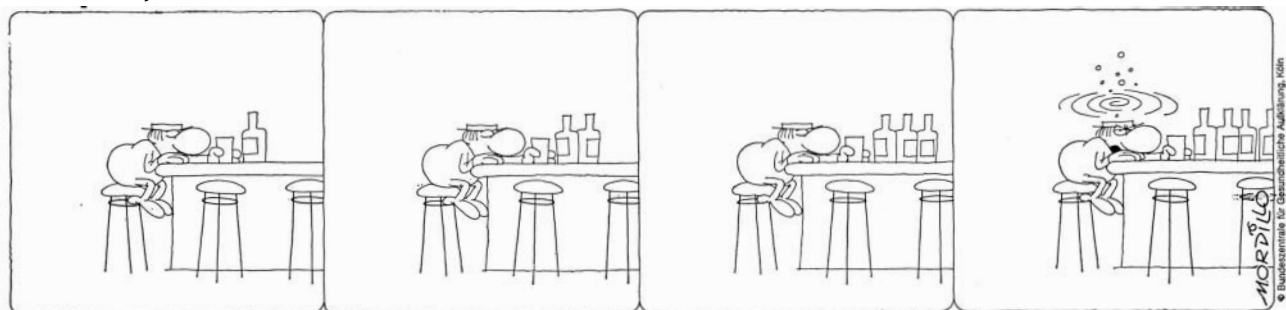
Kurds: Kurds who are refugees in Germany frequently come from areas in their homeland where drugs are cultivated. The original trade in drugs leads to consumption. Also influential here are:

Illegal drugs

- a) Traumatic experiences in the homeland
- b) When compared to the homeland, the more liberal drug policy of the host country breaks down inhibitions
- c) The ability of drugs to suppress problems, changes in the consumption pattern (injection instead of smoking).
- d) The opportunity to earn an income both as a consumer and as a dealer.
- e) The pressure to "donate" to the PKK, which is active in Germany, is described as a great psychological strain. In particular there is increased pressure when family members remain in Turkey and live in houses financed with mortgages. The total money required for donations to the PKK, interest payments for Turkey and the cost of living can normally only be achieved through illegal means by dealing in drugs.

In the field of alcohol misuse, the RAR team found that those Kurds who were examined showed slight withdrawal symptoms and significant mental problems (e.g., psychoses and schizophrenia). In the field of illegal drug misuse, there was a wide-spread consumption of heroin and cocaine, and in individual cases dependence requiring treatment.

**Like father, like son**



He's taking drugs, the rascal... He won't solve any problems with that!... I also have my problems... Do I take drugs?!

**7. Conclusions for culturally appropriate addiction prevention**

As has already been mentioned, the RAR team did not come across any previously prepared prevention activities for our target groups in Soest. Looking back on the RAR-supported process we have been able to establish the following points which will be important in terms of providing *culturally appropriate addiction prevention* for the target groups mentioned.

Existing *protective factors* which we consider to have a preventative effect are:

- Family ties;
- Positive social contacts;
- Lasting relationships both with their own people but also with people from the Soest population;
- Prohibition of alcohol amongst devout Muslims.

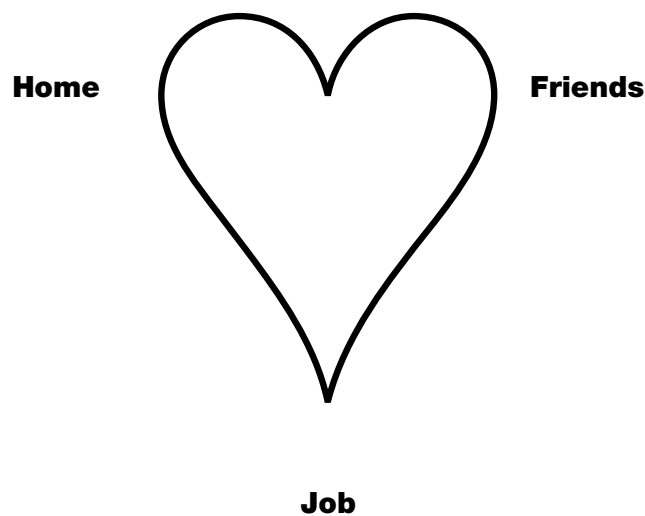
For all the target groups, the following preventative measures were mentioned as having priority:

- Measures for cultural integration and intercultural contact
- Measures for occupational integration
- Measures for social integration
- Health education
- Improving language skills.

Moreover, the following appear appropriate for addiction prevention:

- Organised, structured leisure activities
- Creating possibilities to avoid problematic peer groups
- Repressive measures
- Improvement of the living conditions.

The oppressive social situation (forbidden to work, low income, etc.), the living conditions (poor, cramped and partly inhospitable accommodation in the asylum homes) and the social isolation (hardly any contact outside of the homes, discrimination by the local population, etc) are all considerable factors which lead to a higher risk of addiction and would therefore be aims for structural addiction prevention. Accordingly, the highest aim of all prevention efforts should be to create balanced, suitable conditions in the various areas of life.



**Job**

means here an economically sufficient livelihood,

**Home**

means suitable living conditions, a new home and

**Friends**

means lasting relationships with fellow human beings, family and partners.

## 8. Background information on addiction prevention

At this point we would like to incorporate some fundamental ideas and definitions that appear in "meet the need", published by the LWL Münster/Germany in 1999<sup>4</sup> within the framework of the EU project "euro-net", and which are highly appropriate for describing the initial position of addiction prevention in Germany, including for refugees and asylum seekers with different age structures:

"Addiction prevention should be [...] a way of approaching the world of refugees and asylum seekers that treats them like partners.

Coming into contact with one another means achieving a form of communication that succeeds in respecting the national, cultural, ethnic, religious and moral traditions and creates an awareness of society as a whole that represents the basis and aim of a fruitful coexistence".

### Definitions:

#### HEALTH

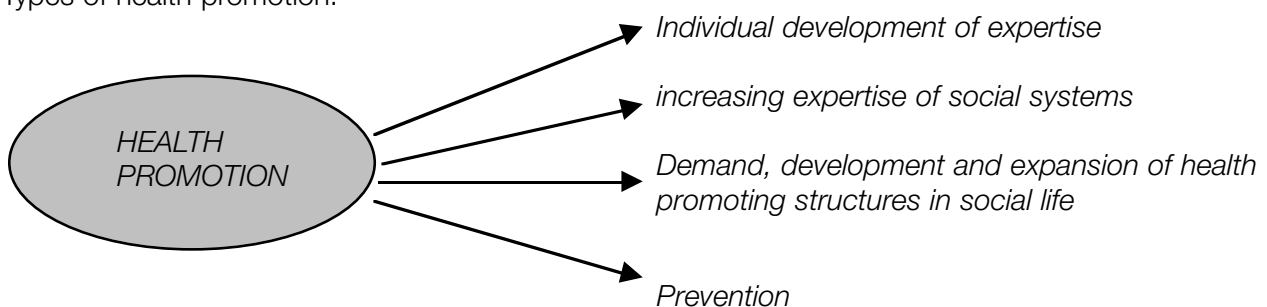
is the striving for physical, mental and social welfare and the development of a style of living which is characterised by increasing independence, solidarity and satisfaction."

#### HEALTH PROMOTION

describes a supplementary set of structural and individual strategies for promoting resources which, on the basis of social structures, enables

- ▣ economic, educational, social, ecological, cultural and political preconditions to be developed so that
- ▣ individuals
  - can organise their lives independently
  - can deal with the internal and external conditions for physical, mental and social health, and
  - make their own personal experiences and so promote social development.

Types of health promotion:



<sup>4</sup> "Meet the Need", Curriculum for addiction prevention peer group education in out-of-school youth work, produced by G. Koller, Austria, published by LWL, Münster/D. 1999

**ADDICTION PREVENTION**

Prevention in general refers to very differently developed strategies in the health, social and legislative sectors which can be implemented for the purpose of reducing and eliminating imminent risks.

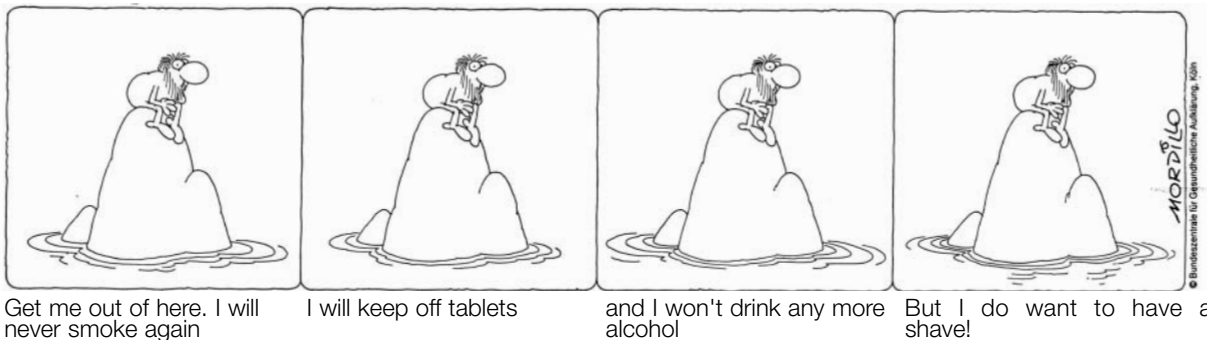
Addiction means permanent, compulsive misuse of a substance, or a behaviour which has a physical, mental and/or social effect on the individual.

**Preventive Aims**

Approach	Person oriented	Structure-oriented
General health promotion	Increasing self confidence, general ability to act and communicate (e.g., solidarity independence helpfulness)	Improvement of the general living conditions (improved quality of life e.g., in terms of air, noise and the social climate)
Prevention of addictive behaviour	Development of special competences (e.g. resisting group pressure, ability to deal with conflicts and pleasure)	Reduction of structures which encourage addiction (e.g. in firms, schools, etc.)
Prevention of substance abuse	Information on drugs	Legislation in the field of drugs

In our opinion, the preventive measures named in the RAR study can be classified within this system.

**The Promise**



## 9. Prevention activities for refugees and asylum seekers in the Soest District / Germany

After critical examination of the research findings, taking into consideration the inter- and intra-cultural conditions/traditions and the accessibility of the refugees and asylum seekers for selected prevention concepts and measures, our RAR team decided to conceive exemplary projects for the Tamil target group. During the entire course of the work it was important for us that the planned interventions were so designed that the structure and method of working can be transferred to other "nationalities" without any great expenditure or loss of time.

An undeveloped transfer of the existing prevention measures to the population group of the Tamils was ruled out because in its present form it would not have been culturally appropriate. It became clear that the development of promising concepts/measures that were culturally appropriate could only be possible if key persons from the target community were included. These contacts enabled interview partners to be included in the focus group.

In an initial step the existing focus group was enlarged with the addition of selected members. This thus created a network from which steering groups were then trained to carry out special tasks for the further development of addiction prevention work for asylum seekers and refugees.

Meanwhile, involved in the network 'SEARCH' Soest are:

- The RAR team
- Full-time refugee counsellors
- Head of a refugee hostel
- Head of the Volunteer's Centre for the Diakonie Hochsauerland-Soest e. V.
- Head of a residential centre - meeting place
- 5 heads/members of the Tamil cultural group.

Following the establishment of the network, the introduction of the RAR team to the Tamil community was arranged. According to the original agreement this was intended to occur on the occasion of a cultural festival in autumn 2002 in Soest.

However, we rejected this plan after being (somewhat tentatively) informed that, although we would meet more than 1000 Tamils at the festival, these would include very few of those living in Soest since these would be present only very briefly - if at all.

As an alternative a summer festival in the "Waldstraße" hostel was planned for the summer of 2002. Until then, the team members shall be informed about the activities of the steering groups that involve individual persons and/or families. This new way seems to be more suitable for breaking down reservations and for receiving positive recommendations.

Further projects were agreed upon; their implementation is being carried out at the moment in small stages:

- A. With the support of new voluntary helpers who will need to be recruited, "sponsors" shall be established who, for example, accompany the asylum seekers to language courses and if necessary ensure that there is child supervision.

The languages courses themselves shall be so changed or expanded that:

1. Besides the language, they convey social aspects about Germany in a practical way (for example, we explain the names of fruit and vegetables not only by using pictures but by going together to the weekly market).

2. They provide space for explaining in a suitable way more about life in the homeland of the German population.

B. Projects concerned with health education:

1. With the involvement of employees from the local health authority, courses shall be organised in which dental hygiene and prophylaxis shall be taught - particularly for children from asylum families.
2. Accompanying visits to the doctors - particularly for women. Aims: Interpretation help, explanation of treatment, ensuring that there is a regular course of treatment, explanation of the risks and dangers of medicine misuse and problematic self-medication.

C. Contrary to our original assumption, flyers and information material in the mother tongue are read.

For this reason, it was agreed to rework the existing information material and to produce new flyers. These should be brought into a culturally appropriate form, translated, and already distributed as soon as people arrive in the reception centres. The latter should be done by contact persons who will need to be newly recruited and corresponding trained.

The flyers should include the addresses of regular services which can provide help in dealing with specific questions.

This method of proceeding was described by the Tamils in our working group as a way that looked promising<sup>5</sup>.

D. A further sub-project to establish the measures needed for improving living conditions shall begin in February 2002.

E. Peer multiplier training shall be conceived and conducted.

F. Linking with the activities of the Stadtteilkonferenz "Soester Süden" (council for the district of South Soest).

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<sup>5</sup> At the point of drafting this report the flyers are still in a working version. In the meantime we have been able to find not only translators to translate them into the mother tongue of the Tamils (while at the same time checking and adapting the text, which has been initially written in German, in terms of its cultural appropriateness), but have been able to translate them into Sanskrit. Examples can be found on the enclosed CD-rom.

## 10. Addiction prevention amongst refugees and asylum seekers in the Soest District following the completion of the EU 'SEARCH' project

Following the prevention activities described above there shall be in a second phase, in the area of

- structural prevention: a continuation of the projects started. Moreover, planning of necessary and sensible changes to the projects.
- communicative prevention: an evaluation of the measures in phase 1. The measures started shall be continued.
- preventive measures that increase social and cultural awareness: a cultural festival. Information campaign aimed at the German population about the culture of the refugees and asylum seekers. Further measures conceived that provide general education.

With this planning, an essential task becomes clear which will be decisive if there is to be success:

### **The procurement of necessary funding!**

We listen - and we forget  
We look - and we remind ourselves  
We do - and we comprehend

(adaptation of a Chinese proverb)

### **Literature:**

Ev. Kirche von Westfalen (Editor.) Ohne Recht auf Aufenthalt, Publisher:, Bielefeld, 2000

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