

## 'SEARCH' in Spain:

### Drug Prevention for Maghrebian Minor Immigrants in Barcelona

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## 1. Initial situation: From the analysis to action

### 1.1. Introduction

The document presents the results of the work of "Fundación Salud y Comunidad" following the execution of a RAR-supported analysis in Barcelona on the use of drugs by immigrants in risk situations. In concrete terms the project concentrated on the use of solvents and other drugs by juvenile immigrants from Morocco who live or stay in the Raval district in Barcelona without documents or family.

The Fundación Salud y Comunidad (FSC) is a non-profit, non-government organisation (NGO)<sup>1</sup> which works both *nationally* and within an *international* context. The FSC has recognised an extensive experience in establishing and providing services for the prevention and treatment of problems in the social and health sectors. The foundation offers professional services such as, for example, counselling, scientific studies, documentation as well as providing training for experts, social players and leading figures in the community. The concentration on therapeutic and preventative measures reflects the desire of the foundation to improve the quality of life of people affected by problems associated with drug use, alcohol, AIDS, violence, mental or physical illnesses. Accordingly, the work in the foundation concentrates on themes such as social exclusion, racism, discrimination, poverty, abused women, youth violence, drugs and leisure, public safety, health and welfare for senior citizens as well as sexually transmitted illnesses. In these fields of work the FSC has more than 20 years of experience and currently employs more than 90 full-time staff and around 150 voluntary workers.

The study on which the following work is based was conducted using the "Rapid Assessment and Response" (RAR) method. The aim was to collect concrete information on substance use amongst certain target groups in Barcelona in as short a time as possible in order to obtain useful data for planning concrete addiction prevention interventions. As will be illustrated in the following section, the method was of great practical benefit in terms of the needs analysis and the planning and implementation of future interventions. At the same time it enabled the surveying and optimisation of regional resources for the corresponding interventions.

Both the study as well as the corresponding activities were conducted by the psychologist **Helga Gabarró Núñez**, a specialist in addiction prevention and immigration, in collaboration with the social worker **Carolina Pascual Romero**, who is an immigration specialist. In the development phases for the prevention methods they were assisted by **Sandra Astudillo Moreno**, a social psychologist who specialises in "social community intervention". The entire work was supervised by **Roland Hallmaier**, the Director of the Department for Prevention and International Co-operation of the Fundación Salud y Comunidad.

### 1.2. The immigration situation in Spain

Traditionally Spain has never been an immigration country but instead has "exported" people over the centuries. Although we only know the number of "legal" immigrants (the "illegal" ones are of course not recorded!), it is clear that in the last 20 years the number of foreigners who have arrived in the country has increased considerably, (a growth of 16.6 %, a figure which lies considerably above the European average of 9.83 %). The government immigration authorities assume that although the current immigration situation in Spain does not display the same characteristics as in other countries such as Germany, France or the United Kingdom, the experience which has already been gained in these coun-

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<sup>1</sup> It has the legal form of a foundation

tries places us in the privileged situation of being able to learn from them and so develop a co-ordinated policy that will provide impetus to dealing with the phenomenon of immigration in the European Union in a homogenous and appropriate way.

Currently the entry of immigrants of North African and sub-Saharan origin without documents by means of illegal and unsafe entry routes is a controversial theme which is reflected in the press with a certain consternation. At the same time numerous Mafia organisations have been created for the illegal "trade" in immigrants. They organise illegal passage in dangerous, primitive and unsafe forms of transport, such as the so-called "pateras" (small boats with out-board motors), which numerous immigrants use for crossing the sea from Gibraltar and thus gain illegal entry into the country. Some of them manage to reach Spanish territory while others are captured by the Guardia Civil, and are arrested and sent back to their own country - and some of them even lose their lives while making the attempt.

As has already been mentioned, although Spain has increasingly become a target country for migrants, in terms of their absolute numbers and relative to the overall population there are still a lot fewer migrants entering than in most other EU countries. Although the migration is still relatively small in Spain, (and at the moment is just a new tendency), it should not be treated as an 'insignificant factor'. Since its accession to the European Union Spain has, relative to its overall population, played a vital role in the regulation of migration movements; thanks to its geographical position it is the next gateway south of Africa<sup>2</sup>.

From the number of applications for legalisation of their immigration status we can presume that the Moroccan immigrants form one of the largest groups in Spain. The other large immigration groups who come to Spain come from Morocco and Algeria, Latin America (Columbia, Ecuador and the Dominican Republic), Eastern Europe (Rumania, Ukraine and Poland) and from the sub-Saharan areas of Africa (Senegal, Gambia and Nigeria). They are mainly concentrated in Madrid (particularly the South American migrants) followed by Catalonia (particularly Barcelona), the Mediterranean coast, the Canary Islands and the Balearic Islands.

### **1.3. Drug use by immigrants before the RAR**

During the data collection phase of our study we established that there was no specific data concerning drug use among immigrants in Spain: correspondingly, and probably because this is a relatively new phenomenon in Spain, **there are no addiction prevention programmes in Spain specifically developed for immigrants and their children** where their language is used or which are specifically oriented to their cultures and their most important needs.

Those immigrants who, because they do not have a resident permit, are in Spain illegally, are very much discriminated against for reason of their marginalisation and are highly vulnerable in social terms. It also means that they are a group which is particularly vulnerable to drugs. Therefore it is important to create a corresponding care service which is appropriate to this group of persons and which can offer it needs-oriented treatment. Special preventive programmes also need to be designed and implemented, not just for the new arrivals but also for the very important generation of children growing up between two cultures. Finally, necessary (evaluation) systems must be developed so that data can be collected periodically which will enable a picture to be created of the existing problems and the results of the implemented preventative measures and care services.

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<sup>2</sup> The distance from the port of Tangiers to Spain is only 14 kilometres!

#### 1.4. Consumption tendencies within the target group

During the preliminary phase of the project we found ourselves confronted with the difficulty of having little knowledge of the actual situation in terms of drugs and the presumed problems of immigrants since there was no corresponding information nor had any interventions been conducted in this field. The little information that was available was either very specific, or concerned a different approach, so that it was impossible to draw any conclusions from it. A further factor which hindered the gathering of information was the fact that, when in contact with people from our target group(s), the immigrants concealed things which they feared would damage their reputation, such as admitting, for example, that members of their ethnic community use or deal in drugs.

At this point we would like to emphasize once more that our statements concerning drug use by immigrants in risk situations are based on only a *small amount of hard data*. The data determined in the RAR process are *indicators* for the existence of certain problems, they are not validated data<sup>3</sup>. Nevertheless, for reference purposes we would like at this point to briefly examine the background situation.

It can be observed that, although considerable legal and social barriers exist, there is nevertheless a considerable demand from immigrants in the various drug care establishments, and in particular in the low-threshold facilities. The majority come from North Africa (Morocco and Algeria) and from the sub-Saharan region (Ghana, Nigeria and Senegal). The reason for this is that it is mainly immigrants from these regions who live in Barcelona. The data reveals that the most important drugs for which the care facilities are required to help are alcohol, cannabis and heroin, drugs which are also taken by the Spanish.

Following the explorative survey at the start of the project we decided to concentrate on the Moroccan community (which is currently one of the largest groups of immigrants in Catalonia), and using questionnaires began to collect information on the possible problem areas regarding drug use in this community. Right from the start respondents from different areas expressed in particular concerns regarding *single male youths from Morocco* without documents and without existing social contacts in the target region. On arrival they typically make their way to areas which are frequented by people from their homeland in order to make contact and look for work. If they do not have legal documents it is impossible for them to find legal work and to earn themselves a living. In this situation they are soon contacted by Mafia organisations who are active in theft, prostitution and drug dealing. They are frequently very well organised and are looking for "workers" for their types of business. There is a very high risk factor in terms of vulnerability to drugs and other addictive substances when, owing to the lack of "legal" alternatives for earning a living, they become involved in the criminal world of drug use and dealing.

In terms of alcohol consumption it needs to be said that whilst in Morocco the Islamic religion forbids the consumption of alcohol, outside of family relations it is tolerated in urban areas and amongst men. In rural areas and within the context of the family, however, there is no traditional use of alcohol, neither in the gastronomic area nor in social relations. In Spain, however, consumption is very normal and traditional. Once in Spain these people are exposed to this substance on a daily basis and are easily tempted to try out the psychoactive effect of alcohol.

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<sup>3</sup> Also compare with the problem of gathering data: R. BRAAM/H. VERBRAECK/F. TRAUTMANN, Rapid Assessment and Response (RAR) on Problematic Substance Use among Refugees, Asylum Seekers and Illegal Immigrants, Münster/Germany 2002

While conducting a comprehensive review of material in search of information on groups within the Moroccan community particularly at risk in terms of drugs, we identified press reports on so-called "glue-sniffing" children who come to Spain without the help of their families, friends or other adult acquaintances, and live on the streets of Barcelona. We received from various sources information what was initially very unspecific information on the problematic use of solvents and other drugs by these juveniles. We decided to concentrate our RAR-supported analysis on

### **the group of juvenile Immigrants unaccompanied by family members**

#### **1.5. Background: The living situation in Morocco**

In order to be able to understand and comprehend this problem area it was necessary to familiarise ourselves with the situation of the population in Morocco:

- At the moment two thirds of the Moroccan population are younger than 20 years of age.
- The growth rate of the population is 3.47 children per woman (whereas in Spain this figure is 1.2 and in Catalonia even lower!)
- In addition the unemployment in Morocco is very high. 73% of the unemployed are under the age of 30 and *men are more affected by unemployment than women*.
- At the same time, as a result of increased foreign investment in the Moroccan textile industry in recent years, women have become increasingly important in working life and have meanwhile become the most important source of income for families, whereas
- on the other hand male unemployment is very high.
- In the course of this process the family structure has changed, the authority and social role of the father has begun to be slowly challenged (whereby the influence of sons within the family circle has also been lessened).
- In Morocco a third of the population live beneath the poverty line, whereby the poverty in the rural areas is so serious that it causes migration towards the cities.

It is against this background that increasing numbers of people are immigrating from Morocco to Spain, and it also provides the main reasons for the migration of juveniles: in Tangiers dozens of youths (some of them only 10 to 12 years old) can be increasingly seen waiting by luxury hotels looking for buses, or waiting near the dockside loading areas looking for lorries in which they can conceal themselves at night and be taken to Spain, the land of their dreams. Some of them die under lorries after many attempts and others think that they have nothing much to lose. Several studies indicate that the majority of cases concern children from broken homes who already know life on the streets of their own country. On the other hand many families do not know the precise reasons for the motives of their children, but in the end they often accept this anyway: they see this as a solution to their financial problems since they know that their sons will send money as soon as they reach Barcelona. Thus it is less difficult for them to let them go...

#### **1.6. The situation of juvenile immigrants without parents or legal guardians in Barcelona**

The group of migrants who were identified as a risk group comprises young male migrants of Moroccan origin without documents, who are mostly juveniles (usually aged between 14 and 17) and who live on

the streets in the "Ravel district" in Barcelona without family members. They have either not yet made use of the care services of the City of Barcelona, which comprises various centres (Circuito de Atención al Menor de la Generalitat de Catalunya, which herewith shall be referred to as the "Circuito"), or have already done this but for some reason or other have returned to the streets. The problematic use of liquid solvents (inhalation or "sniffing"), but also of other (illegal and legal) drugs could be particularly found within this group. Although this group mainly consists of juveniles, it also includes young men who have just reached adulthood.

### **1.7. The most important consumption tendencies identified**

There is *general multiple drug use* amongst the youths. In particular, the sniffing of solvents was identified and in some cases the use of adhesives. When first consumed they tend to try them out for *fun* and to *experiment*, but then increasingly as a reaction against the stress of the difficult living conditions. The use changes to misuse and thus becomes dangerous. With many, this consumption regularly alternates with the use of sedatives. The youths prefer these substances because they are very cheap and they themselves have either very little or no money.

At the same time, a habitual and normalised use of hashish was also identified, particularly when they had money available. Alcohol is consumed less, but not necessarily because of religious or financial reasons. There is selective use of synthetic drugs and cocaine, particularly from older youths who have already been on the streets for a long time.

### **1.8. Aspects which increase the vulnerability of the juveniles**

The youths adopt more or less the role of adults who seek work in order to send money to their families. However, they are treated as children who are legally forbidden to work. The reason why many of them do not wish to attend the centres which have been created for such groups is partly because this would then prevent them from pursuing their main goal: namely earning money. While a very small number attain this aim through the legalisation of their status, the vast majority of youths live in very poor conditions on the street until they reach adulthood, without having sorted out their legal situation; their situation thus further worsens and becomes chronic. Those who live on the street spend the most part of their time in contact with other socially marginalised groups, with drugs, the previously mentioned Mafia organisations, and of course with peers who live in a similar way and use drugs as they do.

*Accordingly, as far as the legal situation in our country is concerned these youths find themselves in a hermetically sealed society that does not offer them any opportunity to fulfil their hopes and wishes, nor even to attain a single goal (and which therefore forces them to live in a state of illegality).*

### **1.9. Problems associated with solvent use**

Broadly speaking, and listed in order of importance, the problems which are associated with solvent use are mainly ones of a psychiatric, physical and social nature:

- rejection by neighbours in the district and through other members of the same ethnic community,
- group pressure - some of the group habitually inhale solvents-,
- pressure by the Mafia organisations,
- use in order not to feel cold, hungry or lonely,
- problems with the law due to consumption and stealing (which they normally do after the consumption so that they can pluck up 'courage'),

- money problems and
- sometimes the lack of stability in the reception centres (Circuito, etc.).

### 1.10. Main reasons for using solvents

One of the aspects which most of all encourages the use of solvents and other substances is the **easy access** to them in the district. The use of solvents has three clear **functions**, and these are closely associated with the living conditions of the youths:

- On the one hand there is **playful use** amongst the newly arrived juveniles for the purposes of primary socialisation with their peers.
- In addition there is use aimed at **suppressing fear** and as a
- **means to find courage** so that they are less scared when stealing and dealing with the police.

These last two aims are the main motives for problematic use, both for those youths who for various reasons have turned their backs on the Circuito and have returned to the streets and the immigrants who have reached adulthood and continue to live on the street in the same situation and with the same dynamic.

The *cultural differences* between Morocco and Barcelona do not seem to have too great an influence on the use of solvents. What does have a considerable impact, however, is the fact that the youths in Barcelona live in a largely isolated situation, both in terms of social and family ties.

Another factor that exercises influence is the fear and considerable pressure (and corresponding frustration) that arise through the impossibility of them ever being able to fulfil even a *single one* of their expectations and hopes. Moreover, they live in a situation of permanent insecurity as far as their immediate future is concerned. They react to these increasingly unrealistic hopes and illusions with increased use of solvents (and other drugs).

This therefore is a brief summary of the situation of these youths in terms of their problem use of solvents. If you are interested in further details of the research report, then do not hesitate to request this under the following e-mail address at the FSC: [fsyc@fsyc.org](mailto:fsyc@fsyc.org)

## 2. Activity phase

After the compilation of the investigation results was completed, we decided to obtain direct feedback on the conclusions and possible needs and preventative measures to be conducted following the analysis. For this reason we invited the employees working in the overnight shelter of the Red Cross to a meeting there. This centre provides lunch, evening meals, showers and overnight accommodation for 17 juvenile immigrants within the district. The group consists of 6 teachers from the centre, the director of the addiction care department of the Red Cross in Barcelona, as well as the director of the overnight shelter for juvenile immigrants. The results were presented and discussed during the meeting, as well as the difficulties which the professionals face in dealing with such situations.

We have until now broadly outlined the current risks in terms of drug use that are associated with immigration to Spain and Catalonia, the main aspects of the development of the first phase corresponding to the RAR analysis, and the most important conclusions reached on consumption that were derived from the study. In the next section we will describe the phase concerned with "possibilities for action and measures" that have been derived from the previous activities. It is important to point out that one

of the main advantages of the "Rapid Assessment and Response" method is the fact that it is a process of research and action, and in doing so brings together the key players in the community concerned. In this strategy information is first of all collected and evaluated, and then building on this the most important measures required are determined and evaluated together in order to efficiently tackle the immediate problems. During the process of searching for information, mapping and investigating the district and developing contacts, the various social players are incorporated into the project, and naturally this includes those who are themselves affected.

*Thus, during this process a working platform is developed based on a network comprising individuals, experts, inhabitants, social workers and those affected, as well as organisations, establishments, associations and centres whose contributions are indispensable for the conceiving and implementation of prevention measures<sup>4</sup>.*

## **2.1. Necessary measures for preventing solvent use and associated problems**

The contacts made during the analysis phase also yielded a series of measures necessary for tackling the problem of solvent use and other drugs within the target group. Everyday in Barcelona, considerable time and efforts are invested to stem both the use of solvents and other drugs and the consequences which accrue from this use. However, there is no *specific, co-ordinated* programme for professionals for preventing and reducing drug use within the target group of juvenile Maghreb immigrants. Suggestions from these professionals, the youths themselves and other "social players" led to the following urgent measures which need to be tackled.

One more preliminary remark: Although in some cases these concern measures which require financial means that either do not exist or are difficult to procure, we are nevertheless presenting them here so that those working in this area can decide for themselves as to the demands that need to be made and the focus of their activities in order to tackle the problems investigated by us. Some of the proposals are aimed at solving basic everyday problems that while admittedly not *directly* associated with solvent use, nevertheless provide deep-rooted causes for encouraging this use. The main needs that have been established in order of importance are:

- **Covering basic needs**, such as a permanent place to sleep, adequate food, attention, protection and care, background information on the city district, information and counselling on their rights and possibilities for support, establishing daily routines concerning food and hygiene so as to reduce the constant stress to which they are exposed. Owing to the fact that solvent use is very much determined by the living conditions, it is of the utmost importance that these needs are covered (structurally-related prevention). Here, we are not just referring to the most necessary basic needs to

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<sup>4</sup> The following is a list of all the different establishments, organisations and centres contacted in the RAR:

- Asociación Ibn Batuta., Centro Abierto (open centre) del Raval "J.S Gavina",
- Centro de noche Cruz Roja (overnight shelter for the Red Cross),
- Ayuntamiento de Barcelona "Círculo de atención al inmigrante"(immigration drop-in centre run by the Barcelona city authorities),
- Piso asistido a menores (supervised youth accommodation) de Cáritas Alcántara,
- Amical de los Inmigrantes Marroquíes en Cataluña (friends of the Moroccan immigrants in Catalonia),
- Centro de atención a las drogodependencias (drug care centre) SPOT,
- "Café-Calor",
- Other linked points of contact in the community:  
Mosques and imams, various inhabitants of the Barrio (Spanish and Moroccan), various traders in the Barrio such as the chemists, various drug stores and cut-price shops (todo a 100), Arab shops, barkeeper in a bar in the Barrio, telephone shops, police patrols in the Barrio and of course various juvenile Moroccan solvent users, drug-addicted youths and young immigrants who consume other substances.

survive; it is also necessary to tackle aspects such as vocational training, and to offer them practical experience, training time, etc, since these are directly related to the reason why they left their homeland: to earn money.

- It is important that cases where inhalant use has intensified to dangerous levels are referred to the district addiction care establishments in order that personal treatment can be instigated. *El Òrgan Tècnic de Drogodependències de la Generalitat de Catalunya* is familiar with the problem and is currently developing solutions.
- Personal treatment is not only necessary in cases where it concerns psychiatric and/or physical dependence, but also in cases where it has been established that there is serious, habitual use that is chronic, whereby *solvent dependence* is a subject where there is no clear consensus. On the one hand it is clear that psychiatric dependence can occur, on the other hand the possibility of physical dependence is very much disputed. There is no consensus of opinion on the possible course and severity, although it is at least accepted that there is a possibility of psychiatric dependence and increased tolerance to the substance. As with other substances with addictive potential, this is shown by the difficulty of controlling the substance and/or stopping (of course seen against the background of the described living conditions of the solvent users). As a consequence, the required measures should not only foresee the option of treatment *in cases where there is clear dependence to solvents* but also in those cases where the health of the youths and that of those associated with them is already seriously at risk *before* addiction starts.
- At the same time our key informants confirm how important it is to rapidly identify the juveniles who have freshly arrived on the streets in order to transfer these to the Circuito and thus prevent them - without family and left to themselves - from coming into contact in the street situation with peers who are consuming drugs i.e., to prevent them coming into "easy reach" of inhalation substances and other drugs. With the same argument, the professionals consider it necessary to be able to provide a permanent emergency hostel. The proposals reveal differences of opinion concerning the degree to which such centres should be open or closed. They are all in agreement, however, in pointing out that the centre should be in the city, since this would be so-to-speak "closer to the reasons" that attracted the youths to Barcelona (they did not come to enjoy the rural splendour...).
- Barcelona City Authorities (the "Serveis Personals" department), together with the Circuito (**Circuit d'Atenció al Menor de la Generalitat de Catalunya**) have been conducting work since the beginning of 1998 that attempts to reach the stated aims. Nevertheless, the professionals and key figures in our survey emphasise that an expansion of the means and services is still necessary.
- Parallel to this, the centres and other establishments frequented by the youths<sup>5</sup> have signalled the necessity of providing **workshops and/or activities for health promotion** for these youths, in particular in terms of establishing daily routines and activities concerned with nutrition and hygiene, and special events concerned with the **prevention of solvent use and other drugs** that provide information on the substances used and the risks and consequences of their use. The majority of the professionals and social players interviewed say that such activities are essential in addition to the other measures already mentioned.

These are all provisions that can be taken as an initial step in meeting the basic needs, but others also need to be considered in terms of their possible influence on the problem:

- **Encouraging the "idea of returning home" and improving self-confidence.** It is particularly difficult for the juveniles to consider returning home; they prefer the situation which for them

<sup>5</sup> We are referring to the various establishments that are attended by the youths on a daily basis: day and night centres, can-teens, migrant associations, sport and district youth training facilities.

seems like freedom and gives them the possibility of earning money. They believe in the better possibilities of a life in Spain - compared to a life on the street, without any perspectives and/or in a broken family in their homeland. In the end their short and medium term plans are not influenced by thoughts of returning home: **a return would mean failure**. Street workers have attempted without success to speak about this subject with the youths on several occasions: in general the youths cannot imagine returning to their families as "losers". For this reason they construct lies and fairytales about their situation in Barcelona and tell them that they are doing fine in order to justify the sending of money. One approach would be to deconstruct the lies and to transform them into something real and acceptable:

- **Example:** A youth tells his family that the money which he sends home has been earned by working. In reality he earns this by stealing. In such a case it should be attempted to persuade the youth to stop stealing - which, however, would stop the sending of money. This can be justified to the family by saying that he has stopped working for a period in order to undergo training which will bring him a concrete job in the immediate future.
- The **sensibilisation of the population** has also proven to be indispensable - in the Raval district in general, but in particular those who belong to the same ethnic community. The aim is to crush the myth that solvent use represents something irreversible - and that these youths are beyond all hope - in order to prevent them from being stigmatised and rejected. The causes that lead to this situation should be demonstrated without reducing the youths to the role of "victims". This is an important aspect in so far as rejection by their own compatriots could create a situation of fear which further worsens the use of solvents and other drugs.
- **The provision of specific information and training for the educators and other specialists who work with the youths on the subject of "solvents"** is a further proposal. The specialists (in particular the educators) should have knowledge about everything concerning solvents (substances, reasons for use, effects, etc.), in order to be able to deal better with the intoxication situations with which they are frequently confronted. At the same time it is necessary to provide them with expertise for dealing appropriately with youths in this situation.
- **Prevention of solvent use through daily activities.** The aim of this proposal is to convey to the youths that solvent use and activities which for them are most interesting (such as playing soccer) are rather incompatible. This would provide an indirect and practical form for promoting health and preventing drug use within a non-institutionalised everyday context<sup>6</sup>

## **2.2. Preventive activities which were implemented within the framework of the 'SEARCH' project**

The last three proposals listed in the previous paragraph led to the idea to start an activity during the period of the 'SEARCH' project based on the proposals mentioned in the previous chapter, which at the same time would mark the start of future prevention activities. The working group within the foundation evaluated the proposals that had been provided and, in accordance with the financial possibilities of the project and the time available, we chose:

### **"Guidelines for professionals for preventing the use of inhalation substances "**

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<sup>6</sup> This proposal has been developed and can be seen at the end of the third part of the manual

### **2.2.1. Guidelines for professionals for preventing the use of inhalation substances**

The idea for the guidelines arose from the specific need for action to prevent or reduce the use of solvents by these youths, and likewise from the need for information on solvents, consumption situations, and possibilities for intervention from the view point of the various care facilities in the community. These guidelines are specifically intended for those professionals from a variety of different facilities who work for and with the group of single juvenile immigrants in risk situations. Apart from the youths who are already habitual consumers of solvents or adhesives, the rest - although not yet users - are extremely vulnerable. Although the guidelines are specifically intended for professionals working with the youths mentioned, it can also provide suggestions for other professionals working with youths in risk situations (whose definition can be extended both in practical as well as analytical terms).

The guidelines have the following aims:

- **Sensibilisation** of professionals in this area to the necessity of tackling the problem in a coherent and co-ordinated way.
- **Information and training** on solvents and the prevention of their use.
- **Introduction of preventative activities** concerned with the use of solvents and other drugs within the framework of programmes by the centres that are aimed at providing daily activities.

The guidelines are divided into three main sections:

1. In the first section the **research results** are presented on the basis of which the present document was developed. The use of solvents and other drugs within the group of Moroccan youths without papers and families in the Raval district of Barcelona is described in detail. This first section focuses on the reasons, consequences and secondary aspects of the use.
2. The second section describes the most important measures for preventing solvent use among the youths that were deemed to be necessary by the professionals and other social players involved in the study and analysis.
3. The third section, the most important and detailed part of the guidelines, includes theoretical and practical information on preventing and dealing with the problem of solvent use among these youths. This addresses such aspects as the definition of the substance (s), the effect(s), motives for use, consequences and what should be done when there are doubts or problems. It also includes a series of educative and preventative activities which the educators can build into their everyday programme. Below is a summary of the contents of this capital:

**3.1. Solvents and liquid substances (inhalants)**

*Definition*

*Examples of substances frequently used*

*Ways of using them*

**3.2. Solvent use**

*Recognising use*

*When is there intoxication by solvents?*

*What side effects are caused by the use?*

*When can we refer to a **misuse** of inhalants?*

*When is there **dependence** on inhalants?*

**3.3. Which risks and harmful effects are associated with the use?**

*Aspects which must be considered in emergency situations*

*In concrete situations: what needs to be considered?*

*Practical suggestions*

**3.4. Can we speak of "harm reduction" for inhalants?**

*Risk minimisation in every life*

**3.5. What does the future look like for glue sniffers in health terms**

**3.6. Prevention activities with juvenile glue sniffers and drug users from the centres and the streets**

*Aspects which must be considered when planning and conducting these prevention activities (practical examples)*

**3.7. Use and knowledge of neighbouring resources**

Professionals from the fields of drug use prevention and migration were involved in the elaboration of the guidelines. During the preparation, research was conducted into documents on solvent use and existing prevention and treatment programmes in other countries. Contacts were made and information received from various Ibero-American organisations who have years of experience in the field of solvent use amongst street kids. Some of the information originates from the Master de Drogodependencias course of the University of Barcelona, which is taught by lecturers who also actively work in the FSC, as well as from other sources which are listed in the bibliography. Some of them originate from countries where the use is more established (Guatemala, Honduras, Costa Rica, Mexico, Peru, Nicaragua and Argentina).

The elaboration of these guidelines within the framework of the project provided a realistic opportunity to conduct an activity within the project whilst simultaneously providing a starting point for future activities, which every organisation can initiate on the basis of its national and financial possibilities. As was

shown before the start of the project, **neither Spain nor any other participating country knew of any specific prevention programme for immigrants and drug users.** Thus the care, prevention and reintegration provisions for immigrants have a very fragmented character. From the viewpoint of the FSC, we are convinced that the Project 'SEARCH' was fundamentally important in establishing an approach for the prevention and support of immigrants at risk from the use of drugs.

In the previous points we have named various proposals which, even if we are unable to implement all of them immediately, are worth passing on to other organisations as a means of providing political pressure and as a way of unifying the lines and approaches taken in the different areas involved in the problem. All this information is included in the guidelines and made available to professionals.

In this respect the guidelines developed within the time and financial restraints of the project directly answer one of the demands of professionals working with youths.

### **2.2.2 Evaluation of the guidelines**

The guidelines were distributed amongst the professionals who work in the educational area together with the youths in the target group; i.e., it is offered to them as a tool to manage and unify their activities for preventing solvent use as well as to enable them to deal better with situations in which they work. For the evaluation a series of questions were formulated on the practicability, benefits and interest seen from the point of view of the professionals working with youths. At the end of the guidelines a page was included with the evaluation questions which record the information qualitatively and quantitatively and which should be answered after 5 months working with the guidelines.

### **2.2.3. Perspectives for the guide following the 'SEARCH' project**

In December 2001, 20 self-published versions of the guidelines were printed, each comprising 50 pages (16x23cm). The guidelines will be initially available in a limited edition and only distributed amongst the professionals working in the Raval district who are in contact with juvenile immigrants for the study.

Parallel to this, interest has been shown in the project and the development of guidelines for prevention professionals in order to begin measures for preventing solvent use with these youths. For this reason, within the framework of a possible second phase of 'SEARCH' ('SEARCH II') we are considering the possibility of extending and improving the guidelines as the next intervention step and also as a necessary prerequisite before the beginning of the direct prevention work with the youths in the target group.

With the end of the 'SEARCH' project the first stage of the work has come to an end. The project has laid the foundation for the development of addiction and health prevention among immigrants in risk situations in Spain, and at the same time work is already carried out on the further development and consolidation.

### **3. Material and useful internet addresses for the work with "sniffers"**

#### **1. On the substances:**

<http://www.fad.es/sustancias/index.htm> (Spanish)

<http://www.inhalants.org> (English)

<http://www.fortunecity.com/meltingpot/botswana/268/inhalabl.htm>

<http://www.arconet.es/familia/111Lavidahumana/Droga/Inhalantes.htm>

#### **2. Various intervention and prevention projects:**

<http://www.une.edu.ve/pnhp/info.html>

Medicus Mundi: street children

<http://med.unex.es/medmund/infomundi/ncalle.html>

Latinsalud: inhalation substances

<http://www.latinsalud.com/Temas/inhalantes.htm>

Casa Alianza: street children and inhalation substances: a world-wide survey.

<http://www.casa-alianza.org/ES/street-children/glue/overview.shtml>

Drug use (and the use of inhalation substances) in Mexico: diagnosis, trends and actions.

Mexico's answer to drug use:

<http://www.ssa.gob.mx/unidades/conadic/CDM%202-3.htm>

NIDA. National Institute on Drug Abuse. National Institutes of Health. inhalation substances:

<http://www.nida.nih.gov/Infofax/Inhalants-Sp.html>

#### **3. Used article:**

Reyes del OLMO, P y García ROSETE, J. Los menores inhaladores (aspectos psicosociales).

[http://omega.ilce.edu.mx:3000/biblioteca/sites/maestro/adicion/htm/sec\\_43.htm](http://omega.ilce.edu.mx:3000/biblioteca/sites/maestro/adicion/htm/sec_43.htm)