

## 9. 'SEARCH II' in Germany

<b>1.</b>	<b>The new SEARCH partner – Drogenberatung e.V. in Lippe (Detmold)</b>	<b>78</b>
1.1.	An overview of the activities of the Detmold RAR team	78
1.2.	The region of Lippe	78
<b>2.</b>	<b>Selection of the target group</b>	<b>79</b>
2.1.	Who is who?	79
2.2.	Drugs and alcohol – Part of everyday life from Moscow to Tbilisi?	80
2.3.	Our interview partners	80
<b>3.</b>	<b>Our new clients from the CIS states</b>	<b>81</b>
3.1.	Single young men who use drugs	81
3.2.	Men – single and with families – using alcohol problematically	82
3.3.	Female and male chain smokers	83
<b>4.</b>	<b>Concrete prevention</b>	<b>83</b>
4.1.	Prevention I – or the policy of gradual steps	84
4.2.	Prevention II – training multipliers	85
<b>5.</b>	<b>Preliminary conclusions</b>	<b>86</b>
<b>6.</b>	<b>Annex</b>	<b>87</b>

---

### ***Drogenberatung e.V. in Lippe, Detmold, Germany***

**Dietrich Höcker**  
**Wolfgang Schreiber**  
**Vesselka Vassileva-Hilgefert**

## **1. The new SEARCH partner – Drogenberatung e.V. in Lippe (Detmold)**

The Drogenberatung e.V. in Lippe is a drug counselling centre that has existed since the beginning of 1994 and currently employs 9 staff. In the area of illicit drugs, it has been charged by the region of Lippe with ensuring care for people addicted to or at risk of drugs. The responsible body behind them is the Drogenberatung e.V., a drug counselling organisation in Bielefeld. The RAR team for the SEARCH project in Lippe consists of three staff: Wolfgang Schreiber, the head of the facility, Dietrich Höcker from the drug prevention office and Vesselka Vassileva-Hilgefort, who was employed for the duration of this project and works exclusively for the SEARCH project. Mr Schreiber and Mr Höcker have many years of experience with clients from the CIS states. This is because, since 1997, the Drogenberatung Lippe has been dealing with an increasing proportion of so-called Spätaussiedler – ethnic German migrants from the former Soviet Union who have been allowed to resettle in Germany (cf. Figure 1 in the Annex). Through their functions in the facility, Mr Schreiber and Mr Höcker have numerous contacts with co-operation partners in Lippe and North Rhine-Westphalia (NRW). Ms Vassileva-Hilgefort is a journalist and speaks fluent Russian. In consultation with the other project members, she took over the organisational preparation of the interviews, the documentation, data processing and when necessary, the interpreting when interviewing asylum seekers.

The RAR team jointly conducted the semi-structured and structured interviews. The work together has been so structured that all members of the RAR team have a good overview of the tendencies and the development of the problem. Already during the preparation of the project and when searching for key persons, a network of experts was formed in Lippe which became even more closely knit during the course of the project and is expected to remain in existence after its completion. The aims and results of the project were presented in several working groups, which means that the project is well known throughout large parts of the region of Lippe.

We have been so convinced by the RAR that we have conceived a further project in the field of juvenile drug use that is to use the RAR and for which we are actively seeking finance at the moment.

### **1.1. An overview of the activities of the Detmold RAR team:**

- October 2002, start of Search II with the workshop in Putten
- Collecting information on refugees and asylum seekers in Lippe
- Forming the RAR team
- Finding target group and key persons
- Conducting and assessing the SSI
- Conducting and assessing the SI
- Focus group I and II
- Developing prevention ideas
- Producing prevention materials
- Training multipliers
- Documentation and prospects

### **1.2. The region of Lippe**

Traditionally, the Lippe people are considered to be obstinate, mean, reserved and rather mistrustful of anything new. One thing is certain, however: with a population of 340,460 citizens, of which 30,414 are foreigners, Lippe is already one of the most multicultural regions in Germany.

The region covers a total area of 1,246 square kilometres. It consists of a total of 16 municipalities and districts. After the war, Lippe became a centre for the furniture and textile industry and a destination for

health resort visitors and tourists, whereby agriculture continues to play an important role. From 1987 until 2002, 163,281 Russian German migrants from the former Soviet Union found a new home in East Westphalia–Lippe (EWL). **\*\***(see "Bevölkerungsentwicklung in OWL", September 2003).**\*\*** According to the Department of the Interior of the Federal State of North Rhine-Westphalia, in 2002 there were 24,437 Russian German migrants living in Lippe. Thus the region of Lippe lies in second place in NRW behind the Rhine-Sieg region.

The policy of the aliens office is influenced by the number of Russian German migrants in the individual districts. Thus the districts of Augustdorf, Barntrop, Blomberg and Dörentrup will not be assigned any new asylum seekers from the CIS states because firstly an adverse climate has developed amongst the population regarding 'foreigners', and secondly there are limited financial means.

## **2. Selection of the target group**

On the cut-off date of 31 December 2002, 1,615 refugees and asylum seekers were registered at the aliens office for the region of Lippe (a total of 9,874 in EWL, as of 31 July 2003). 610 of them come from the former Soviet Union. As far as the processing of asylum seekers is concerned, Lippe has a national reputation for its relatively quick processing of individual cases and its efficient organisation of deportations.

The group of refugees and asylum seekers from the CIS states has not been researched by any other project partner as part of SEARCH. A further point for opting to work with this group were the features common to both the asylum seekers and the Russian German migrants. The groups' shared experience with problematic substances in their home countries enabled a greater understanding of aspects already partly known of through the daily counselling and prevention work in the centre, while the RAR also provided important additional and more detailed information about how drugs are dealt with in the former Soviet union.

### **2.1. Who is who?**

*"I was born in Armenia, then flew from Azerbaijan and later lived in Moscow. I don't know who I am anymore."* (47 year-old Yezidi from Baku)

At the beginning of the project, the target group of Russian-speaking asylum seekers in Lippe consisted of asylum seekers from the Russian Federation, the Republic of Armenia, Azerbaijan, Georgia, Kazakhstan, and Turkmenistan. The numbers vary considerably. Since June 2003, the authorities have intensified the deportations and, meanwhile, almost a quarter of the people have either returned to their countries of origin or have gone into hiding. Most asylum seekers have been here for 2 to 2.5 years. Some of them, after appealing against an initial refusal to grant them asylum, have been here for 6 to 7 years. Two thirds of the asylum seekers are here with their families and try to behave as inconspicuously as possible. In the last two years, hardly any asylum seeker from the target group has been formally granted refugee or asylum seeker status.

A very specific group are the Yezidi with Azerbaijani or Armenian passes. They are an ethnic and religious minority who, after the 1916 massacre in Turkey, fled to southern Russia, Armenia and Georgia. They also form a closed group in Lippe, to which neither the authorities nor the carers have been able to develop good contacts.

The asylum seekers from the CIS states are scattered throughout all the districts in the region of Lippe. Owing to a lack of funding, the social workers rent private houses in which 2 to 3 families are accommodated. Classic temporary hostels can only be found in Detmold, Kalletal-Hohenhausen and Lage. Most asylum seekers in Lippe have all but no contact with one another and are relatively good at screening themselves off, including from social workers.

## 2.2. Drugs and alcohol – part of everyday life from Moscow to Tbilisi?

*"The drugs came with the soldiers returning from Afghanistan. Now they are everywhere and everyone is earning money with them, even the police."* (45 year-old Azerbaijani)

Despite the increasing numbers of Russian German migrants in Germany, relatively little is known about the use and range of drugs in the former Soviet republics. Our research has revealed the following information:

- In 2001, 88.8% of the 506,850 registered drug addicts in the Russian Federation used hard drugs (the UNDCP estimates the true number of drug addicts to be 2,365,000). The daily requirement for heroin costs in St. Petersburg, for example, 3 Euro as the market has been glutted.
- In Kazakhstan there are 279 registered drug addicts per 100,000 inhabitants (70 per 100,000 inhabitants in 1992).
- In Tadzhikistan, two thirds of the newly registered drug addicts are addicted to heroin. In Uzbekistan, the number of newly registered drug addicts has increased sevenfold since 1992.
- By the middle of the 1990s, predominantly boiled down opiate ('compote') was injected intravenously in almost all CIS states. Heroin has been preferred since 1998. Shared use of needles is normal.

The RAR team was presented with a difficult task concerning the use of alcohol and tobacco by asylum seekers from the CIS states. Daily amounts of alcohol regarded as normal in Russia, for example, would tend to be considered in Germany as 'problematic use'. During the discussion we were constantly confronted with statements such as the following: *"The asylum seekers don't have any problem with alcohol. They can still get out of bed the next day"* (caretaker in the temporary hostel).

A further problem area was concerning the problematic use of sleeping tablets and sedatives. Since many of the asylum seekers have had traumatic experiences (experienced violence) in civil wars, they were prescribed corresponding drugs by the doctors. In the countries of origin, questions as to medicine use are considered to be of a personal nature, which is why we did not receive any clear answers on this point from our interview partners from the target group.

## 2.3. Our interview partners

*All interviews were conducted from March until June 2003. The results relate to this period of time.*

During the conducting of the semi-structured interviews (SSI), we worked together with 11 key persons, including social workers and caretakers who generally had considerable experience in dealing with asylum seekers and refugees. Some of our respondents were themselves Russian German migrants. Since they did not have to overcome any language barrier when contacting the target group, they had a good insight into the prevalence of addiction in the group.

The group of respondents during the structured interview (SI) phase comprised 9 asylum seekers from Aserbaidshjan, Armenia and Georgia, who has also lived for considerable periods in other CIS states (Russian Federation, Kazakhstan). It was relative difficult to organise the interviews. For example in Detmold the asylum seekers refused to make contact after they learned that we were part of the drug counselling organisation. As far as the use of problematic substances was concerned, most of them had had bad experiences with the authorities in their homelands. Many assumed that the drug counselling organisation, the police and the deportation authorities were collaborating. Despite pointing out

that the SEARCH interviews were anonymous, many did not want to participate because they feared this would lead to them being 'black listed'.

### 3. Our new clients from the CIS states

*"I hardly know anybody who is completely abstinent."* (Female social worker providing care in temporary hostels)

The studies are in accordance in showing that there are 3 affected groups among the asylum seekers and refugees from the CIS states. 9 of the 11 key persons interviewed agreed that there is problematic use in the target community. The first affected group of asylum seekers and refugees from the former CIS states is the group of single young men using drugs.

#### 3.1. Single young men who use drugs

From a total of 20 respondents, 14 described the group as at risk. *"After 1997 a new wave of refugees arrived. These were young people, 21 to 27 years old, from Georgia. It was the residents of the temporary hostel who provided us with the first indications that drugs were being used. It was heroin being used, and empty needles lay in the rooms."* (Social worker who has been looking after asylum seekers since 1990). All 14 interview partners had only had experience with men from the Caucasus republics – predominantly Georgians and, to a lesser extent, Azerbaijanis and Armenians. It is difficult to estimate the current percentage of drug addicts.

According to the respondents, most of those who use drugs problematically are aged between 18 and 30. This mostly involves intravenous heroin use, and rarely hashish and synthetic drugs. Often drugs and alcohol are consumed at the same time. *"Alcohol, hashish, heroin – everything is taken at the same time. Vodka is drunk like water."* (Social worker who has been looking after asylum seekers for 10 years)

They were unanimous in their response to the question as to how the drug use manifested itself: The first thing that is recognised is their generally poorer physical condition: *"After detoxification the man came to me again. By chance his dossier lay on the table and his passport photograph could be seen on top, which was taken two years ago. You would hardly believe that this was one and the same person."* (Female administrator, has been looking after asylum seekers for 7 years).

The second way that drug use manifests itself is in drug-related crime: *"Almost all of them are caught up in drug-related crime because they are poor."* (Psychologist, has been looking after transit hostels for 7 years). Many of the drug addicts are themselves dealers so that they can finance their own need. Thirdly, aggression and depression are identified as signs of drug use. (Cf. Figure 2 in the Annex)

With the question as to the causes of substance use there were the following explanations: Most of those affected were already addicted to drugs when they came to Germany. The lack of any perspective also played an important role since the asylum seekers quickly recognise that they will not be entitled to stay permanently in Germany. *"You ask me why do the asylum seekers take drugs? They don't have anything else to do. And why start with drugs? Because drugs were cheaper than alcohol in their homeland."* (Caretaker, Russian German migrant)

The respondents all agree that there is widespread belief among the asylum seekers that drugs "are allowed in Germany – in contrast to the Soviet Union". This is because the asylum seekers find it difficult to comprehend the legal situation in which the use of drugs is allowed but their possession and purchase is forbidden. In addition, many asylum seekers are aware that there is obviously considerable drug dealing and use of drugs, but that relatively little is done to prevent this. This is taken as evidence that these laws are not really taken seriously. Isolation and the financial dependence in the host country are also mentioned as important factors for drug use.

As far as general information is concerned, the asylum seekers are all in agreement: the drug addicts know precisely the risks entailed by using substances. *"Each drug addict is an excellent chemist."*

(Azerbaijani, 47 years old)

The respondents are also unanimous concerning the "benefits" of drugs. Drug use enables you to forget the lack of perspective caused by the situation, to suppress the traumata suffered in the homeland and to "be part of the community". During the SSIs we determined that there are currently no effective preventive interventions. Only in the most seldom cases do the social workers provide individual counselling with those affected.

The asylum seekers themselves only have a sketchy recollection of information events in the first distribution centres – if they can remember at all. The doctors have also been subject to criticism because they often only provide purely medical treatment with the drug addicts – without any additional educational work or counselling.

In the last two years, the funding for social services in Lippe have been drastically cut back and many of the social workers are overstretched. There is therefore neither enough money nor time for preventive work with asylum seekers who are "anyway going to be deported tomorrow or the day after". In response to the question as to which effective preventive interventions or conditions will be required, we received a broad range of answers. We have listed the most important ones here:

*"The German care strategy is not understood by the asylum seekers from the CIS states. They need clear direction as to who is responsible for what – a clear agreement on objectives."* (Social worker, has been looking after asylum seekers since 1995)

*"There is only one priority in prevention work – unfortunately we don't have much influence here – a clear perspective for the refugees and asylums seekers, integration work as prevention, and the right to work."* (Psychologist, looks after temporary hostels)

### **3.2. Men – single and with families – using alcohol problematically**

...were identified as the second most vulnerable group among asylum seekers from the CIS states. As far as the numbers are concerned, this group is undoubtedly larger than the group of drug addicts.

*"With alcohol, the situation is no longer controllable."* (Social worker, looks after asylum seekers and Russian German migrants)

The asylum seekers themselves do not consider alcohol as a particular problem. *"Everyone drinks. If everyone drinks then it's not a problem, that's life."* (Jew from Azerbaijan, 24 years old)

Alcohol misuse manifests itself in an overall worse mental condition, aggression and depression, and alcohol-related crime (see also Figure 4 in the Annex). Our respondents frequently mentioned the negative effects that married men's use of alcohol has on families. The financial consequences are also significant: *"Money is scarce, that's why the alcohol is mostly stolen from shops,"* (administrator in the social welfare office). As far as the factors influencing the development of problematic alcohol use are concerned, two thirds of the respondents are in agreement: in the countries of origin larger amounts of use are also recognised as "normal". In the host country, other reasons also play a role – such as boredom and uprooting.

We heard the same answers in response to the question as to the benefits of drinking: forgetting problems, "party atmosphere" and the feeling of belonging to a community.

As far as the prevention work is concerned, the results are identical with those ascertained with the group of drug addicts: 80% believe that priority must be given to integration work. 30% of the respondents believe that individual counselling could help, whereby it important to speak to the families and not just to individual persons. Publicity events are described as useless, as the asylum seekers were

witness to the many years of anti-alcohol propaganda during the Gorbachev period.

### **3.3. Female and male chain smokers**

This group was not noticed during the first interviews and for one simple reason: many of the respondents are themselves smokers. They accept smoking as normal and only have contact to the asylum seekers for a very short period of time. Later, during SIs, it was the asylum seekers themselves who reported on this group. Here women believed that smoking is more common amongst men from Georgia and the Russian Federation. *"Most of them can't live without cigarettes, they become nervous if there's no cigarette packet beside the bed,"* according to one social worker who frequently spends long hours in the temporary hostels.

According to our key persons, the problematic use of tobacco leads to a worse overall physical condition and to cigarette-related crime. Particularly interesting are the answers of asylum seekers who have come to Germany from smaller towns or villages. *"At home the girls and women are not allowed to smoke, it is only when they arrive in large cities where everything is anonymous that they begin to smoke. Here in the hostel everyone smokes, even the 10-year-olds, since it's allowed,"* (asylum seeker from Armenia). A considerable number of our respondents from the former Soviet Union were surprised to learn that smoking in the aforementioned age group is against the law.

As far as prevention with chain smokers is concerned, integration has again been given highest priority. The interviewed women have also mentioned one other important factor: future mothers among the female asylum seekers should receive more medical information on how smoking harms the unborn child.

## **4. Concrete prevention**

Purely in terms of the organisation, the SEARCH team had already built up a network of social workers, carers and refugees when conducting the interviews. Both the focus groups that met in May and June have shown, however, that future work will be difficult since the contact partners are widely dispersed throughout the overall region of Lippe and the target group itself is not compact.

The first focus group, with participants from the district police authorities in Lippe, the Blaukreuz counselling centre and social workers from various social welfare offices, clearly showed the difficulties entailed in providing effective prevention work: with the target group of refugees and asylum seekers it is neither possible to begin prevention at an early stage nor to continually implement it over the long term. Prevention through integration was desired by all the respondents during the interviews. Such a concept, however, stands contrary to the official policy that expressly envisages integration only after recognition of the right to stay.

The participants in the focus group came to the conclusion that it is sensible to work in two directions. Firstly, to provide training to support multipliers, i.e. social workers, carers, volunteers from the religious communities, etc. Secondly, to pursue a policy of gradual steps that allows integration at many places at the same time, whereby people and groups of people are sought who are prepared to become involved in this sense.

The drug counselling centre can provide help by providing addiction experts and information material in Russian. In addition, it can also contribute by providing the multipliers with information on existing services.

During the discussion in the first focus group, there were no notable differences of opinion as to the measures to be taken. Nevertheless, we decided to present the SEARCH results once more in a larger forum in order to gather further ideas and suggestions. On 24 June, Wolfgang Schreiber and Vesselka Vassileva-Hilgefort conducted a second focus group with members of the ecumenical forum

'Refugees in Lippe'. The members of the forum come from almost all the districts in the region. The RAR team reported on the results of the interviews, and the suggestions that the first focus group had developed were introduced during the course of the meeting. For us it was particularly important to hear the opinions of those guests who come into daily contact with the target group.

A particular problem was considered to be how to deal with drug-addicted asylum seekers. It was emphasised that it is difficult to find good psychotherapists in Lippe who are prepared to work with this group of people. It is just as difficult to obtain money from the local authorities for detoxicating and providing therapy for drug-addicted asylum seekers. The German Asylbewerberleistungsgesetz, the special law that regulates benefits for asylum seekers, prescribes that asylum seekers may only be medically treated at the cost of the municipalities in cases where there is risk to life. Lack of knowledge of foreign languages was also mentioned as an additional problem.

One of the suggestions of the focus group for further work was to establish a sponsorship scheme to ensure that the prevention in the target group reaches both those affected and their families and children. Previous experience has shown that several districts and associations in Lippe take such sponsorship schemes very seriously. A project is currently running for providing care for school children, etc. After documenting the results of the two focus groups, the RAR team decided to work in three directions:

1. Providing training for qualified contact persons (multipliers)
2. Producing a flyer written in Russian offering integration possibilities for refugees and asylum seekers from the CIS states who are in EWL.
3. Further networking through publicity work with organisations and working groups in Lippe.

The idea for training came from key persons who, through the interviews and having their attention drawn to the subject, realised just how little they actually knew about addiction, the effects of drugs, addiction and migration, and preventive measures, etc. The training was provided in November 2003.

#### **4.1. Prevention I – or the policy of gradual steps**

It seemed to us to be a relatively easy task to produce a flyer with information on integration possibilities for asylum seekers and refugees in EWL. Here the intention was to include each association, church parish or any other institution that was also prepared to make their facilities available to asylum seekers. We also wanted to indicate whether there were native speakers available.

The public collectively views the refugees and asylum seekers from the former Soviet Union and the group of Russian German migrants as "the Russians". For this reason, we first contacted the associations for Russian Germans to ask whether they could help refugees from the same countries of origin. The results were very positive – the drop-in centres of the 'Druschba - Freundschaft' organisation in Detmold, Schieder - Schwalenberg, Lemgo, Lage and Bad Salzuffen have declared their readiness to help the asylum seekers with contacts, tips and information. The self-help group 'Hoffnung' ('Hope' – drug addicts and people using alcohol problematically), which is supported by the Blaukreuz – Detmold, agreed to work with those asylum seekers who volunteered to participate in the groups.

Most facilities that can offer counselling and care with different problems are in Bielefeld. The city has a well-developed network of voluntary and full-time psychologists and legal experts, etc. For this reason, we also included some addresses from Bielefeld in our flyer.

Our experience in producing the flyers has shown that most contact persons reacted positively to our request to work with asylum seekers when required. As a team we are eager to know to what extent we will be able to reach our target group with the flyer, which has been distributed throughout the parishes and refugees counselling centres of the Lippische Landeskirche (State Church of Lippe).

Parallel to the production of the flyer, other ideas for prevention were developed, whose implementation shall be carried out in gradual steps. Together with the refugee counselling centre in Bad Salzuflen, we are planning to develop a project for parents of school-age children from Russian German migrant and refugee families. Topics for discussion will include drugs, alcohol and migration.

Besides the production of the flyer, we have also further developed the structural prevention, i.e. we improved the structures (by linking networks and disseminating prevention know-how in institutions and with key persons) where drug prevention can be experienced everyday.

#### **4.2. Prevention II – training multipliers**

Culturally-sensitive drug prevention presupposes that those carrying it out are in a position to put themselves in the position of the target group as impartially as possible. We were able to build up on the experience gained from the drug counselling provided for the group of Russian German migrants and pass this on to the multipliers. It was important to us that the proposed training addressed those who enjoy the trust of the asylum seekers for reason of their professional or voluntary work.

The training in Haus Stapelage took place on 6 and 7 November 2003. We issued 35 invitations. 10 social workers and volunteers from the migration field took part.

The training programme:

##### 1st day:

- Background information on the EU project SEARCH (explanations about the RAR, results in Lippe);
- How addiction develops (explanations);
- Drug prevention (development, current state, methods);
- Effect of drugs (substances, effect on the central nervous system, application forms and effects, physical and psychiatric addiction, withdrawal symptoms);
- Addiction care system using the examples of the Blaukreuz centre in Bad Salzuflen and the Drogenberatung e.V. in Lippe (with the film 'Ein Angebot für Sie' from the DHS, which was produced by the Drogenberatung e.V. in Lippe on behalf of the DHS).

##### 2nd day:

- Addiction and migration, (materials and contacts; report on her experiences by Ludmilla Dickmann, former employee at the Drogenberatung e.V. in Lippe, these days working in the in-patient field; discussion);
- Interventions in individual cases (what is necessary, what is sensible?);
- Preventive measures (what is possible, what is sensible?);
- Possibilities for transferring acquired knowledge into everyday work.

The event took place in the 'Haus Stapelage' learning centre, and was moderated by Dietrich Höcker (Drogenberatung e.V. in Lippe) and Holger Nickel (Blaukreuz – Centre – Bad Salzuflen).

There was a lively discussion about the possibilities for prevention through better integration. The flyer on counselling services in Lippe and Bielefeld was judged to be very helpful. What was deemed to be particularly successful was the talk from Ms Dickmann, who was brought up in Kazakhstan, trained in Germany as a social educationalist and addiction therapist, and who reported about her experiences in working with two drug counselling centres and an in-patient therapy facility. Overall, it was an event that contributed to improving the networking and which, besides dealing with the subject of 'addiction and migration', opened up concrete possibilities for everyday professional work with asylum seekers

and refugees. All participants said they were very satisfied with the form and content.

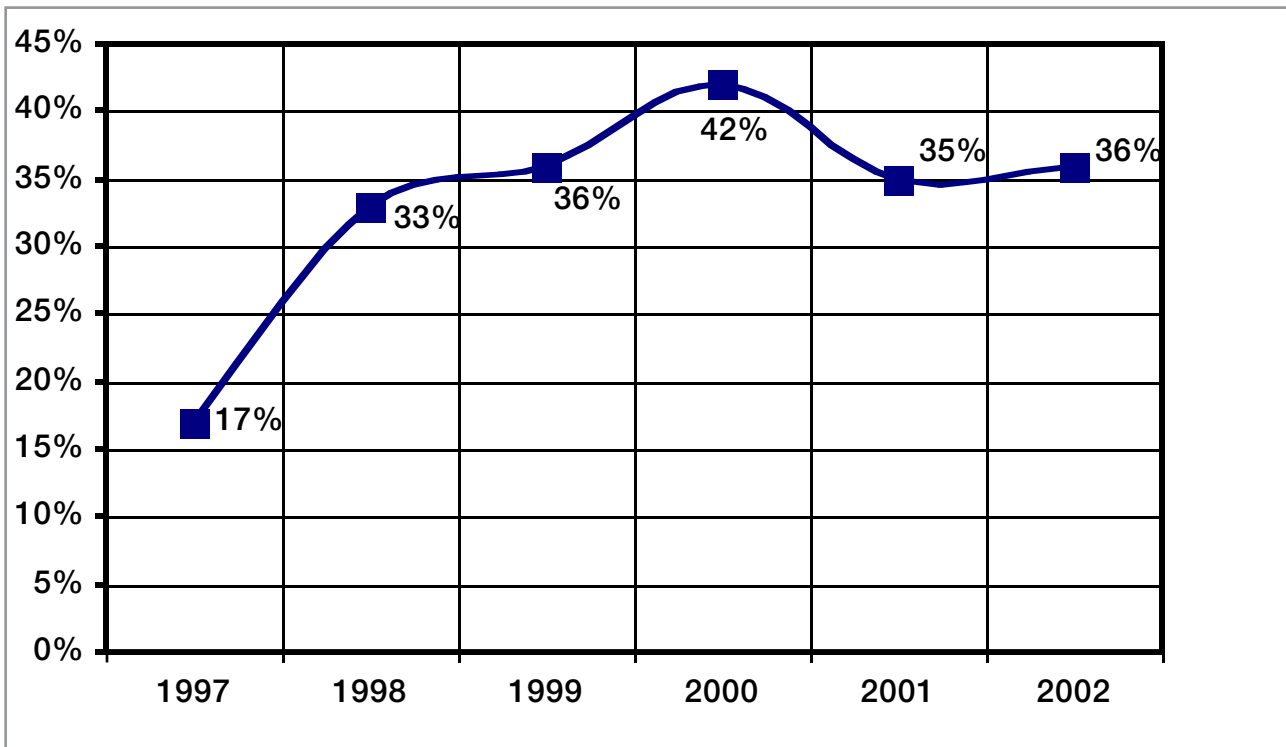
## **5. Preliminary conclusions**

- The RAR work has enabled us not to only obtain results relating to possible risks with relatively little expenditure, but also to discuss the problem with important contact persons, in existing networks and in the target group.
- Through participating in Search II, the Drogenberatung e.V. in Lippe has contributed to raising awareness of the subject of 'addiction and drug prevention' amongst (almost) all persons and institutions that work with refugees and asylum seekers.
- Through participating in Search II, the Drogenberatung e.V. in Lippe has contributed to raising awareness of the subject of 'asylum seekers and refugees' in addiction care and drug prevention in Lippe.
- Through Search II, the existing network in the field of refugees and asylum seekers has been linked to the existing networks in the field of drug prevention and care.
- Through the considerable support from the European partners (mainly in sharing ideas at the joint meetings), the LWL (telephone discussions, supporting visits and at meetings), and through the CVO (telephone discussions, at the meetings, and through support meetings on location), we constantly received new suggestions and felt secure in dealing with RAR and with its portrayal in public, which was very beneficial for the project in Lippe.
- We are very satisfied with the results. Although we have been deeply involved with the problem of Russian German migrants since 1998 and have considerable experience with migrants from the CIS states, and although staff from the drug counselling centre have personal experience of the problem through participating in a study trip to Kazakhstan and Kyrgyzstan, we have gained knowledge that is new and important for us – not just for the work with asylum seekers and refugees but also for the work with Russian German migrants.

**Annex:**

**Graphs and tables**

*Figure 1: Proportion of Russian German migrants amongst the clients of the drug counselling centre. There are no precise figures for 1997. In the operations report for 1996, the Drogenberatung e.V. in Lippe states: "Without being able to provide precise figures – the place of birth is mostly not known or documented – it can be ascertained that there has been a clear increase in the number of Russian German migrants from countries in the former USSR in the drug counselling centre." (p. 11)*



*Table 1: Profile of the respondents*

Gender:		Age:		Function:	
Men	13	- 40 years old	8	Social worker	4
				Administrator	4
Women	7	40-50 years old	12	Caretaker	3
				Asylum seeker	9

Figure 2: The three main problems

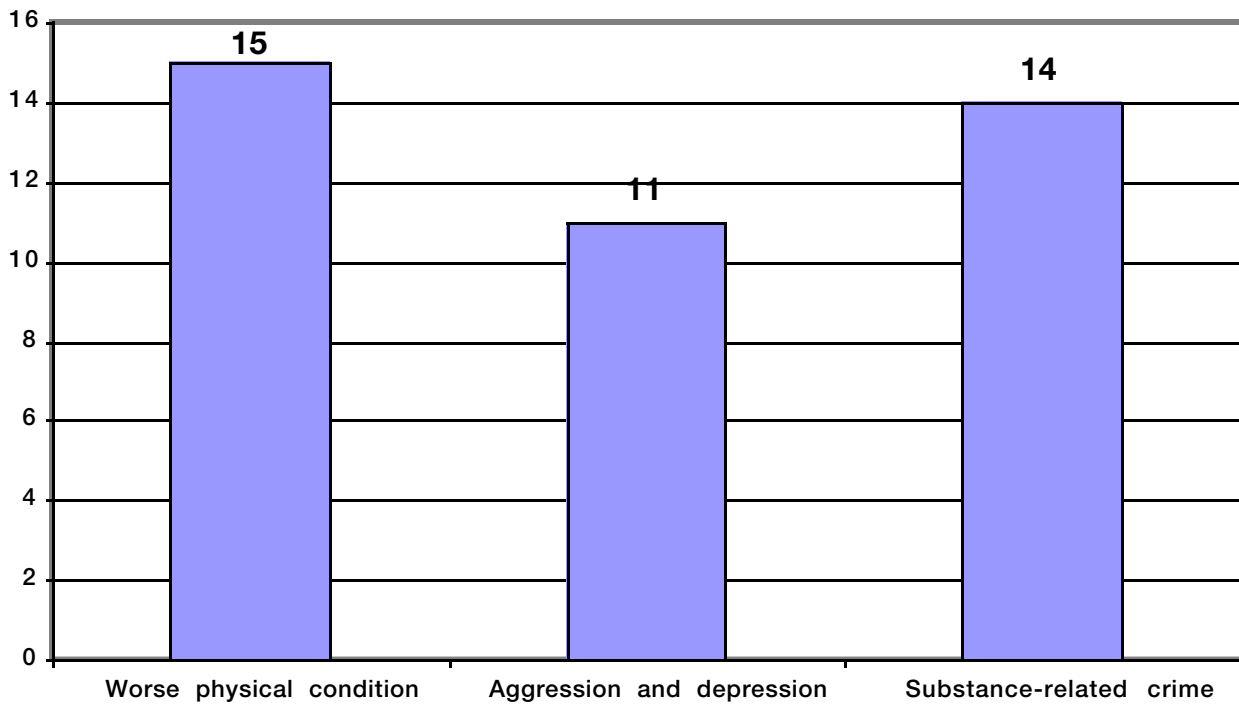


Figure 3: Causes of substance use

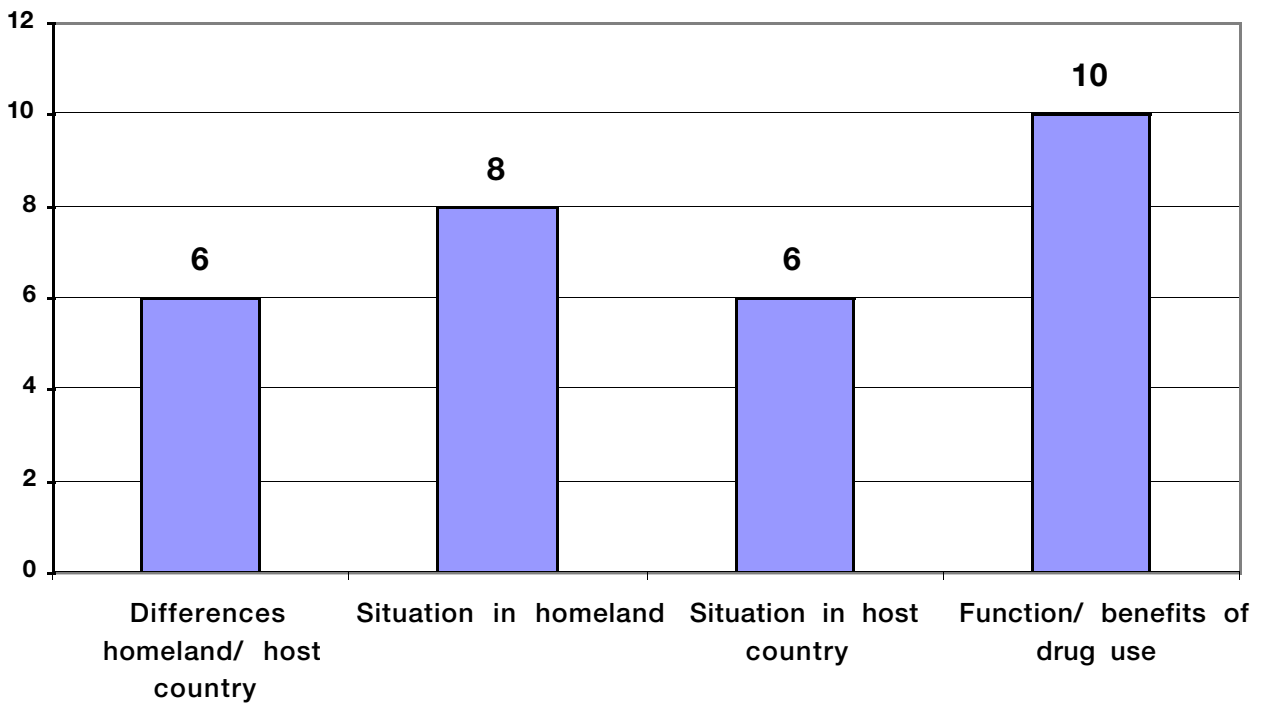


Figure 4: Main problems with problematic alcohol use

