

13. SEARCH II' in Luxembourg:

*Preliminary results concerning problematic substance use by refugees,
asylum seekers and illegal immigrants*

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1. Introduction

The *Centre de Prévention des Toxicomanies* (CePT) in Luxembourg is one of the new project partners in the second phase of the European 'SEARCH' project. With the background knowledge gained with the help of a workshop on the "Rapid Assessment and Response" (RAR) process, the CePT organised in autumn 2003 a RAR team to investigate the current situation of asylum seekers and refugees who are using substances in a problematic way in Luxembourg .

The CePT is collaborating on the SEARCH project in Luxembourg with the ASTI (*Association de Soutien aux Travailleurs Immigrés*) and the zepf (*Zentrum für empirische pädagogische Forschung*). The institutions will be briefly introduced below. The following section provides an overview of the situation for asylum seekers in Luxembourg and describes the execution and first phases of the rapid assessment. The report concludes by taking a look at other measures as part of the RAR process and offering initial starting points for drug prevention.

2. The institutions involved

Centre de Prévention des Toxicomanies (CePT)

The declared aim of the CePT, which was officially founded in 1995, is to focus on and pursue health promotion as defined by the WHO as part of its mandate for primary drug prevention. This includes developing, disseminating and promoting ideas and procedures aimed at fostering healthy and positive lifestyles. In particular the intention is to prevent specific behaviour patterns that could lead to different forms of addiction and dependence. The work and studies of the CePT focus on humans and their environment, whereby various living environments (family, job, school, leisure time, etc.) are taken into consideration and thus different target groups. Within these living environments, the primary prevention essentially addresses adults who play an important role as multipliers. Exchanging ideas and collaborating with all those involved, as well as involving external partners within the European context, form an indispensable component of prevention work. The work focuses on information campaigns and sensitisation for all and, particularly for multipliers, education and training. The large proportion of migrants in Luxembourg and the large number seeking asylum in recent years also provide a considerable intercultural challenge for drug prevention, which needs to be addressed.

Association de Soutien aux Travailleurs Immigrés (ASTI)

ASTI is a registered charity founded in 1979, which is supported by donations. It is committed to equal rights and electoral rights for all. In its specific work in the field with children, youths and adults, ASTI campaigns on behalf of such issues as school attendance, equal rights, anti-discrimination and support for refugees, asylum seekers and illegal immigrants. As part of its cooperation with ministries, it develops activities for children, youths and adults and maintains an intercultural documentation centre. ASTI runs information courses for recognised refugees and language courses for asylum seekers and refugees, and also provides recognised refugees individual support when looking for work. ASTI's existing experience and access to asylum seekers provide an important resource and potential for use in working together on the SEARCH project.

Zentrum für empirische pädagogische Forschung (zepf)

The zepf is a scientific institute at the University of Koblenz and Landau in Germany. It is concerned with scientific research and monitoring educational, social and health-relevant areas that are beneficial for solving problems. It collaborates with various institutions at both the regional and international level. In the field of health promotion and drug prevention, it has many years of experience working together

with practice-oriented institutions, which is also partly attributable to its fruitful cooperation with the CePT. Apart from the health area, the question as to the status of migrants and asylum seekers in Europe is also dealt with educationally (intercultural teaching competence, dual citizenship). As part of the 'SEARCH' project, zepf's task is to monitor the scientific application of the RAR methods in Luxembourg.

3. The situation for asylum seekers and illegal immigrants in Luxembourg

The right of asylum and the asylum procedure

In Luxembourg, the right of asylum is based on the International Human Rights Declaration, the Geneva Declaration on asylum rights and the Dublin Convention in terms of the jurisdiction. A registered asylum seeker has a right to accommodation and medical treatment. The financial support depends on the accommodation and the age of the children. For example, single adults in full board accommodation receive 100 euros per month (as of 1.11.2002). Children of asylum seekers who are under the age of 15 are obliged to attend school. To ease the integration of the children, since 1999 the Ministry of Education has appointed intercultural mediators who are available at all times. From the age of 16, asylum seekers can register for free language courses in French and German. Asylum seekers are forbidden from working in the Grand Duchy of Luxembourg while their asylum claims are being processed. Asylum seekers may only move within the country's borders. The processing of claims can last from several months to several years. When there is high demand, it is not unknown for processing periods to last up to five years.

Legal status of asylum seekers concerning their right to stay

The various legal situations concerning their right to stay are differentiated as follows:

- Asylum seekers in accordance with the Geneva Convention
- Recognised refugees according to the Geneva Convention with an identity card for foreigners for five years, which can be renewed. They have a right to work, to receive a minimum wage and to re-unite their families.
- Rejected asylum seekers usually have to leave the country.
- Temporary protection status (introduced in March 2000 as part of a new asylum law) can be introduced when mass influxes of people arrive from conflict regions. The duration of this status may not exceed three years. The asylum claim is suspended for the period of this status. Otherwise, they have the same rights as asylum seekers.
- It is possible to grant rejected asylum seekers who cannot return home for material reasons with exceptional leave to remain (since March 2002), which guarantees a right to social welfare.
- Rejected asylum seekers can apply for a residence permit for humanitarian reasons according to the rules of the European and international conventions.

Origin and number of asylum seekers

The asylum seeker situation in Luxembourg is taking a course comparable to the other neighbouring European countries. Due to the small size of the country, however, the considerable and rapid changes are having a greater impact.

The claims for asylum in Luxembourg increased drastically from 1998 to 1999 during the course of the Balkan conflict in the regions of the former Yugoslavia and Albania (1998: 263 vs. 1999: 2921 claims). Accordingly, members of the Balkan states (more than 80 %) dominate the asylum seeker situation during this and the subsequent period. After a drop in the total number of applicants during 2000 and 2001, a slight increase can again be ascertained in the last two years. This increase can be attributed

to an increase in the number of asylum seekers from Africa and countries in the former USSR. The number of asylum seekers from the Balkan states is also slightly increasing again. However, in terms of the overall proportion of asylum seekers there is a shift towards the Africans (cf. Fig. 2). This means that, taken overall, the largest proportion of asylum seekers in 2002 and 2003 came from the Balkan states with 55%, followed by the Africans (22%) and asylum seekers from countries in the former USSR (16%). Besides Algeria as the country origin, it is mostly asylum seekers from West Africa (Nigeria, Liberia, Guinea, Sierra Leone, Cameroon, Togo, etc.) as well as Burundi who are responsible for the increase from African countries. The countries mostly concerned from the former USSR are Russia, White Russia, Georgia, the Ukraine and Moldavia. Overall, it can be ascertained that the variety of countries of origin has increased since (2000: 41 vs. 2003: 65 countries).

Fig. 1: Number of asylum applications in Luxembourg

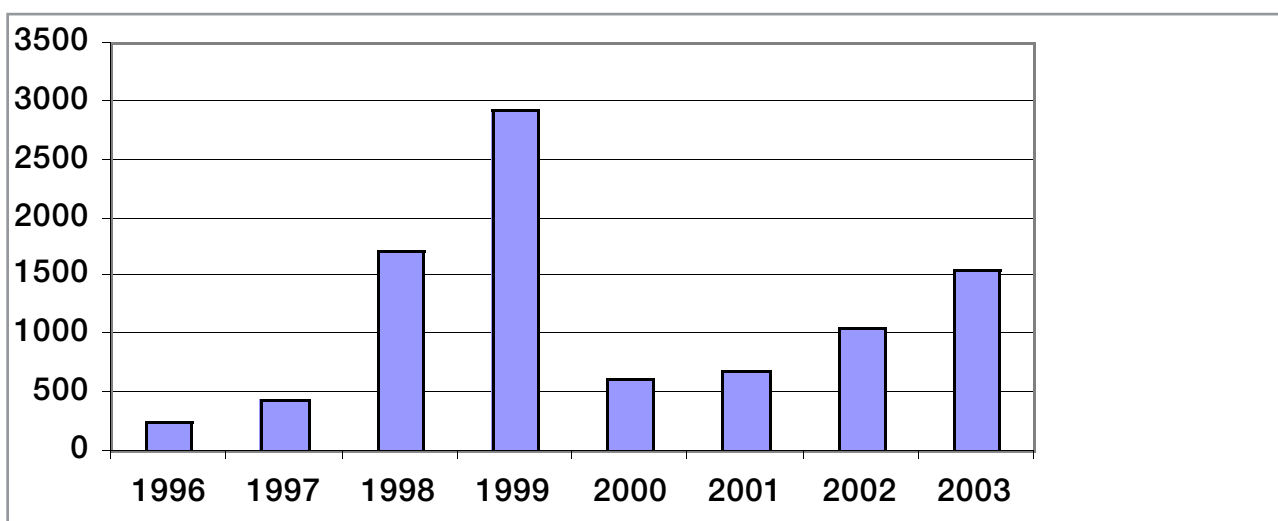
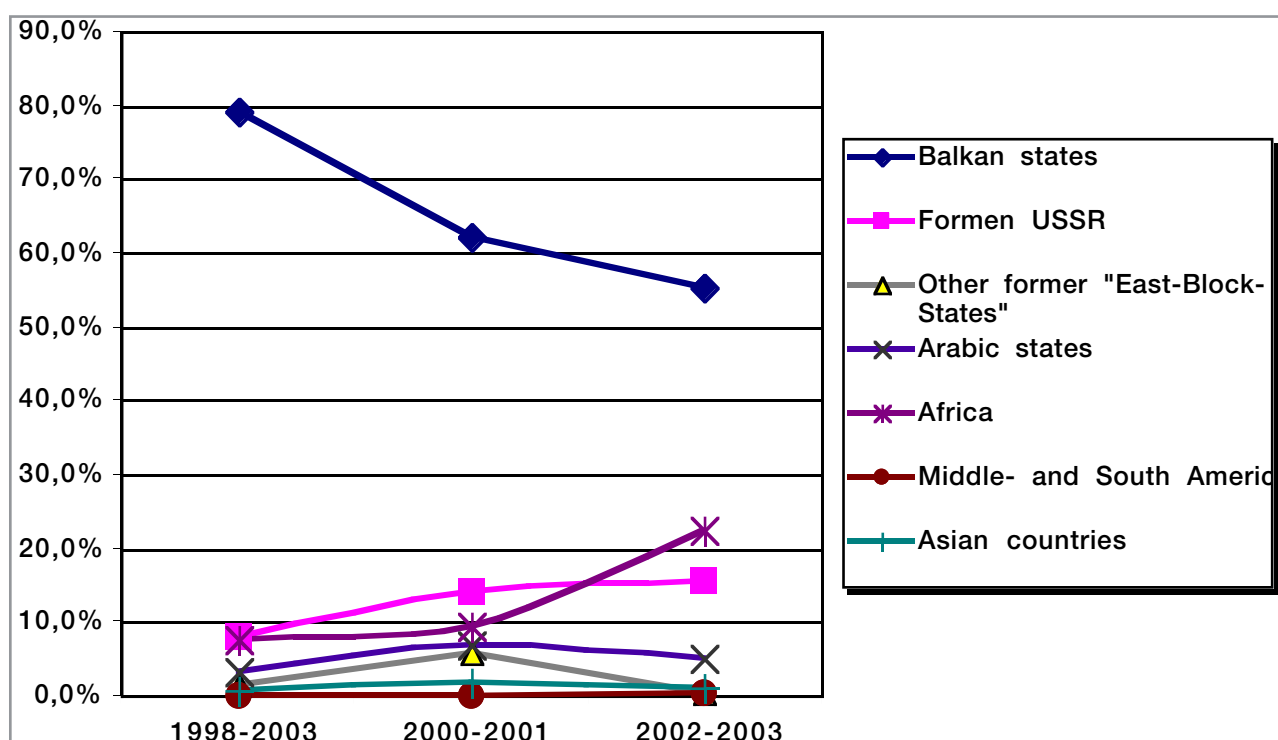


Fig. 2: Percentage of native countries represented by asylum applicants in Luxembourg



A further change in the characteristic of the asylum seekers that can be ascertained is that more young and single people are seeking asylum and fewer families. Some of these have already travelled through other European countries or travel on to other European countries.

According to the CGE (Commissariat au Gouvernement des Etrangers), 3018 asylum seekers were accommodated in Luxembourg up to 31 December 2002. Around 6-8% of the refugee claims are recognised. Since 2000, there has been an active policy of returning asylum seekers which is financially supported.

According to an internal study by Médecins Sans Frontières in Luxembourg, most of the predominantly young asylum seekers in Luxembourg enjoy good physical health with the exception of their dental health. However, their psychological condition is poor. A large majority of the adults interviewed reported feeling anxious, stressed or depressed. This is mostly related to the insecurity, inactivity and duration of the asylum process. This is confirmed by a survey conducted by the CLAE (Comité de Liaison et d'Action des Etrangers) on 100 asylum seekers, according to which 81 % of the respondents show evidence of psychiatric disorders in the form of anxiety symptoms, sleeplessness and social problems as well as psychosomatic and depressive symptoms.

The situation of illegal immigrants

There is very little information concerning immigrants who live in the country illegally. According to an internal report from the MSF (Médecins Sans Frontières) in Luxembourg, illegal immigrants are usually integrated within existing circles of friends or family groups. The vast majority work and, because of their comparative youthfulness, are generally in good physical health (with the exception of dental problems). According to the CLAE, there are no conspicuous medical emergency situations. The illegal migrants normally know how to trick their way into getting medical treatment or find doctors who are willing to help. The situation of pregnant women, however, appears to be difficult.

The ensuing professional debate between various organisations over the MSF Luxembourg's internal study on the health care of asylum seekers and illegal immigrants has shown, however, that they have heightened psychiatric problems that are difficult to contain due to cultural and linguistic barriers. It has been noted that this group is increasingly becoming caught up in drug dealing and addiction. Based on the current situation, it appears necessary to collect further information in collaboration with the affected institutions and develop joint strategies for finding solutions.

4. The Rapid Assessment methods and their results

4.1 Method of approach

Based on the workshop on the RAR method held between 10-14 September 2003 in Turin, a working team was formed and an initial concept for conducting the rapid assessment developed. The interdisciplinary team comprises Thérèse Michaelis, the head of the CePT and coordinator of the 'SEARCH' project in Luxembourg, Laurence Mortier, a member of staff at ASTI, Anne-Carole Herz, responsible for public relations work at the CePT, and Uwe Fischer, a scientific researcher at the zepf. The main work of compiling addresses, collecting information and conducting interviews was carried out by Laurence Mortier and Anne-Carole Herz, whilst Uwe Fischer was responsible for the scientific coordination, collating the results and compiling the report.

The individual team members' background knowledge made it possible to collect extensive context information and a large number of potential contact persons for the interviews. It has been possible to

achieve a general overview of the current situation for asylum seekers using statistics from the Ministry of Justice, newspaper articles, documents on the asylum situation, brochures for asylum seekers and their carers as well as internal studies and oral information from affected organisations. Since this information has already been summarised in the previous chapter, the following sections will focus on the conducting of the interviews.

The address list of potential interview candidates, which was already very extensive at the beginning, was further supplemented by means of the snowball process during the course of the interviews, with other contacts and addresses being referred to by the respondents. In view of the extensive number of people who could have been interviewed, a priority list was compiled which was based on criteria regarding the wealth of information that could be gained, accessibility, objectivity and the heterogeneity of the viewpoints.

There was no initial limitation to a specific target community through which the information was to be obtained. The overall population of asylum seekers and the presumed proportion of persons using substances problematically ought to remain reasonably comprehensible in Luxembourg. Rather, as a first step the intention was to obtain an overall view of the communities using substances problematically, on the basis of which it would be possible to focus on specific groups in a second step.

The semi-structured interview guidelines were based on the SSI instrumentarium for the SEARCH project, which was somewhat adapted in terms of the various guidelines and questions to be asked. The interview guidelines with the key questions were then translated into French for multilingual interviewers. The emphasis for conducting the interviews was on achieving a pleasant interview flow, i.e. it was not so much about mechanically asking one key question after the other but about dealing with the questions in a flexible way, whereby the purpose of the guidelines was to ensure that no important questions were omitted.

The first interviews were conducted in November and December 2003, with data being collected from 17 interviews. The interviews were conducted where the respondents are located. In three exceptional cases, the interview guidelines were sent as questionnaires with open answer spaces.

The team mostly worked together in transferring the interview results into the designated grids for each key question. It was possible to clarify ambiguous points, contradictions and equivalent statements, enabling them to be summarised to form a picture of the various statements that was as uniform as possible. The summaries were discussed in the team and will be described below.

4.2 Results of the interviews

Between November and December 2003, a total of 17 persons were interviewed with the help of the semi-structured questionnaires. The first interviews concentrated on persons who are involved with asylum seekers and immigrants in an administrative, care or helping capacity. A policeman was also interviewed. The results are shown in the order of the key questions with respect to the summaries of the grid tables developed for the RAR process during the previous project.

The identification of problematic communities concentrated on two groups that were given precedence: people from the former Eastern Block countries (Balkan states and former USSR) and black Africans. Although specific former Eastern Block countries are sometimes named, several ethnic groups are frequently identified. For this reason, the Eastern Block countries have been kept as one large group. The results of the surveys will be shown separately for the two groups (former Eastern Block countries and black Africans).

The following results reflect the summarised answers of the respondents while taking into consideration the different validities. Named contexts, e.g. possible factors for consumption, should therefore sometimes be interpreted as assumptions based on professional experience rather than as proven facts.

4.2.1 Results for the community comprising former Eastern Block countries

Frequently, people from the Balkan states and the former USSR are collectively viewed as a single community where there is problematic substance use.

Heroin and cocaine are identified the most often in relation to problematic substance use. There is, however, no clear link between the two drugs. Alcohol is also sometimes listed, however it stands less to the fore. Vulnerable groups that can be identified include young people aged 18 to 30. These are predominantly single men but also include women. Family fathers have also been named in relation to alcohol use.

Definition of problematic substance use

According to the interviews, problematic substance use can be specified according to the following criteria:

► **Physical:**

Only a few comments are made concerning physical symptoms, which is perhaps partly attributable to some of the respondents' lack of medical knowledge and partly to the fact that it may be considered obvious that there are physical symptoms of dependency. Most of the answers refer to infections, in particular Hepatitis C.

► **Psychiatric:** Psychiatric problems are frequently mentioned. However, it is not usually differentiated between general psychiatric problems and those caused through using substances.

► **Social:**

Social problems are mentioned very frequently. These include problems in and around the hostels that become apparent through violence or problems with the neighbours, and unreliability in terms of keeping important appointments or ignoring rules. However, increased integration problems and loneliness through substance use are also mentioned.

► **Financial:**

Financial problems are frequently mentioned since it is inconceivable that substance use can be financed with the pocket money received.

► **Criminal:** Using and dealing in drugs and other drug-related crimes (theft) have legal consequences that in turn can jeopardise the asylum claims.

Overall, the following important target problems can be ascertained:

1. Social problems
2. Infections, in particular Hepatitis C
3. Financial problems

Factors influencing problematic substance use

The respondents' answers regarding the factors influencing problematic substance use can be summarised as follows:

Factors arising out of the differences between the homeland and the host country: social differences combined with increased loneliness in the host country. Addicts are even more marginalized in the homeland and subject to tougher punishments. Alcohol is considerably cheaper to buy. There are diverging answers regarding the question as to whether problematic use already existed in the homeland or not. If, however, the respondents' reliability, the frequency of their contacts and the number of times it was mentioned are taken into consideration, then the view that the use already took place in the homeland, but increased in the host country, ought to come closest to reality. This impression is underlined by the statement of a Russian woman, who refers to the restrictive criminal prosecution and marginalisation of addicts in her former homeland. On the other hand, there are also individual statements that presume, for instance, that those who used alcohol in their homeland only became addicted to heroin once they arrived the host country.

Factors which the respondents consider to have originally arisen in the homeland: Trauma caused by war or personal experiences, economic and family problems, insecurity and lack of perspective, lack of prevention and care in the homeland, misuse already in the homeland and easy access to high-proof alcohol in the homeland.

The respondents mentioned a series of factors that are attributable to the host country: Crushed hopes and illusions, loneliness, isolation, no right to work, insecurity about the future, asylum status, lack of supervision, long asylum procedures (up to 5 years), no income, boredom, marginalisation, confrontation with a consumer society to which they have no access.

A particular case is that of youths who fall between two cultures: whilst they integrate more easily (school), they also endeavour to become more integrated as far as the culturally defined use of drugs in the host country is concerned (alcohol, nicotine, cannabis).

For this group of people, there seems to be a greater availability of hard drugs in Luxembourg than in their homeland. However, relative to their homeland, alcohol is more difficult to obtain as it is more expensive in Luxembourg.

Which functions or uses do the respondents see in problematic substance use? Escaping from and coping with the situation and sense of insecurity through finding distraction and relaxation are factors that are most frequently mentioned. Substance use also occurs as a continuation of an already existing addiction. To a certain extent, the use of drugs also arises through drug dealing to acquire money. For youths, particularly with males, curiosity and the wish to integrate play an important function with alcohol, nicotine and cannabis. In contrast, with female youths the emphasis seems to be more on cultural rebellion.

Other individual factors that are more speculative in nature relate to the promiscuity of young single adults in the host country, peer pressure and family problems.

In summarising, three main causes can be identified:

- The asylum situation, characterised by disappointment and disillusion combined with loneliness and being prevented from working in the host country as well as the lack of supervision.
- Already existing dependency in the homeland.
- Fatal economic and political situation, combined with psychiatric stress in the homeland.

The target group's knowledge of the risks of substance use

From the point of view of the respondents communication problems (linguistic) and lack of education restrict their knowledge. Many have obtained their knowledge from their countries of origin, which, however, only offer limited prevention and care services, as well as through their own experiences and from other users. Parents are usually not informed about the risks. Those interviewed have different opinions as to the degree of knowledge about the risks, since on the one hand there is very little prevention and education in the home countries and drug use is considered a taboo subject. There are

various opinions as to the drug users' level of knowledge. Those people interviewed who are responsible for harm reduction (e.g. involved in needle replacement programmes), describe the level of knowledge as good, even if the level of behaviour does not always correspond to this or the knowledge is sometimes mixed with myths. Other respondents, however, doubt that the users have sufficient knowledge, in particular regarding the risk of infection.

Existing effective preventive interventions or conditions

There is already basic medical care and needle replacement programmes (harm reduction), as for all people in Luxembourg. There are no special interventions for this community.

The respondents' views on necessary effective preventive interventions or conditions:

- Information (if possible in the respective languages);
- Multiplicators/contact persons (however there are different opinions as to who is a multiplicator: peers, parents, social workers);
- Social integration;
- Prevention activities (on location or with the help of youth centres);

Other ideas mentioned: accommodate drug-using asylum seekers separately, general campaign for migrants, ability to work is prevention, harm reduction at all levels, more controls.

The respondents' views on the priorities for preventive interventions or conditions

- Information, including for parents
- Culture and asylum seeker-specific prevention
- Miscellaneous: ability to work, social integration, communication and family as protective factor

4.2.2 Results for the community of black African asylum seekers

No countries of origin are usually specified and generally it is just referred to the African community. Individual respondents specified language communities or individual countries which can be generally attributed to the West African countries. There is no mention of Algeria or other North African countries, therefore the community shall be limited in the following section to black Africans.

Cannabis is mentioned most of all as a problematic substance for Luxembourg. However, the problem seems to have more to do with social acceptance than with physical and psychiatric stress. There is no clear problematic use of cocaine. The main problem at the moment seems more to do with dealing in it. It cannot be excluded, however, that some of the dealers also use it. It has emerged from considerable context information that an organised network belonging to an African group, which has already been conspicuous for some years in Switzerland and Austria, is flooding the market with cocaine. This has had the result that heroin users are also now using cocaine more frequently. On the other hand, it is necessary for cocaine users to increasingly take sedative substances such as heroin in order to be able to relax again. Overall, this has an effect on the behaviour patterns of the users, who appear increasingly aggressive.

Single young men are identified as a vulnerable group for using both cocaine and cannabis.

Definition of problematic substance use

Only a few criteria concerning the effects of problematic substance use can be determined, which makes it particularly difficult to define problematic cannabis use. The comments are limited to aspects of hygiene and ignoring rules. For cocaine, besides the criminal aspects of dealing in it, it is noticeable

that there is an increased potential for violence, which, within the context of using and dealing in cocaine is judged to be a particularly dangerous and uncontrollable factor. It has been seen that it is not just the affected persons whose health is harmed but, in particular, innocent people who are directly or indirectly exposed to aggressive behaviour.

Factors influencing problematic substance use

The use of cannabis appears to be generally socially accepted in the homelands and meets with social and legal problems with continued use in the host country. The continued or increased use of cannabis in the host country is viewed against the background of an uncertain future and existing boredom. In terms of the problematic use of cocaine and dealing in it, it has been cited that this to some extent does not begin until in Luxembourg. The situation as a disillusioned economic refugee without a work permit is viewed as a triggering factor in the host country.

It is assumed that there is little knowledge about the risks of drugs. Cannabis is generally considered by the African asylum seekers to be harmless. There are no specific prevention programmes for black Africans. There is seen to be a need for prevention in terms of providing information and education: through multipliers in the form of direct contact persons or parents within the family context, and through improving the integration of the asylum seekers.

4.3 Discussion & conclusions

Discussion of the RAR methods

The RAR process is still in progress. Therefore it is not yet possible to provide any concluding assessments. Previous experience has shown that the RAR is a suitable method for collecting information, for providing an overview of current tendencies and for indicating necessary measures. The interview situation can differ considerably in terms of its course and the degree of knowledge and role of the respondents, which requires a flexible approach without omitting any key questions. The prescribed questions can therefore be sometimes too specific, too abstract or sometimes even inappropriate to the interviewee's situation, which requires the interviewer to act flexibly and to explain the questions.

A particular feature was the large variety of possible interview candidates. Inevitably, the number of interviews had to be restricted due to limited time and personnel resources, which was not without a slight concern that possibly important information could be lost. This was solved with the help of a priority list, which was compiled on the basis of various criteria.

Discussion of the results

The picture that is derived from the first interview process concentrates on two communities given precedence, which represented the largest proportion of the current asylum seekers in Luxembourg: people from the former Eastern Block, in particular from the former USSR and the Balkans, and black Africans, in particular West Africans. Whereas there is an obvious need for preventive measures in terms of reducing health risks for the community from the former USSR and the Balkan countries, this seems to be less clear for the West African community. It is beginning to emerge, however, that cocaine is becoming more significant in Luxembourg, independent of any specific community of asylum seekers and refugees. This needs to be addressed. Other information is necessary in order to ascertain who the users of the increasing market for cocaine are and to what extent the asylum seekers are also affected.

The current change in the characteristic of the asylum seekers could increase problematic substance use in this group. Whereas many asylum seekers from the Balkan countries, for example, originally escaped with their entire families, increasing numbers of single asylum seekers are now arriving who are to some extent suspected of entering Luxembourg for economic reasons. As a consequence, be-

sides the psychiatric trauma that induced them to flee from their own countries, and the new stress for reason of the asylum situation, factors such as loneliness, boredom and disillusion are having an additional impact on single asylum seekers. The almost only social contact for these people is provided by their own countrymen, who find themselves in a similar situation. If there is already a problematic consumption pattern in these structures, then these provide a further risk factor. On the other hand, it is precisely these single persons who appear more difficult to approach than families. The heightened mobility and social independence of single asylum seekers makes it difficult to provide constant supervision. Any preventive addiction measures must meet this challenge.

The fact that some of those asylum seekers who have been seen to use substances in a problematic way have already used drugs in their home countries would point to the necessity of intensifying harm reduction, even if it can be assumed that this group has fragmentary knowledge of the risks. In particular, new arrivals require knowledge not just of the risks but also of the available resources (condoms, replacement needles, medical care, etc.)

Information that takes into account the respective culture and language is indispensable for both primary and secondary prevention. However, information alone is not enough and this general principle of prevention also applies to asylum seekers. Reducing risk factors and strengthening resources cannot be achieved without a certain expenditure of effort while questioning existing structures and processes within the framework of asylum policies.

5. Outlook

5.1 Focussing the collecting and assessing of information

The intention is to establish a focus group as this will enable contradictions to be clarified and, in particular, joint aims and strategies to be developed for all stakeholders involved. This focus group and the existing data will provide the basis for enabling further specific interviews. Here people in the target group can provide important information.

The cocaine problem shows that there is an information gap in terms of generally assessing the current use of this substance in Luxembourg and as to which preventive approaches appear necessary. This goes beyond the actual group of asylum seekers. The collected information can, however, be seen as a motivating factor in carrying out a specific study in Luxembourg.

5.2 Possible preventive approaches

Faced with the continuing increase in the number of asylum seekers from the Eastern Block countries, it would seem sensible to have suitable information that is both linguistic and culturally specific as a preliminary measure. This view is shared by a large number of respondents.

Preventive measures that address psychiatric problems and ways of coping with them emotionally appear essential for primary drug prevention. The MSF study has already identified an urgent need for all asylum seekers. For the subgroup of asylum seekers where there is problematic substance use, the psychiatric-emotional stress contributes to a quantitative and qualitative increase in the use and is even partly suspected of helping to trigger problematic use.

The respondents' suggestion that multipliers should be used appears to be a sensible way. The fact that asylum seekers are generally under stress from the asylum situation and are not available on a

long-term basis, however, restricts the possibilities for involving multipliers from among the asylum seekers. It would therefore seem to be more promising to use and train existing professional and voluntary carers working with asylum seekers. The fact, however, that there are only a few carers faced with a large number of asylum seekers, which means that the individual supervision which would be necessary for using multipliers can hardly be realised, draws attention to the necessity of generally rethinking the care concept for asylum seekers.

The entire process of the asylum procedure is characterised by a large degree of anonymity, inactivity and insecurity. This prevents integration and increases the risks of psychiatric illnesses, problematic substance use and criminal behaviour.

This degree of anonymity in Luxembourg society is, in fact, somewhat unusual, since as a consequence of its size it can look back on a certain tradition of social inclusion, closeness and thus social control. This social control could, in a society with restrictive opinions, have negative consequences for outsiders, but in an open society it provides an important resource for every individual and prevents individuals from being harmed due to the benevolence and responsibility shown.

Tackling the asylum problems faced by asylum seekers and the state alike needs to be viewed as a task for society as a whole and be addressed as such by the various organs of society. A sustainable prevention approach will not be able to succeed without involving state and non-state organisations as part of a general strategy for asylum seekers. A social care or supervision policy for asylum seekers which manages to draw them out of their anonymity will prevent and reduce harm. Anonymity provides a protective space for criminal activities and irresponsibility. Anonymity is, however, desired if the wish is not to accept potential immigrants but to send them back as soon as possible before they can put down roots in the country.

The extent of conflicts in the world and the increasing mobility and number of economic migrants makes the asylum situation a permanent problem for Europe and therefore Luxembourg. Short-term increases in asylum seekers during specific phases of conflicts, which then peter out again by themselves after short periods of time, appear to be a thing of the past. For the future, long-term structures are necessary that are suitable for coping with this situation for the protection and well being of both Luxembourgers and asylum seekers alike.