

14. 'SEARCH II' in the Netherlands

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Most attachments mentioned in the report are available on the enclosed cd Rom (in Dutch)

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1. TACTUS, Institute for Addiction Care

TACTUS is a specialist facility in the field of addiction care: TACTUS offers outpatient care as well as some inpatient and clinical treatment for people who have problems with alcohol, drugs, medicines, gambling or eating, or who wish to bring about changes through awareness of their own problems. We try to recognise, solve and prevent addiction problems as well as to educate people about using drugs.

TACTUS is active in the East Netherlands. It has 25 centres distributed among different locations in the region of Twente, the Zutphen-Apeldoorn-Deventer 'urban triangle' and the region of East Gelderland.

TACTUS has existed as an organisation since 2001. The organisation was created by merging different addiction care facilities that often already existed for decades, some of them for even more than one hundred years.

TACTUS welcomes people who seek help voluntarily as well as those that come into conflict with the law as a result of their addiction (whereby with the latter group, however, this cannot really be called 'voluntary treatment').

A further target group for the TACTUS work is the network in which the clients live, for example, the partners, the families, the schools or the employers, but also other care institutions.

TACTUS works according to the care principle: nothing more than necessary but nothing less than what is responsible (we call that the 'stepped care method').

1.1. Transition from 'SEARCH' to 'SEARCH II'

After 'SEARCH' was completed, TACTUS formed an 'AMA Prevention' (AMA = unaccompanied juvenile refugee, UJR) steering group. Most of the members had been members of the focus group during the first project phase. This steering group began by

1. developing a draft proposal for the 'Detect and Educate' training programme and
2. developing additional prevention material.

It was a laborious process, as has already been reported at the conference in October 2002. Particularly difficult was convincing the managers from the participating organisations. The participants from these organisations initially took part in the steering group on their own accord. This meant that it was not possible to make any binding agreements. However, after all the managers had officially agreed that their organisations could participate in the steering group, it was possible to continue developing both the training and the prevention material at a greater tempo.

It is noticeable that not one single organisation was prepared to pay anything for the training and material offered by TACTUS.

During the previous two years, each steering group meeting had discussed the development and consequences of the Dutch government's asylum policy. Although the Dutch policy regarding AMAs had changed, the drop-in centres for asylum seekers in Twente that we visited during 'SEARCH' remained open to AMAs and other young adults of foreign origin. We gained the impression that there would be very few changes for 'SEARCH II' in terms of the target groups and the use and the misuse of drugs.

2. The RAR method

2.1. Introduction

Two steps were taken in the 'SEARCH II' work before commencing with the concrete activities.

- The first step consisted of a short assessment of the existing information. We looked to see whether anything had changed since 'SEARCH' and, if yes, what.
- In the second phase, using the information we had gained, we interviewed important key persons. The conclusions from steps 1 and 2 were summarised and presented to the focus group. This led to the development of concrete activities,

2.2. Assessment of the existing information

'SEARCH II' began with a survey of the developments in connection with AMAs. The survey consisted of researching the Internet for available information on new developments. Afterwards, 6 interviews were conducted with key persons from organisations that have direct contact with the AMAs. This provided information on the arrivals and departures to and from the Netherlands, general information on the policies towards AMAs and on the consequences for them and the future.

We discovered that there is frequent mention both in politics and society of the 'accelerated assessment procedure', whereby higher thresholds are set for those who wish to come to the Netherlands. What's more, the asylum policy is increasingly oriented towards having the asylum seekers, including the AMAs, returned (to their homelands). As a consequence of this, fewer asylum seekers (and also AMAs) are coming to the Netherlands. When they do arrive, they must wait for the decision on their future in an admission centre. This in turn means that there are many empty places in the asylum seeker centres and small residential units, so that it is now being claimed that there are "too many personnel." Accordingly, some of the asylum seeker centres are being closed with the personnel being distributed to the other asylum seeker centres. This is leading to increasing uncertainty among the personnel.

■ Arrivals and departures to and from the Netherlands

There are clearly fewer AMAs arriving in the country: in 2002 the number was 2,199, two years previously it was three times this amount. There are also clearly fewer asylum seekers arriving in the country: in 2002 there were 18,667, whereas in 2001 there were 32,579 and in 2000 even 43,895.

The decreasing flow of new asylum applications has enabled the immigration and naturalisation service (IND) to concentrate on a more systematic and quicker assessment of asylum applications in the admission centres (AC). In combination with a toughening of the national policy, this has led to a substantial increase in the percentage of asylum seekers who remain for the entire period of the asylum process in the ACs. As a result of the rapid AC decisions (within 48 hours) and the quick follow-up procedures (maximum 6 months), asylum seekers no longer have to wait for years to hear the results of their asylum application from the IND.

The number of (executed) asylum-related deportations has increased by almost a third (32.6 %) in 2002. In 2002, 21,255 persons were deported, whereas in 2001 there were only 16,023 deportations.

► The policy regarding AMAs

The policy towards AMAs has changed. It is distinguished between two possibilities:

1. The development perspective oriented to their return: this is the so-called basic variant, also known as the return variant.
2. The development perspective oriented to integration: this is the residence variant, also known as the integration variant.

The result is that the prospects for both adult and juvenile asylum seekers have become clearly worse. Likewise, the living conditions have become much worse. Previously, AMAs were able to wait in peace for the results of their process, for example in a small residential unit. This is no longer possible. They must spend the waiting period during their process in a reception or asylum seeker centre. They then move to a campus or an asylum seeker centre with a 'return policy', a small residential unit or shared accommodation, or a supplementary reception centre. In the asylum centres they are confronted with diverse nationalities and must sleep, etc, with a larger number of people in a single room. In short, the asylum seekers leave these quickly. Furthermore, the possibilities for getting through the process are quickly exhausted and the asylum seekers may only leave the asylum seeker centres on receipt of a residence permit.

AMAs must go to a 'campus' if they are rejected. This is a centre that has a policy of deportation to the country of origin.

► The consequences

All these developments cause more stress, problems and tension. This manifests itself among asylum seekers in the form of kinds of mental and physical symptoms such as insomnia, anxiety attacks, depression, headaches and stomach aches.

The increase in stress and tension leads to an increase in the use of drugs, particularly alcohol and cannabis. Although this is mostly concerned with experimental use, there is also sometimes problematic use.

► The future

For the 'Central Asylum Seeker Reception', 30,000 reception places are planned for 2005. It is probable that the aforementioned consequences will increase in severity as a result.

What applies nationally, also applies for the Twente region. There are much fewer asylum seekers arriving, particularly fewer AMAs. Of the 120 centres in the Twente region, 34 of them have been closed down within a short period of time. Many asylum seekers are therefore forced to move. Above all the smaller reception facilities such as the supplementary reception houses, the small central reception centre and the self-help initiatives are being closed. This is uncertainty about the future. Many of the asylum seekers have been forced to return to an asylum centre although they were used to living in a house in a city or village. Currently (mid 2003) 80 – 85 AMAs are housed in the Markelo asylum seeker centre. They are waiting for a residence permit and attend school outside of the asylum centre. Most AMAs come from Africa (Congo, Angola and Sierra Leone). This could be different, however, in some years.

► Conclusion

Based on the available information, we assumed that we would probably encounter the same target group in 'SEARCH II'. Whether that would turn out to be true was tested with the help of interviews with the key persons.

2.3. Interviews with key persons

A total of 6 interviews were conducted with representatives from the following organisations:

1. Asylum seeker centre
2. MOA AZC (2x)
3. Borne police
4. Nidos Enschede
5. 'Thuiszorg' office, Hengelo; social work office for 'new arrivals / integration'

The questions posed in the interviews were concerned with:

- the developments concerning AMAs within the organisation
- the trends relating to drug and alcohol use
- the substances used and/or the forms of alcohol
- the places where the drug use occurs
- whether the use is considered to be problematic
- the factors that are influential here
- the groups where there appears to be problematic use and
- the substance which is concerned here.

From the answers we reached a series of conclusions:

1. A consequence of the new AMA policy is that fewer AMAs are accepted and that they remain longer in the reception centres. They are not transferred so quickly to other residential units.
2. Tension and insecurity primarily lead to greater alcohol consumption.
3. It is primarily alcohol and cannabis that are used in the centres.
4. It is not clear whether there is going on trafficking in the centres.
5. The target group for 'SEARCH II' is almost the same as for 'SEARCH': young single adults in the centres.

Compared with the results of 'SEARCH', we have ascertained that there are few basic differences. Significant is the fact that there are increased indications although the new AMA policy has ensured that fewer AMAs reach the Netherlands. At the same time we have ascertained that there is an increasing number of illegal asylum seekers (including AMAs), with all the associated problems and consequences.

► Focus group meetings

We presented the results of the survey to a focus group. Two discussions took place (in April and June), which were distributed across three sessions. We used the contacts from 'SEARCH' to form the focus group. We asked the steering group members to become members of the focus group or to ask somebody from their organisation. The focus group comprised people from the following organisations: Adhesie (out-patient 'mental health care'), 'Internationale Schakelkassen' (ISK), Medical Reception Centre for Asylum Seekers (MOA), Nidos (guardianship association), Jarabee (youth care) and the Central Reception Centre for Asylum Seekers (COA). TACTUS took the initiative each time and organised and chaired the meetings.

During the first focus group meeting we presented the participants with the results of the interviews. A discussion was held to reach consensus on the conclusions. The first conclusion was amended to take

into account that, as a consequence of the closures, AMAs are also sometimes more quickly transferred, with far-reaching consequences for the personnel. A further conclusion was that AMAs are increasingly coming under pressure as a result of the more probable deportation. This pressure makes the AMAs unsure during their stay in the Netherlands as to what will happen to them. This leads to more alcohol being consumed.

The conclusion that alcohol and cannabis are predominantly consumed in the centres was amended by the fact that this use is apparently increasing. It still remains unclear, however, whether there is dealing going on in the centres.

For 'SEARCH II', the target group has remained almost the same: we have merely expanded the target group of AMAs to include young single adults in the centres. The background of 'SEARCH II' is thus practically identical with that of 'SEARCH'.

AMAs and other young adult asylum seekers live in an asylum centre where they are left to their own devices. Since the new asylum policy has been introduced, there are ever fewer young adults who live independently. Youths up to the age of 18 are supported by Nidos, a guardianship organisation. The life in asylum seeker centres tends to be rather secluded, whereas other residential units are much more open to what is going on in the outside world.

During the following meetings it became clear to us that it would be difficult to produce any plans. All members were agreed that what today is important could be quite different tomorrow.

3. Specifying needs using 'wish lists'

3.1 Introduction

During the focus group meeting in April 2003, all the wishes of the participating organisations were listed. These wishes are listed in a table that can be found in Annex I (on the CD Rom in Dutch).

It seems that the wishes of the different organisations are very similar to one another:

- There is a need for the AMAs themselves to be generally educated about drugs.
- There is a need to develop educational (hand out) material and.
- There is a need to provide training/coaching for the staff who work with the AMAs.
- Also on the requirement lists of all the organisations was the ability to be able to better detect the use of drugs and/or alcohol and the ability to be able to discuss this with the AMAs.

Based on these wishes, TACTUS developed a programme of activities and distributed it among the different organisations. This programme of activities is included in Annex II (on the CD Rom in Dutch).

3.2 Activities

The programme was presented to the various organisations. Although this was based on the wishes of the organisations, there was not the demand that had been expected. The reason that was given was that the internal problems were so great as a consequence of the changes in the asylum policy that they were no longer able to send staff to the training sessions. Regardless of this, different prevention activities were conducted:

Description of the activity	Duration	Target group
General basic education on drugs	2 hours	AMAs
'Dopeheads!' workshop	2 hours	Multipliers : • GVO staff • Teachers from the • ISK Rijssen and Almelo • MOA carers • AMA staff from the COA
Training seminar: 'Detect and Teach'	3 blocks of 3 hours	
Training seminar: 'Detect and Support'	4 blocks of 3 hours	

3.3. Products

As had become clear from the wishes of the organisations, there was a need for educational material for the AMAs. We developed an educational package that was called 'Dopeheads!' This name was selected because this is an expression used in youth culture. This is a derogatory term used for youths who use drugs.

The material had to fulfil a series of requirements. It needed to be useful for young asylum seekers; i.e. this material needed to have as little text as possible and be profusely illustrated.

- The illustrations used needed to be as international as possible.
- The materials were introduced as a package. They can either be used independently from one another or as a whole. In each case when used in their entirety, however, they achieve more than the sum of their parts.
- Dopeheads! is suitable for anybody who wishes to develop a discussion on drugs, alcohol and gambling in a group of juveniles and/or young adult asylum seekers and migrants.
- The drugs, alcohol and types of gambling mentioned are divided into three clear groups. The division is based on the effects 'numbing', 'stimulating' and 'mind-bending'. Each of these three effects also has its own colour. However, there are also drugs with a double effect and these also have double colours. The range of colours can be found throughout the entire educational package.

Four questions are asked about the depicted drugs, alcohol and types of gambling:

- ➡ What is it?
- ➡ What's its effect?
- ➡ Does it lead to addiction?
- ➡ What are the risks?

The educational package includes instructions, workbooks for the youths, three little men, each of which expresses its own emotion, a set of 40 laminated cards and a music CD. This CD includes 12 pieces of music. The emotions, drugs, alcohol and types of gambling are all given their own 'world', i.e. their own musical style. Annex III provides an example of this material (on the CD Rom in Dutch).

The transparencies used in the workshop are provided in Annex IV. Guidelines were developed for the training sessions. These guidelines are enclosed as Annex V (both annexes are on the CD Rom in Dutch).

3.4. The results

With the implementation of the prevention activities, we checked to see what sort of initial impression the multipliers had of the developed material and whether they can imagine working with this material. Furthermore, we found it interesting to learn whether the method chosen by us to present the material to the multipliers was the correct one. The question as to whether the developed materials are the best was not assessed in this project. The questionnaire used and the results are included as Annex VI (on the CD Rom in Dutch). The most important conclusions are presented below, whereby it should be taken into account that the groups of respondents were small.

The workshops

Two workshops were conducted. Ten teachers from the ISK took part in the first workshop and four GVO workers took part in the second workshop. During the two-hour workshops, they were familiarised with the 'Dopeheads!' material.

The programme for the workshops was organised as follows:

- ➡ 10-minute introduction to TACTUS
- ➡ 60-minute explanation about alcohol, cannabis, mushrooms, ecstasy, kwat and sedatives
- ➡ 10-minute discussion on the subject of 'perception'
- ➡ 40-minute introduction and exercises relating to 'Dopeheads!'.

The workshops were evaluated with an average score of '8' (out of 10).

The GVO staff found that the group was too small; the teachers, on the other hand, were satisfied with the group size. None of the participants found that the relevant themes had not been dealt with, although in general it was commented that there was far too little time to be able to deal with everything satisfactorily. The structure of the programme must also be rethought since, according to some comments, there are considerable differences as far as the remarks on the relation between theory and practice are concerned.

The initial impression on 'Dopeheads!' is generally positive. The participants were very pleased. The teachers gave an average score of 7.9 and the GVO workers gave an average score of 8.8.

The GVO workers intend to work with the material. The teachers are somewhat more cautious, especially concerning the use of the music CD and the little men.

The training programmes

A 'detect and teach' training programme was conducted in which 9 MOA carers took part as well as a 'detect and support' training programme in which 4 AMA workers from the COA participated.

The first three sessions were identical for both training programmes; the 'detect and support' training programmes included a fourth seminar in addition. Each session lasted for 3.5 hours.

Overall, the training programmes were evaluated with a score of '8'. Most participants found the number of sessions to be good. It was felt that the training sessions failed, however, to cover some subject areas, in particular psychiatry and the results of studies relating to physical, psychiatric and physiological aspects, as well as short and long-term deviations.

All participants believe that they will be able to implement what they have learned directly into practice.

4. Conclusions, discussion and recommendations

‘SEARCH II’ got off to a slow start and developed sluggishly. The main reason for this was the amended AMA policy. During the meeting in August 2003 it became clear that various members of the focus group – and later the steering group – were looking for new jobs as a result of the change policy. They found them and as a result moved away. This meant that a new contact person had to be found for the project. Furthermore, we were not even sure whether the present focus group members would be there the next time. In addition, through the members of the steering group it became ever more apparent that the management of their organisations did not want to invest in the training sessions, which was once again demonstrated by the fact that not a single organisation was prepared to pay for the programme offered by TACTUS. Even when the offer was made to finance everything by the project, there was still no enthusiasm. The most important reason given was the fact that the amended asylum seeker policy had caused considerable internal reorganisation, whereby people could not be sure whether they would be able to do any further work.

Despite these developments as a result of the AMA policy, there was still a demand for material that would enable them to independently educate people about drugs, alcohol and gambling.

According to our view, this material needed to fulfil a series of requirements. First of all, providing education on drugs, alcohol and gambling is specialist area in itself. The prevention workers in addiction care facilities are experts in this. They have the knowledge about the drugs and alcohol and keep themselves up-to-date. They also understand how to impart this knowledge. Thus they know how a multiplier should best provide such education. In view of these criteria, it was decided to develop a simple structure that could nevertheless be implemented by other professionals in practice. We decided for working methods in which the most important aim is to encourage discussions among the youths. This is where the emphasis was given, the actual knowledge of substances is of secondary importance. The knowledge that a multiplier imparts is reduced to four questions: (1) What is it? (2) What’s its effect? (3) What are the risks? and (4) How addictive is it? These questions apply to every substance. All this means that the multiplier both leads the discussion and teaches.

Another criterion is that the material to be developed should have as little text as possible and as many pictures as possible to illustrate the meaning. This is the reason why considerable pictorial material was used in the workbook and on the plastic cards, and why the little men and the music CD were used.

Whether we were successful in this respect remains to be seen. During the workshops it became clear that a number of participants were unsure whether they would be at all able to implement the package. Although enthusiastic about the design of the material, they were nevertheless doubtful as to whether they had sufficient background information. Furthermore, we had the impression that it was the teachers, in particular, who were doubtful as to whether they can work with the material, for which there is relative little information available about how to use it. This is a point worth considering, and which needs to be further examined in future.

Another important effect is that the multipliers have to decide on the attitude they should take regarding the drugs and alcohol when working with the ‘Dopeheads!’ package. This has led to discussions within the school and the organisation, where TACTUS has been able to provide help. This is also an aspect worth considering and examining in future.

The duration of the project was too short to ascertain whether the developed material is adequate for the practical demands. Although an evaluation was made of the implemented activities with which the

prevention materials were introduced, it would have been desirable if there had been more time for evaluating the practical implementation.

A second list with evaluation questions was given to the participants in the training programmes, where they could record their experiences. We hope that this can also provide further information, although we are quite aware that it is the everyday things that always stand to the fore.

Finally, we would like to comment on the future.

On completion of 'SEARCH', we ascertained that the RAR method is a valuable and very usable method. We ascertained that it is essential to develop and establish a network (which we successfully managed) and that the project duration was too short.

Now, on looking back at the conclusion of 'SEARCH II', we have ascertained that despite the many changes that have occurred in the area of work, we have nevertheless been able to work very well with the different organisations. The time that was available to use was necessary in both cases. The fact, however, that project workers are given time in order to conduct the activities within the project, appears necessary if the project is going to be brought to a successful conclusion. 'SEARCH II' has now come to an end. The activities have got off the ground and we can ascertain that we cannot, and should not, cease the activities although the project funding has ended. As we have already described in the conclusions:

There is (and remains) much to do!