"Drug prevention for refugees and asylum seekers"

Final report to the European Commission

Münster, April 2002

Preliminary remark:
In the following report the contractually fixed project aims as well as the project results are described. A detailed description in terms of the contents will be dispensed with here since detailed information on the RAR process and prevention for refugees, asylum seekers and illegal migrants can be found in the enclosed handbooks as well as the CD-ROMS included with them.
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1. **Aims of Project 'SEARCH'**

Note

In the application, the project is entitled as follows:

"Drug Prevention for Refugees and Asylum Seekers"

When giving a name for the project for internal use, the project partners decided to name the project 'SEARCH'. This name will be used for the project in the following report.

From the agreement:

"**1.1. Objectives of Project 'SEARCH'**

The contractually agreed aims of the project are as follows:

(a) - to gain an understanding of the state of the drug problem among refugees and asylum seekers in the selected EU Members States.

(b) - to determine the need for information on drugs by refugees and asylum seekers in EU Member States.

(c) - to record successful procedures that already exist (good practice).

(d) - to develop new approaches and information material for the target groups of refugees and asylum seekers

(e) - to exchange expertise and mutual support."

"**1.2. Activities within the project**

The activities described in the agreement are as follows:

(a) Assessment of the approaches and information material that already exist (good practice)

(b) Training in the Rapid Situation Assessment (RSA) method

(c) Conducting the RSA in various regions

(d) Development and implementation of prevention approaches and information material

(e) Conducting four workshops in order to prepare the RSA, to discuss the results and the future procedures, and to evaluate the regional prevention projects.

(f) Elaboration of guidelines for the RSA on the theme of 'refugees/asylum seekers and drug use'.

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(g) Elaboration of guidelines on addiction prevention for refugees and asylum seekers
2. Realisation

2.1. Completion of Project 'SEARCH': Objectives
All objectives of the project were carried out during the 18-month duration of the project. These are as follows:

Regarding 1.1. (a):
In the first phase of the project the data acquisition was completed by means of the "RSA". In the country reports the project partners documented the results of their investigations into drug addiction among the examined target groups. The work was conducted in an exemplary fashion (limitation to only one or two target groups). The drug problem, insofar as it existed, was able to be quantitatively and qualitatively described here. At the same time, the data provided the planning basis for developing the prevention projects.

Regarding 1.1.(b):
The need for information was investigated from various points of view and interest structures, each time including those affected from the target groups as much as possible. The spectrum of information needs is described in the country reports.

Regarding 1.1.(c)
In the RAR process, extensive research was first of all conducted into existing good practice by the project partners before starting the data collection activities. The supposition of the project – namely that very little or no experience or information exists in terms of the aim and tasks of the project – was substantially confirmed.

Regarding 1.1.(d)
In the second project phase – after completion and evaluation of the RAR – all project partners began to plan specific preventative activities and to design corresponding material. In every country, the 18-month project duration proved to be insufficient to completely finish the activities begun. The state of the development of the activities / materials is documented in the "Prevention Handbook" as well as on the enclosed CD-ROM.

Regarding 1.1.(e)
During the conferences, supporting visits and the coaching sessions, but also through numerous other forms of communication, it was possible for a considerable amount of expertise to be exchanged and thus be widely disseminated. The local networks and co-operation that rapidly developed at all locations during the project also enabled the specialist results of the project to flow rapidly into the local work.

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1 During the course of the project the term "RSA" (Rapid Situation Assessment) was changed by us into "RAR" (Rapid Assessment and Response) which is currently the commonly used term internationally. In the rest of the text we will be using the modern term "RAR".

2 The number of refugees and asylum seekers in Italy and Spain was so few at the time when the project began that, in purely quantitative terms, it was not possible to ascertain a target group in accordance with the application. In both countries, however, problems exist with the considerably large groups of (mostly illegal) migrants from North Africa (Maghreb region). We therefore decided to extend the investigation to these groups and to document this in the title of the project: (Addiction prevention for refugees, asylum seekers and illegal migrants)
with refugees, asylum seekers and illegal migrants.

**Note:**
*In Germany the term “addiction prevention” (“Suchtprävention”) has become established instead of the old term of “drug prevention” (“Drogenprävention”). What would appear to be only a change in terminology is based on good reason: the modern term expresses the fact that addiction preventative activities always relate to the behaviour of people (and intended behaviour changes), not to “substances”. In English-speaking countries, however, the use of the term “drug prevention” is still widespread although, in terms of content, the new orientation described has also taken place there. Thus, when we speak of “addiction prevention” (“Suchtprävention”) in the German texts and “drug prevention“ in the English texts, the same is meant in conceptual terms.*
2.2. Completion of Project 'SEARCH': Activities

Regarding 1.2 (a):
Material was collated by the project workers up until the first project workshop (7 – 8 December, 2000):
The starting point was the gathering of already existing information (good practice). This included:

- Research reports
- Reports from health services and drug facilities
- Reports from asylum seeker centres and refugees
- Information from organisations representing the interests of asylum seekers and refugees
- Information in the media, etc.

The material was assessed within the framework of the first workshop.

Regarding 1.2.(b):
For this project the Trimbos Institute in Utrecht (together with the CVO Institute at the University of Utrecht, NL) undertook the development of the specific RAR designs for 'SEARCH' as well as the training in the method for all project partners. This training took place in Münster, Germany, from 9 -12 December, 2000. The final "design" was determined by all those participating within the context of this training.

Regarding 1.2.(c):
The RAR was conducted in the participating regions from January to April 2001. The RAR process consisted of the following parts:

- First of all, around 10 key persons were interviewed on 10 basic, open-ended questions using “semi-structured questionnaires“ (monitoring). The idea behind this interview technique is to gain as detailed an overall picture of the aspects asked about as is possible, with a variety of opinions.
- Then, using "structured questionnaires", around 30 other persons were interviewed who had (presumably) greater knowledge of the subjects being asked about. This was done using central “scaled questions”, i.e., extent estimates were introduced. The aim of this survey was to examine the overall themes that had been gained from the semi-structured interviews from as many different viewpoints as possible, and to convert them into quantitative estimation grids.
- In a third step the results gained were examined by comparing them in terms of concurrence and deviations. The deviations which were found were then discussed and examined with a “focus group“ (= experts from the two groups questioned) in order to come to a conclusion. In a second focus group, the results that had been gained were likewise compared with persons from the first two interview phases with potentially considerable knowledge, and the first proposals elaborated for addiction prevention appropriate to a specific target group.

(For the results of the RAR, see P. 4.)
Regarding 1.2.(d):
Based on the results of the RAR, in all regions prevention aims were formulated and prevention concepts transformed into concrete proposals. It has been possible to develop materials in most of the countries (such as in Germany, Belgium, Spain and Austria). However, in most of these regions these are still only provisional. This has been necessitated as a result of the following developments:
During the entire interview work within the context of the RAR (and in particular in the focus groups), working alliances, networks and co-operation with other responsible bodies and persons developed. It became clear that there was a need for more long-term and sustainable co-operation that would not be sufficed by short-term (one-off) actions.
The inclusion of these (new) local co-operation partners needed time and space in order for them to be able to develop. This “networking” is, from the point of view of the supporting body, an extremely important arm of the project, even if not specifically designated as such in the application.
The time from the end of the RAR and its evaluation (Turin Workshop 1 - 4 June 2001) to the end of the project (submission of the final reports to the project supporting body in December 2001) was too short in order to conclude all the practical projects that were started. A considerable number of more long-term projects depend on a continuation of the 'SEARCH' project.
In Italy, it was also not possible to complete concrete musical pieces and a CD (see manual) within the duration of the project.
The Dutch project partner has decided, as a result of the variety of ethnic groups and languages within its target group (single juvenile asylum seekers, “AMAs”), to dispense with the folder and place the main emphasis on the development of curricula for the training of professionals working with the AMAs.

Regarding 1.2(e):
The workshops were conducted to the extent envisaged. The respective themes of the project sections were:

Preparatory workshop, May 2000, Münster, Germany:
► Getting to know the project partners
► Planning for the project start (preparatory activities, organisation, etc.)

Workshop I, December 2000, Münster, Germany:
► Results of the assessment of the current situation
► Planning of the RAR
► RAR method training
► Planning the course of the project, arrangements

Workshop II, June 2001, Turin, Italy:
► Discussion of the country results of the RAR
► Advice on the prevention plans for the project locations
► Ideas on the outline structure of the RAR Manual

Workshop III, October 2001, Vienna, Austria:
Balance of the prevention activities
Determination of the allocation of activities until the end of the project
Discussion of the draft RAR Manual
Plans that extend beyond the end of the project

Workshop IV, March 2002, Barcelona, Spain:
Balance of the process
Balance of the RAR
Balance of the results
Presentation of the provisional final version of the manuals
Further planning.

Regarding 1.2.(f):
The RAR Manual was published in printed form by the end of the project in German and English. The enclosed CD-ROM includes the handbook in PDF format and the questionnaires (grids) used in the RAR in MS Word format, so that they can be freely downloaded and, if required, further developed. After the end of the project the manual will also be made available on the homepage of the project supporting body in the CD-ROM form.

Regarding 1.2.(g):
The guidelines were produced on completion of the project and are published as a printed version in German and English. The enclosed CD-ROM includes material produced by the project partners which would be either too costly or too early to print (working example for practitioners). The guidelines will be available from May 2002 in PDF format on the Internet, on the homepage of the project supporting body. (www.projekt-search.de).
3. Means employed during the course of the project

3.1. Supporting visits

Within the framework of the RAR process, Trimbos/CVO and the project co-ordinator visited the project regions to provide support on location with the implementation of the RAR and to deal with other aspects concerned with the project development. All the project partners have judged these visits to be worthwhile. Along with organisational and co-operational aspects, the instruments used for the complex surveys, etc., which for most were something new, were able to be discussed and solved in a practice-relevant way. Likewise, the visits had a very positive influence on the “location-specific” implementation of the RAR design; the predetermined RAR grid was sometimes adapted and modified to meet specific needs.  

3.2. Coaching visits

The project supporting body visited several locations in order to familiarise themselves with the work of the respective regional project partners on location and to provide support for the implementation of the prevention activities. Unfortunately, the coaching visit to Merelbeke/Belgium was unable to be realised due to lack of time. Instead, the advice support had to be limited to telephone and e-mail contact.

From the point of view of the writer, the "coaching visits" as a working instrument also proved to be worthwhile. Only in this way was it possible to ensure that the sometimes complex structures, problem areas and tasks were able to be determined within the concrete practical environment and transformed into strategies and other planning steps.

3.3. e-mail contacts

Beyond the ‘main’ contact in the conferences and visits, the deployment of e-mails proved very much worthwhile as a quick, comprehensive medium that was also able to transfer material results. Our experience here lets us assume that, in terms of future further development, the deployment of electronic media can and must be considerable intensified (electronic or even video conferencing, chats, etc.).

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3 See, for example, the Italian report in the manual where it is described how the “structured interviews” did not really fit the Italian target group and had to be rewritten.
4. Results of the projects

4.1. RAR-related

The "Rapid Assessment and Response" research method was deployed in the 'SEARCH' project in order to achieve two aims:

- **(General questioning):** To test out the method itself:
  - is the method suitable for quantitatively and qualitatively determining a (presumed) social problem in terms of the type, genesis, extent, spread and direction of development within as short a time as possible in order,
  - on the basis of the results, to introduce suitable measures to combat /prevent/ change this problem and, in turn,
  - to monitor the implementation process of these measures as part of the continuous process evaluation (practice feedback)?

- **(Specific questioning):** By using this method, to investigate drug addiction among (selected) refugee and asylum seeker groups in Europe and to establish suitable addiction prevention methods.

The Trimbos Institute, Utrecht/NL (in co-operation with the CVO Institute, Utrecht, NL) developed an RAR project design that comprised a sequence of various research tools that were built up on one another (collecting existing data, semi-structured interviews, structured interviews, focus groups, evaluation, etc, shown step by step in the countries' interim reports).

The preparation for the research process was conducted by means of training for the RAR users in the regions (December 2000, Münster); the monitoring of the research process was conducted by means of supporting visits by Trimbos / CVO employees and the project co-ordinators to the project locations. The interim results were communicated via telephone, e-mail and during the project workshops.

The researchers produced an RAR Manual – in the meantime published – on the use of the RAR method in the 'SEARCH' project that provides both a basic introduction to the method as well as presenting the specific results of the 'SEARCH-RAR'. Also published and included on the enclosed CD-ROM are the "grid" research tools in a form (Word files) that can be downloaded and adapted to specific needs.

It was not possible to develop the monitoring instruments for the continuous process evaluation within what was anyway a very short period of time for the project (18 months). All project participants agree that this provides a point for an application for a consolidated continuation of 'SEARCH'.

All project participants are of the view that the method has proven to be very worthwhile. However, several points have been noted on the list of proposals for improvements:

a) The method is clearly more “complex” than was originally envisaged. For this reason, two training blocks should take place: the first to become familiarised with the basics of the method, the second to carry out concrete practical exercises. This ap-
plies particularly when those carrying out the survey do not have any previous experience in the field of empirical research.

b) The instruments must be more “flexible” if so required. Not all survey techniques and forms were accepted by the respondents at all locations.

c) Although the method is described as being "Rapid..." (and actually is in comparison to established empirical research), the period for conducting it in 'SEARCH' was extremely short and produced enormous pressure as well as asynchrony in the overall execution of the project.

4.2. Prevention-related

4.2.1. In terms of content: Conclusions for addiction prevention for asylum seekers and refugees.

Preliminary remark:
In terms of what was possible, the course of the project made it clear that the means and mechanisms that function in Western European countries for addiction prevention would not function with many of the target groups. The understanding of the various ethnic groups about health and health risks, the body, social roles, etc, is considerably different to our western "standards". Therefore, culturally-sensitive and respectful methods must be developed that reflect the religious, ethnic and moral backgrounds in order to reach the people.

Almost all the country reports (with the exception of the Netherlands) refer to the poor living and housing conditions of the asylum seekers and refugees. The often completely insufficient accommodation, extreme lack of money and an insecure status that often lasts for years (will I be sent back...?) are, according to the hypothesis, so stressful that they provide a “fertile breeding ground” for drug use and misuse. One substantial result that can be thus ascertained is that pure “behaviour-oriented preventative measures are in themselves insufficient and must be supplemented through measures for “relationship-oriented prevention”. These measures in turn exceed the limits of what is possible in the field of social and education work, and are tasks of a changed health and social policy.

Almost all reports emphasise the provision of information on the risk of drugs. The concepts for information are divided into various steps:
- The production of “culturally-sensitive” information material
- Information events with various target groups (parents, youths, etc.) at various locations. Here, it is constantly emphasised that this should be done by native speakers if at all possible.
- In order to convey the information, it is necessary to gain key persons from the target group (more about this later). In some ethnic groups it will also be important to include religious dignitaries,
- the inclusion of specially trained “culture mediators”.

Whether the project partners will also be in the position to offer conflict solution-oriented training for the ‘SEARCH’ target groups as well, which in our countries belongs to the basic repertoire of addiction prevention, still remains open; only a few curricula have been developed (Belgium, Spain, Austria), and have not yet undergone any evaluation phase.
The task of a follow-up project will be to develop further things such as life skills training and/or peer group approaches, to adapt them so that they are culturally sensitive, and to provide continual evaluation of the existing measures.

- Approaches concerned with better integration and communication with the citizens of the host country were considered and taken up (Germany, Belgium). Drug misuse is seen here as a possible reaction to isolation which needs to be broken down.
- When considering that our target groups have often suffered severe traumata within the context of fleeing and expulsion, several respondents presume that some of the drug use provides a sort of self-medication against the mental suffering of this traumata. As a consequence, it is suggested that better counselling and care work to overcome the traumata could have a considerable preventative effect against addiction.
- Training and local networks are proposed by others on the basis that in many places there are apparently already initiatives that carry out preventative work concerned with aspects of addition and health. Here, as our Italian colleagues call it, a synergy effect could be achieved.
- The imitation of lifestyles of people in the host countries also plays a role: the habitual life and behaviour patterns of the homeland culture contrast considerably with the lifestyles of the host country. For those who give up their protective cultural identity (i.e., in terms of vulnerability to addiction), for a long time there remains only the possibility of “simulating” a “new” cultural identity. The use of alcohol, for example, becomes more risky the less this use belonged to the cultural standard of the homeland.
- Several members of the target groups brought their drug experience and problems with them from their homelands. The proportion, however, is estimated by the RAR to be very small. This means, therefore, that most of the addiction risks and problems occur in the host country (and must be dealt with there).

4.2.2. Summary of the most significant results concerned with intercultural addiction prevention

- Addiction prevention is always a part of comprehensive “health prevention” as well. The very different ideas of our target groups regarding the body, health and health risks need to be considered against this background. Our concepts of, for example, “holism” will hardly be understood by Iranian men, for instance, for reasons of their social and cultural backgrounds and experience.
- Culturally-sensitive and respectful addiction prevention is only possible on the basis of knowledge and understanding. It is apparent (and is also a general experience within addiction and migration research) that without possibilities for communication and meeting in their native language, there is a risk that a well meant approach will lead to nothing. The focus on the “key person concept” would seem to be therefore sensible.
- It was examined as to which special risk and protective factors⁴ exist for each specific target group, i.e., related to the homeland, not just in terms of general

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⁴ The role of the family with people from Islamic countries, for example, is defined very much differently than with us (role of the father, concepts such as marriage, internal family problems are not allowed to get out into the open; other central concepts are authority, respect, shame, etc.)
behaviour harmful to health but in terms of the risk of addiction.

- Addiction prevention with asylum seekers and refugees forms part of intercultural addiction work. Features which distinguish it from existing addition work in our countries are, amongst others:
  "the organisation of the family and its influence on development; norms and values; thinking, perception and ways of learning; the explanation of the body and illness; the interpretation of situations, dealing with conflicts and thus strategies for coping; the absorption and processing of information, and linguistic requirements and communication." (Soner Tuna)

- The differentiation between primary and secondary prevention, as suggested by the WHO, also makes sense for 'SEARCH': wherever addiction problems or problematic use have still not appeared, many of our "key respondents" presume – for the reasons described above – that there is nevertheless a considerable substance-related vulnerability, so that primary prevention projects are certainly important. In various other groups (the Maghreb youths in Barcelona and Turin), we can find a wide-spread and problematic use of various substances. Here, for example, secondary prevention measures have been proposed by the Spanish project partners (e.g., interculturally-oriented street work).

4.2.3. Aspects of the structural project development

It must be emphasised that the original intention of the project to convert the RAR-supported research work into concrete prevention projects was upheld. However, it was not possible for all the projects to be completely finished in the short period of time (see country reports in the prevention manual). All in all, the overall project duration was too short in order to be able to complete the comprehensive addiction prevention projects, let alone evaluate them.

All the project partners are continuing to work in the areas of addiction prevention for refugees, asylum seekers and illegal migrants – although very much restricted as a result of the lack of financial means. Insofar it can be assumed that this project has had a sustainable effect, which is particularly documented through the establishing of local networks. As a result of the RAR process (interviews, contacts, focus group, etc.) a multitude of contacts were created between the local organisations from 'SEARCH' and individual persons and other institutions concerned not just with the areas of "migration and addiction" in general but, in particular, with the specific tasks of the 'SEARCH' project groups. At some locations the focus groups have directly become steering groups for initiatives aimed at better integration and improved health prevention for asylum seekers (Germany, Netherlands). In other countries, initiatives which already existed, but were previously more or less working parallel to one another, have jointed together to form networks (Spain, Italy). In Austria, the subject of the 'SEARCH' project has become very much more established (although it is still not properly integrated into local drug care). In Belgium the 'SEARCH' project has already become a model for a series of other developments.

From the viewpoint of the project supporting body it can be said that, against the background of these results, the most significant success of the project (even if not the one originally envisaged or intended) is that, through the impetus of 'SEARCH', local co-operation and network structures have been created which will have a sustainable effect.
5. Partners in Project 'SEARCH'

A) Project management

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B) Regional project partners:

**Preliminary remark:** Originally it was envisaged that the Jellinek-Center/Hilversum would take part from the Netherlands. For internal reasons, this project partner decided to withdraw its participation. Instead, TACTUS in Enschede in the Netherlands was able to be won over at short notice to participate in the project. TACTUS was involved from the start of the project in October 2000.

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Wolfgang Rometsch
Project Manager

Roland Lutz
Project Co-ordination

Attachments:

Part II: Financial report

Part III: Materials:

- Minutes of the project workshops
- Interim reports 1 and 2
- Materials (those that have been published in printed form are also available on the CD-ROMS of the manuals in digital form)
- "RAR" Manual
- "Addiction Prevention" Manual
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