



European Network

For the Target Group of Mobile Drug Users

Reports on mobility and drug use:

- **summary**
 - supporting mobile drug users
 - minorities in prison
 - mobility and collaboration in border regions
 - immigration and drug use

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Summary of the AC COMPANY activities 2002 - 2003

E. Schatz, project co-ordinator

Network

The third phase of AC COMPANY has realized a stable network of 35 partner organisations in all West European countries, including Switzerland and Norway as well as seven Central European countries. Additional (other) organisations, which requested to join the network, are getting involved as associated partner.

In East Europe and the United States we cooperate with particular organisations and experts to enlarge the contacts across the European Union. We have a lack of contacts in the states of Ex Yugoslavia, nevertheless a relevant region concerning mobility. In the future it would be useful to have contacts in Turkey and Morocco as well.

All partners are practice-orientated organisations working with vulnerable groups in our communities and the point of view and the approach of the network is pragmatic and client orientated.¹ Highest priority is given to exchange of information and good practice. In fact, there always is learning from each other, no one-way approach of teaching others. Organisations in countries of Central and East Europe for example have important experiences in working under difficult circumstances, they often have effective strategies in outreach work and prevention activities.

Dealing with mobile drug users, drug-using foreigners, immigrants and ethnic minorities calls for cross border cooperation, exchange of knowledge and experiences on European level. Therefore, the AC COMPANY network is a core European organisation that depends on good European co-operation and communication structures. We build up contacts with other networks and projects in the field, external experts and policy makers and cooperate with drug user unions and refugee organisations.² We can mention in particular the co-operation with Euro-Metwork on methadone for travellers, with ENSDP (project on drug users in prison) and the Central and East European Harm Reduction Network (CEEHRN).

From laboratory to models of good practice

Concrete client work took place³ at:

- > AMOC Amsterdam with a high number of mobile drug users from all over Europe. The biggest group is from Germany, followed by Italians and drug users from the UK. A slightly increasing number of people from Central and East Europe is mentioned. The trajectory of repatriation is worked out to a model of good practice, as well as the set-up to work with foreign clients on the spot.
- > KESH – our partner in Germany - offered facilities for returned clients and supported the integration process. In Germany, the problems round AUSSIEDLER and the practice of deportations of criminal foreign drug users was followed⁴ and documented.
- > HOT – our partner in Great Britain - supported returned clients in Great Britain. The process of repatriation to the UK is complicated and for people without financial resources very difficult to undergo. We prepared documentation on that issue.⁵
- > In Italy – Gruppo Abele and Villa Maraini – supported returning clients by offering them treatment and care. Both organisations work with migrant drug users. A special project for drug using foreigners in Rome was documented as well as the developments in the Italian drug policy.

¹ See principles of good practice 2001

² see technical report 2003

³ see details: report free clinic 2003, report AMOC 2003

⁴ dossier: the practice of deportation of foreign drug users in Germany

⁵ dossier: the repatriation of British drug users back to the UK

- > In Antwerp at “ free clinic” a special project was set up to contact and to work with Russian speaking clients. A special questionnaire – also available online – was developed to find out more about the situation and background of this target group. A model of good practice is developed and we are busy to prepare a training module for workers in the field. These activities will be continued in 2004.
- > In Prague, a similar project for Russian speaking clients was installed in July 2003. We expect first results over one year.
- > Other partners gave occasionally support to returning clients to Portugal, Spain, France, Norway, Ireland. Client work of other AC COMPANY partners – like a research project in Dublin on Russian speaking drug users or a snowball project in Helsinki are documented on the website (“maps of mobility”). The partner in Portugal started a little survey amongst the Russian community.
- > Partners in border regions – BINAD in Germany/Netherlands, EURO AST in France/Germany and Verein für Drogenhilfe in Italy/Austria – described their conditions to work transnational and/or supported mobile drug users.
- > We collaborated with associated partners like AIDS Hilfe Switzerland and, since September 2003, with the Positive Health Project from New York, USA in order to support North American clients.
- > The partners from Central Europe joined the network in July 2003, continuing their activities in 2004 with PHARE funding.

2.3. Products

- final technical report
- leaflet for Russian speaking clients
- leaflets with the summary of project activities in 8 languages
- booklet with frequently asked questions (checklist)
- reports on :
 - models of good practice – client work
 - foreigners in prison
 - collaboration in border regions
 - immigration and drugs
 - work with Russian speaking clients
- dossiers on:
 - the repatriation of British Drug Users back to the UK
 - the deportation of drug users with a criminal record from Germany
- cd-rom

with information about the drug helping system of all European countries and frequently asked questions about services (country guide, checklist)

- website

www.ac-company.org incl. tips for trips and maps of mobility

- general information's about the network in 17 languages
- actual news section about political developments, conferences, network news
- country guide and checklist of 25 countries
- maps of mobility: descriptions about (research) projects for foreign drug users, mobility in border regions, repatriations
- updating, extending and integrating the “tips for trips” website with client related information's
- publishing al relevant material via the website (pdf's, documents)
- online questionnaire for the target group of mobile clients in 12 languages.

2.4. Dissemination

Dissemination is given high priority. Every network partner is obliged to disseminate the products and results in his country and to publish news in relevant media. Therefore, a summary of product activities is produced in all European major languages.. The printed booklets are disseminated to selected organizations and key people in the particular countries. With several mailings by e-mail the greater audience is attended on the issues and the website. The website is linked on other major websites in the field. On conferences and seminars, lectures were given and info tables were provided.

2. 5. General Conclusions, Forecast

In general we have to conclude that the issue of mobility, foreigners and minorities and drugs still is underrepresented in the international discussion, that there is still a great lack of information, like numbers, streams and tendencies in Europe and from outside the European Union. For many of our surveys it was extremely difficult to get hard numbers and facts, also, because in particular countries, authorities denied access to information, didn't supply them or that such information and data simply do not exist.

Furthermore, organizations, which take the challenge to work under difficult circumstances with these target groups, often face great problems regarding acceptance and funding. Local authorities often don't feel responsible to take care of foreigners, meanwhile national and European bodies don't offer funding at all. So – especially in border regions with a “natural “mobility - support to these groups is a question of occasional circumstances.(see report on that issue later on).

Drug tourism is a phenomenon in particular regions: the tremendous drug use in vacation areas in South Europe asks for special prevention projects for youngsters, the drug tourism to other countries because of cheaper market prices or less repressive drug policies ask for regulation of these streams.

Many mobile drug users from EU countries are refugees of the repressive drug policy in their country of origin, of bad economical circumstances or they just move because of individual reasons. Even if they are European citizens, their legal rights, access to social and health's systems are often far from evident. (see reports Netherlands, repatriation UK).

Drug use amongst immigrants from outside the European Union need different approaches because of the diversities of the groups:

Members of ethnic minorities, who live in great numbers in European countries, often have the tendency to hide their family and social problems and to try to solve (drug) problems internally without external support (drug addicted children are sent back to the country of origin for detoxification – with doubtful success.) There is a dramatic lack of cultural mediators and workers of the same ethnicity in most of the cases and only very few international or also transnational exchange of practices or good practices take place.(see reports “Russians from German origin”).

To support drug users amongst illegal immigrants, persons without permit, denied asylum seekers depend on political decisions. It is evident that authorities shouldn't ignore this issue. Denying this problem involves big risks for public health and safety. Special attention should be given to the group of drug using people from East Europe, who are present in most of the European countries. The approach towards this group requires special skills in order to overcome language problems, cultural barriers and mental behaviors.(See report immigration and drugs, report “work with Russian speaking drug users in Antwerp).

The network could deepen the information by contacting hundreds of organizations and experts, mobile drug users and representants of drug user unions.

- ❖ our (online) survey clearly shows the need to support the target group on the spot without legal and social exclusion
- ❖ cultural and legal barriers produce a risky “non visibility” of particular groups, but research shows that health risks, like infection diseases, contain a great risk of transfer to the general population.
- ❖ in the case of work with minority drug users a fine-meshed system consisting of a cultural mediator, limited basic health treatment and hygienic facilities, qualified offers

for repatriation and qualified support by integration procedures seem to be the most effective approach.

- ❖ To work with this client group one needs a competent database of information, cross border contacts and financial resources. In that sense, it's a core European activity.
- ❖ To improve cross border co-operation, European structures should be developed on different levels: in the Euregions to support structures on regional level, on European level to stimulate exchange and collaboration with European neighbors and immigrant countries too.

AC COMPANY will follow the developments in the future and intend to play a role in this field. Issues, which should be worked on in the near future are:

- ❖ Contact points to Turkey, Morocco
- ❖ Extend the network with an East European partner
- ❖ Increase the focus on health issues as STD's
- ❖ Conflict management in local neighborhoods (social inclusion)
- ❖ Develop a training module for the work with minorities and drug use
- ❖ legal rights of mobile drug user
- ❖ the value of drug user unions and self help groups

The intensity and quality of possible work will depend on available funding. We intend to collaborate with other organizations and networks to create added value.

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