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Drug prevention interventions targeting minority ethnic populations: issues raised by 33 case studies

Contents

| | |
|---|----|
| Key points | 3 |
| 1. Introduction | 7 |
| 2. Methods | 8 |
| 3. Responses | 9 |
| 4. Assessing needs: sources of information | 11 |
| 5. Meeting needs | 16 |
| 6. Generic and specialist services | 18 |
| 7. Cultural competence | 20 |
| 8. Sustainability | 22 |
| 9. Monitoring and evaluation | 24 |
| 10. Establishing and maintaining a database of drug prevention interventions for minority ethnic populations | 28 |
| Acknowledgements | 32 |
| References | 33 |
| Appendix 1. Questionnaire | 38 |
| Appendix 2. Provision of prevention interventions for minority ethnic populations: comparison between the EMCDDA's Prevention profiles and responses to the current study | 45 |
| Appendix 3. The case studies | 52 |

Key points

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) monitored the achievement of action 20 of the European Union drugs action plan 2009–12 that required Member States 'to develop, as appropriate, services for minorities, including, for example, migrants'. To complement the EMCDDA's existing information, the study reported here examined drug prevention interventions for migrants/ethnic minorities/immigrants (henceforth described as 'minority ethnic populations') in 29 European countries. This publication presents details of the 33 interventions that were reported to the study and discusses the issues raised by them and by the data collection process.

Methods

Information was requested from 29 European countries using a questionnaire. The questionnaire and, where necessary, a request for it to be forwarded to the appropriate services was widely distributed.

Responses

Thirty-two completed questionnaires were returned, from 11 countries, and one from a multi-country intervention operating in a further five. Experts from six countries reported that they had no prevention services that specifically targeted minority ethnic populations, but no information was received from seven countries. There are several explanations for the poor response rate, which do not necessarily mean that minority ethnic populations are not receiving drug prevention interventions, nor that service planners, commissioners and providers are unaware of their needs. That said, the poor response from some countries appears to contradict some of the information in the EMCDDA's Prevention profiles.

Assessing needs

Data from studies on risk factors and vulnerability to drug use and problematic use, the results of national prevalence surveys, and drug treatment data are insufficient to plan drug prevention interventions that target specific minority ethnic populations at a local level. However, in their rationales for implementing interventions, the majority of this study's completed questionnaires display an awareness of risk factors for, and/or vulnerability to drug use and problematic use among the minority ethnic populations they targeted, especially in terms of social exclusion/marginalisation.

Drug-using behaviour and the risk factors for, and vulnerability to drug use and problematic use cannot be assumed to be the same for all members of all minority ethnic groups, nor even all members of the same minority ethnic group. A great deal of preparatory work to assess needs was

reported by the completed questionnaires. The most common were conducting research or a needs assessment and/or utilising previous relevant (usually local) research, and extensive consultation among the target populations.

Meeting needs

Although some of the many sources of information on the implementation of drug prevention interventions focus on (or at least include consideration of) minority ethnic populations, their content may not be directly transferable to a specific local minority ethnic population in a specific local context. However, the wide variety of actions the service providers reported consist of elements of established drug prevention interventions, which, in many cases were adapted to meet the specific needs of the populations they targeted.

Within and between them, the completed questionnaires reported a wide variety of actions to meet the needs of a wide variety of target populations. The interventions include those that work intensively with a few members of the target population to those that reach large numbers (with a range of 12–2 100 per year). The most common action was the provision of information on aspects of drug use, addiction and drug services, in order to increase skills and confidence to discuss and address these issues, although this action was not carried out in isolation from others. A variety of other actions, tailored to respond to each target population's needs were reported, including, especially, the use of peer educators. Many of the interventions address aspects of social exclusion including assistance with access to housing, employment, education and health services; financial management; and integration into the host country. Some provide activities aimed at increasing the self-confidence of recipients, such as parenting courses, skill development courses, interest groups and leisure activities, and opportunities for socialising.

Generic and specialist services

This study was of specialist (targeted) drug prevention interventions that targeted minority ethnic populations, but no services fitting the criteria for inclusion were reported from six countries, and this could explain the lack of responses from others. Some of these countries provide generic drug prevention services that are intended to meet the needs of all members of the population, regardless of ethnicity, and/or they do not categorise targeted services by ethnicity, but rather by vulnerability to drug use and problematic use, such as a high degree of disadvantage and marginalisation.

The pertinent issue here is the extent to which generic services can demonstrate that they provide a culturally competent service that operates effectively in different cultural contexts so that the needs of all members of their target population, whatever their ethnicity, can be met by equitable access, experience, and outcome.

Cultural competence

The completed questionnaires demonstrate the considerable attention the drug prevention service providers give to the issue of cultural competence. The degree of engagement with the target populations during the preparatory stages of an intervention is a significant factor in ensuring whether or not it is culturally competent and that it is not seen as something done *to* minority ethnic populations, but *with* them. In addition, the majority of interventions reported that they variously address language by providing culturally sensitive materials, workshops and seminars in the languages of the target populations; use translators and interpreters; and employ staff and/or use volunteers who speak the languages of the target populations. Other actions to tackle issues surrounding cultural competence include cultural competence training for the staff of agencies who come into contact with the target populations; sensitivity to the taboo on talking about drug use among some minority ethnic populations; and the provision of premises for the intervention in which the participants feel comfortable discussing drug use.

Sustainability

While almost half (16) of the reported interventions are no longer operating or will end before or during 2013, 15 have no end date and had been ongoing for periods ranging from 1–25 years. Concerns about funding to continue the intervention were expressed in a third of the completed questionnaires. Short-term funding means that when an intervention ends, there is a risk that the learning and expertise acquired by those working on it will be lost, and that the trust that has been built up with the target populations (and could benefit further work with them) will disappear.

The majority (28) of the 32 interventions that reported on staffing used workers from the service provider to work on the intervention, although these were not all employed on the intervention on a full-time, permanent basis. Over a third of the interventions used volunteers, and in three cases, volunteers were the only staff reported to be working on the intervention. In addition, peer educators work on 10 of the interventions on a voluntary basis. While the use of volunteers (including peer educators) can address shortfalls in funding and is undeniably valuable in terms of capacity building those who volunteer, it is clear that some of the interventions could not continue without their free labour.

Monitoring and evaluation

It is clear from the completed questionnaires that some degree of monitoring is conducted by the reported interventions, as they provide statistics on their activities, the numbers of the target populations reached and, in most cases, their ethnicity. Internal evaluations had been conducted by 11 interventions, 10 reported external evaluations, and three that evaluations were planned for the future.

The details that were provided on the results of monitoring, evaluation, and the interventions' successes showed that the preparatory work had been successful and that the aims of the

interventions had been met. As the interventions had differing aims and objectives, the reported successful elements also varied considerably, although the most common was the achievement of cultural competence (by 15 interventions), especially in terms of providing the interventions in the languages used by the target populations. The reported challenges were even more specific to the individual interventions than the successes, with over half of the issues reported in only one questionnaire. The exception is funding to continue and/or develop the intervention, which was cited as a challenge by a third of the interventions.

The necessity for drug research and drug services to conduct ethnic monitoring — and to act on the results — is clearly established by the results of this study, although in most of the countries, there appears to be a reluctance to do so.

Establishing and maintaining a database of drug prevention interventions for minority ethnic populations

The results of this study will inform the EMCDDA's plans for 2013–15 in terms of monitoring drug prevention interventions, particularly in three areas: data collection, design and quality, and the dissemination of knowledge.

1. Introduction

The EMCDDA monitored the achievement of action 20 of the European Union drugs action plan 2009–12 ⁽¹⁾ that required Member States ‘to develop, as appropriate, services for minorities, including, for example, migrants’. The study reported here examined prevention interventions for migrants/ethnic minorities/immigrants ⁽²⁾.

Prevention interventions are defined by the EMCDDA as those that delay initiation into the use of illicit drugs; limit use to functional use; forestall rapid escalation from experimental to heavy use; encourage controlled use; and limit risk behaviours. However, the available information on these services for minority ethnic populations and also on the operation and content of their interventions is patchy and incomplete. As a consequence, it has been difficult to assess how services respond to their needs.

The EMCDDA has some information on this issue in the Prevention profiles ⁽³⁾, which detail the level of implementation of different prevention measures in 30 European countries (the 27 EU Member States, Croatia, Norway and Turkey), based on ratings by national experts. The data on selective prevention measures targeting marginalised populations include immigrants, ethnic groups and marginalised ethnic families. Using data from the 2007 Prevention profiles, Burkhart et al. (2011, p. 451) point out ‘the low attention, however, that is given to ethnic groups and immigrants’ by drug policies across Europe and suggest reasons for this, including that ‘the issue of ethnicity is treated as a social stigma or taboo’.

The EMCDDA’s Exchange on Drug Demand Reduction Action (EDDRA) website ⁽⁴⁾ provides details on a wide range of evaluated prevention, treatment and harm reduction interventions, including those that target minority ethnic populations. However, the approaches of only 10 of EDDRA’s 269 entries are categorised as ‘ethnic’ and all these interventions ended between eight and 12 years ago.

The aim of this publication is therefore to complement the EMCDDA’s existing information on drug prevention interventions for minority ethnic groups by presenting 33 case studies and discussing the issues raised by them and by the data collection process. Data were collected from March to August 2012.

⁽¹⁾ http://ec.europa.eu/ead/docs/action_plan/anti-drug_v12_EN.PDF

⁽²⁾ In this publication, the term ‘minority ethnic populations’ will be used to describe migrant/ethnic minority/immigrant populations. This term covers a whole range of a country’s populations, including newly arrived immigrants (both documented and undocumented), asylum seekers, temporary migrant workers and students, subsequent generations of immigrants that are now established in a country, inter-EU migrants (some of whom are perceived as minority ethnic groups in each other’s countries), and indigenous minority ethnic populations. It is, however, recognised that there is much debate on this terminology and that there is no common definition of such populations across Europe: each country defines them according to different criteria, which are related to social contexts and the historical migration processes of the country. The field of anthropology offers a meaning of ethnicity that is useful here, however: people define and perceive themselves (endogenously) by language, habits and traditions as ‘different’ from other ethnic groups, and are also perceived in this way (exogenously) by others (Barth, 1969; Putignat and Streiff-Fénart, 1995).

⁽³⁾ <http://www.emcdda.europa.eu/country-data/prevention/2011/about>

⁽⁴⁾ <http://www.emcdda.europa.eu/themes/best-practice/examples> (accessed on 12 July 2012)

2. Methods

The criteria for a prevention intervention to be included in the study were that it is a service that targets minority ethnic populations and uses interpersonal interaction, such as parents' training, Tupperware-type home parties ⁽⁵⁾ to involve groups of women in their homes, life skills training, specific youth work, motivational interviewing, brief interventions and other, more sophisticated interventions. Other inclusion criteria were that the intervention is current (or did not end before 2010), is delivered at more than three sessions/events, and is (part of) a prevention intervention programme that has lasted for more than two weeks.

Exclusion criteria were interventions that consist only of a drugs information and awareness-raising campaign, leaflet distribution or drug treatment; target only those dependent on drugs, providing, for example, support, shelter and harm reduction equipment; and operate only in prisons.

Preliminary investigations revealed that there are no national nor European-wide databases that document the relevant prevention interventions for minority ethnic populations. Therefore, information was requested from 29 countries ⁽⁶⁾ using a questionnaire (Appendix 1). The questionnaire and, where necessary, a request for it to be forwarded to the appropriate services, was extremely widely distributed. The EMCDDA asked the Reitox national focal points to distribute it to the relevant services and the focal points were also asked to inform the study if there were no interventions in their countries that fitted the criteria for this study. Other recipients of the questionnaire included (but were by no means limited to) the permanent correspondents of the Council of Europe's Pompidou Group, and members of various relevant international projects, organisations and networks, such as Correlation (the European network for social inclusion and health); the European Forum for Urban Security (EFUS); the Mentor Foundation; Democracy, Cities and Drugs (DC&D II); the European Public Health Association (EUPHA); the European Society for Social Drug Research (ESSD); the experts who contributed to the EMCDDA's Prevention profiles; and the European Drug Addiction Prevention Trial (EU-Dap). The request was posted on several relevant email discussion lists (with a total of over 1 000 subscribers), online newsletters, and on Twitter. It was also sent to individuals known to have knowledge of this issue and to organisations known to be providing drug prevention services for minority ethnic populations, such as Pavee Point in Ireland and Addiction Prevention with Roma and Sinti Communities (SRAP — a network of European partners). In addition to the questionnaire, publications and websites were examined for relevant contacts and other information.

⁽⁵⁾ Tupperware manufactures a range of food preparation, storage and serving containers for the home. In the 1940s, Tupperware pioneered the 'party plan', where (usually) a woman hosts a social event (such as a coffee morning) in her home, during which products are demonstrated and offered for sale. This concept has been adapted not only by those selling other products, but also by drug (and other health) services, to inform and advise women (particularly those from minority ethnic populations) about drugs and drug services in the comfortable and social environment of their friends' homes.

⁽⁶⁾ 26 EU Member States, Croatia, Norway and Turkey. France was excluded from this project because the country has a 'colour-blind' model of public policy and not expected to have any services targeted exclusively at specific ethnic groups.

3. Responses

Of the several hundred questionnaires that were sent out to individuals and organisations and the unknown number that were forwarded to relevant services, only 32 fitting the criteria for inclusion in this study, from 11 countries ⁽⁷⁾ and one from an intervention operating in six countries ⁽⁸⁾ were returned. In addition, experts (including the heads of national focal points) from six countries ⁽⁹⁾ were returned. The study did not receive any information from — nor about — any individual nor organisation in seven countries ⁽¹⁰⁾. Two completed questionnaires were discarded because they did not fit the criteria for inclusion.

The lack of questionnaires returned from some countries appears contrary to some of the information given to the EMCDDA in the Prevention profiles for 2011, as shown in Appendix 2. A particular anomaly occurs where data in the Prevention profile report a country's provision for immigrants, ethnic groups and/or marginalised ethnic families as 'extensive' (meaning that there is provision in a majority of the relevant locations), yet no completed questionnaires from the country were returned. This is the case for eight countries ⁽¹¹⁾ and another where only one questionnaire was completed ⁽¹²⁾, although three of these nine are included in a multi-country intervention. However, it could be that some of these countries — along with others included in this study — provide generic drug prevention services that are intended to meet the needs of all members of a population, regardless of ethnicity (an issue that is discussed further in section 6). In such cases, the country has no services that fit the criteria for inclusion in this study. There are several other explanations for what appears to be a poor response rate, which do not necessarily mean that minority ethnic populations are not receiving drug prevention interventions, nor that service planners, commissioners and providers are unaware of their needs:

- Some countries do not categorise targeted services by ethnicity, but rather by vulnerability to drug use and problematic use, such as a high degree of disadvantage and marginalisation. One reason for this is because they do not wish to stigmatise minority ethnic populations by giving them special attention. Such services therefore do not fit the criteria for inclusion in this study, even though they may be accessed by members of minority ethnic populations.
- Relevant services may be provided by small NGOs and voluntary/community organisations that are unknown to those who received a request to forward the questionnaire.
- A country may have a relatively low number of minority ethnic inhabitants. This was reported to be the case in Finland, for example, where an expert commented that the result is that drug prevention interventions targeting these populations are too narrow a focus, and that existing programmes for them deal with general health and well-being.

⁽⁷⁾ Austria, Belgium, Croatia, Czech Republic, Denmark, Germany, Greece, Ireland, Netherlands, Sweden, United Kingdom.

⁽⁸⁾ Bulgaria, France, Italy, Romania, Slovenia, Spain.

⁽⁹⁾ Finland, Hungary, Latvia, Malta, Portugal, Turkey.

⁽¹⁰⁾ Cyprus, Estonia, Lithuania, Luxembourg, Norway, Poland, Slovakia.

⁽¹¹⁾ Bulgaria, Cyprus, Finland, Italy, Lithuania, Luxembourg, Romania, Slovenia.

⁽¹²⁾ Croatia.

- Immigration to some countries is a relatively new phenomenon (in Ireland, they are commonly referred to as the 'new communities,' for example), so few relevant needs assessments and drug prevention interventions have been initiated.
- As noted by two of the Reitox national focal points, heavy workloads and other requests for information to be provided voluntarily means that organisations and individuals have to prioritise work other than completing questionnaires or passing them on to the relevant services.
- The questionnaire was in English only and although this was probably not a problem for the original recipients, it would have become one if they passed it on to service providers who do not understand English.

Each questionnaire's responses are presented in Appendix 3. Given the response rate, an in-depth analysis of the results, as originally intended ⁽¹³⁾, is not appropriate, as no reliable conclusions of the nature of European drug prevention interventions targeting minority ethnic populations can be drawn: it cannot be assessed how representative the 33 interventions are of all such interventions across the 29 countries included in this study.

Nevertheless, several issues were raised during the data collection process and from the completed questionnaires. These merit further discussion and reflection as practical, 'how we did it' case studies, as they provide valuable insights into issues surrounding the provision of drug prevention interventions for minority ethnic populations, which may be helpful for countries that want to introduce or improve such interventions. These issues, which are discussed in the following sections are assessing needs, meeting needs, generic and specialist services, cultural competence, sustainability, monitoring and evaluation, and establishing and maintaining a database of drug prevention interventions for minority ethnic populations.

⁽¹³⁾ The outputs of this project were originally intended to include a map of existing services and a typology of the kind of selective prevention interventions they offer.

4. Assessing needs: sources of information

This section looks at the information that is available in terms of its utility in assessing the need for, and providing drug prevention interventions for minority ethnic populations in the countries included in this study: risk factors for, and vulnerability to drug use and problematic use, and prevalence and drug treatment data. The section goes on to discuss the limitations of this information, including that different minority ethnic populations and different people within the same ethnic population have different needs that are likely to change over time, which means that it is necessary to conduct up-to-date needs assessments with the specific, local targeted population(s).

Studies of risk factors and vulnerability

The risk factors that make individuals and groups vulnerable to drug use and problematic use (especially young people) are well-documented (just a small selection of publications, in alphabetical order, is Burkhart et al., 2011; Catalano et al., 1996; EMCDDA, 2008; Hawkins et al., 1992; Jackson et al., 2012; NIDA, 2011; Oesterle et al., 2010; Sloboda et al., 2012; Stead et al., 2009; Thomas et al., 2008; Uhl et al., 2010). Sloboda et al. (2012, p. 1) summarise the current situation:

'Over the past 20 years we have accumulated a greater knowledge and understanding of the genetic, neurobiological, and behavioral factors that may be associated with young people initiating the use of drugs and to progressing from use to abuse and dependence. This knowledge suggests that individuals may be "predisposed" to substance use disorders (SUD) and that the actual engagement in these behaviors depends on their environmental experiences from micro to macro levels.'

Briefly, individual risk factors can be categorised as poor mental health; involvement in crime and antisocial behaviour; a problematic family situation (such as family conflict, family management problems, and a family history of drug use); poor education (such as poor school attendance and lack of academic achievement); and problematic peer behaviour (such as friends who use drugs). The work on this issue is extremely valuable to assess drug prevention needs, although, as Sloboda et al. (2012, p. 1) add, it does not offer 'a single explanatory approach that would apply to all individuals in all cultures'.

Groups of people (again, usually young people) rather than individuals are considered in terms of their vulnerability to drug use and problematic use because their sociodemographic or geographic situation display known concentrated risk factors. The EMCDDA (2008, p. 9) sum up the work on this issue:

'Young people are in general considered to be vulnerable. However, beyond factors based on age alone, there is broad consensus among Member States about specific groups of young people that are especially vulnerable, and this is in line with research on vulnerable groups from Europe and North America.'

The 'specific groups of young people' include offenders, those in care institutions, those who are homeless, early school leavers, and those living in socially and economically disadvantaged neighbourhoods characterised by, for example, low levels of education, unemployment, poor living conditions, housing problems and lack of economic resources. Over twelve years ago, the EMCDDA (2000a, p. 9) reported that members of some minority ethnic populations across 15 EU countries are overrepresented in many of these groups:

'From the socio-demographic and economic data available, it appears that most non-white populations, including gypsies, visible minorities and illegal entrants are concentrated in areas that are marked by all the indices of social exclusion ... Although the use and abuse of drugs is not restricted to any one sector of society, its high prevalence and associated social problems are particularly marked in areas and localities marked by social exclusion.'

This situation continues to be reported across Europe by, for example, EMCDDA (2008), WHO (2010) and Burkhart et al. (2011). However, it is crucial to stress that membership of a minority ethnic population is not necessarily an indicator of vulnerability to drug use and problematic use (EMCDDA, 2008), and indeed may be a protective factor because of cultural and religious codes of behaviour (Tosh and Simmons, 2007; Marsiglia et al., 2008; Burkhart et al., 2011). That said, these behavioural codes may only temporarily delay drug use among some new immigrants, because acculturation may include the adoption of local drug-using patterns (Westermeyer, 1993; Reid et al., 2002; Patel et al., 2004; Mills et al., 2007). They may also mean that digressions are hidden from the users' communities (and from researchers): drug use is denied by drug users, their families, and community and faith leaders, and the stigma it creates acts as a barrier to help-seeking (EMCDDA, 2002a; Fountain, 2009a,b,c).

Prevalence data

Data on the prevalence of drug use among minority ethnic populations across Europe as a whole are sparse. For example, in 2011, the European School Project on Alcohol and Drugs (ESPAD), asked over 100 000 school students aged 15–16 in 36 countries about their drug use⁽¹⁴⁾, but did not ask respondents for their ethnicity.

At national level, general population surveys on drug use are conducted in almost all the countries included in this study. However, most of these surveys do not ask respondents for their ethnicity⁽¹⁵⁾. One exception is the annual British Crime Survey (now renamed the Crime Survey for England and Wales). Data from three years (2006–07, 2007–08, and 2008–09) were combined to determine drug use in the last year by ethnicity⁽¹⁶⁾. The drug use of all ethnic groups⁽¹⁷⁾ was compared,

⁽¹⁴⁾ http://www.espad.org/Uploads/ESPAD_reports/2011/The_2011_ESPAD_Report_FULL_2012_06-08.pdf

⁽¹⁵⁾ Personal communication from the EMCDDA, 30 August 2012.

⁽¹⁶⁾ <http://webarchive.nationalarchives.gov.uk/+/http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/drugs-alcohol-research/hosb1310/hosb13101-annex1?view=Binary>

⁽¹⁷⁾ The ethnic categories used are White (British, Irish, any other White background); Mixed (White and Black Caribbean, White and Black African, White and Asian, any other Mixed background); Asian or Asian British (Indian, Pakistani, Bangladeshi, any other Asian background); Black or Black British (Caribbean, African, any other Black background); and Chinese or other ethnic group.

showing differences between them, although these differences were less when, for example, type of drug and age profiles of the different ethnic groups were taken into account. The General Population Survey on Drug Prevalence in Ireland (NACD and Ipsos MORI, 2011) also asks respondents for details of their ethnicity ⁽¹⁸⁾.

Drug treatment data

Drug treatment statistics could give an indication of the problematic drug use among minority ethnic populations. The countries included in this study report to the EMCDDA Treatment Demand Indicator (TDI), although most categorise clients into only a limited number of ethnic groups or ask them only for their nationality, place of birth and/or citizenship status. A few do not ask any questions about clients' ethnic origins, whereas Ireland and the United Kingdom collect comprehensive data on ethnicity. That said, caution should be exercised when interpreting national statistics on the proportion of minority ethnic clients in terms of over- or under-representation, as there are great variations in the proportion of these populations in a specific locality or region. For example, while it is estimated that the ethnicity of 83% of people in England and Wales in mid-2009 was White British, in the London Borough of Brent, only 38% were White British ⁽¹⁹⁾.

Local needs assessments

A literature search will reveal many publications on aspects of drug use among minority ethnic populations and the related service provision, at European, national and local levels. While these are, of course, useful in providing overviews and identifying issues that require consideration, it may be difficult for a service provider to transfer the findings directly to address the situation of a minority ethnic population in a specific locality:

'Considering all existing ethnic groups in the EU, each is very different, because they have different origins and cultural backgrounds. In addition, even the same ethnic groups may differ in behaviours if they reside in different countries' (EMCDDA, 2008, p. 26).

The information discussed in this section (risk factors and vulnerability, national prevalence surveys and drug treatment data) is insufficient to plan drug prevention interventions that target specific minority ethnic populations at a local level. Risk factors for, and vulnerability to drug use and problematic use cannot be assumed to be the same for all members of all minority ethnic groups, nor even all members of the same minority ethnic group. Overall, data on prevalence and drug treatment according to ethnicity are limited in most of the countries included in this study. In addition, drug prevention needs change with age (Sloboda et al., 2012; United Nations Commission on Narcotic Drugs, 2012) and different influences operate during the different phases

⁽¹⁸⁾ The ethnic categories used are White (Irish, Irish Traveller, British, Roma); Black or Black Irish (African or other); Asian or Asian Irish (Chinese or other); and Other, including mixed background.

⁽¹⁹⁾ <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcn%3A77-50029>

of migration (pre-migration, movement, arrival and integration, and return) that in turn influence vulnerability to drug use (WHO, 2010).

In their rationales for their prevention interventions, the majority of this study's completed questionnaires display an awareness of risk factors for, and/or vulnerability to drug use and problematic use among the minority ethnic populations they targeted, especially in terms of social exclusion/marginalisation. It is clear from the responses (summarised in the box below), however, that local needs assessments provided the most useful data on the drug use and the drug prevention needs of the targeted minority ethnic populations.

Needs assessments

The majority of the completed questionnaires that provided relevant details reported a great deal of preparatory work to assess needs during the intervention's planning stage. The most common methods were to conduct research or a needs assessment among the target population ⁽¹⁾ and/or to utilise previous relevant (usually local) research ⁽²⁾. Only five ⁽³⁾ questionnaires specified that a literature review had been conducted and seven interventions utilised their previous experiences of working with the target populations ⁽⁴⁾.

Another common method of assessing needs was to consult various local groups about the target populations' needs, especially members of these populations themselves ⁽⁵⁾ and providers of a range of services (including drug services but also other social, health and education services) to them ⁽⁶⁾. Many of the interventions (also) consulted the parents and/or families of the target population, other local minority ethnic community members (including teachers, faith leaders and community leaders) ⁽⁷⁾, and professional experts in the relevant fields ⁽⁸⁾. Only one intervention ⁽⁹⁾, however, was the result of the use of a community engagement model in which members of the target populations are trained and supported to conduct needs assessments themselves, among their own communities (Fountain et al., 2007).

Drug prevention service providers' strategies to assess needs included networking and contact with the target populations and those agencies that come into contact with them. This not only meant that the service providers gained valuable information about those they intended to deliver the interventions to, but also built up trust and publicised the intervention. Six questionnaires ⁽¹⁰⁾ also reported that they had conducted targeted publicity campaigns in the languages of the target populations, using key community members, posters, leaflets, television, radio and newspapers.

⁽¹⁾ 2, 6, 12, 13, 15, 20, 21, 23, 26, 28, 32, 33

⁽²⁾ 5, 10, 11, 16, 19, 22, 23, 25, 26, 27, 30, 31, 33

⁽³⁾ 2, 19, 22, 23, 25

⁽⁴⁾ 13, 14, 15, 16, 24, 30, 33

⁽⁵⁾ 1, 2, 3, 6, 13, 16, 17, 20, 21, 23, 25, 26, 28, 29, 33

⁽⁶⁾ 5, 9, 10, 11, 16, 25, 26, 30, 33

⁽⁷⁾ 1, 2, 3, 5, 7, 16, 17, 23, 28, 29, 31, 32, 33

⁽⁸⁾ 1, 25, 26, 33

⁽⁹⁾ 28

⁽¹⁰⁾ 9, 12, 13, 23, 27, 32

A brief discussion of what is meant by 'consultation' is appropriate here. While four questionnaires reported in detail how they had developed their interventions along with considerable input from members of the target populations ⁽²⁰⁾, most were unspecific about the degree of consultation this involved. As Fountain et al. (2003, 2007) argue, community 'involvement,' 'consultation,'

⁽²⁰⁾ 1, 2, 5, 33.

'participation' and 'engagement' are seen as meaning the same by some, but in practice can range from a single focus group to active and equal participation in the design and delivery of a service. The authors continue (2003, p. 42):

'Strategies purporting to be "community consultation" or "community involvement" are likely to be perceived as useful by the community in question only if they form part of wider strategy to plan, develop and deliver appropriate services. Otherwise, they are merely tokenistic.'

Fountain et al. (2003, pp. 42–43) also report warnings of needs assessments that over-rely on 'key informants' or 'community leaders' for information because they may, 'in order to protect their community from stigmatisation by the exposure of issues they perceive as sensitive [such as drug use], discourage access to those who could provide information.'

The results of the service providers' preparatory work identified a variety of target populations in need of drug prevention interventions at a local level (see box below).

Primary (*) target populations

Thirty of the 33 interventions reported the minority ethnic population(s) they targeted, revealing a wide range: 16 targeted all the minority ethnic populations in a particular location (ranging from whole cities or towns to specific locations within them), whereas eight targeted just one, and six targeted up to three. Despite much of the literature on drug prevention dealing with children and adolescents, less than a third of the interventions named this group as their primary target.

Ten interventions targeted adult members of minority ethnic populations ⁽¹⁾. Two of these targeted only women ⁽²⁾.

Ten interventions targeted minority ethnic children and adolescents ⁽³⁾.

Six interventions targeted adult drug users ⁽⁴⁾.

Two interventions targeted drug users' families ⁽⁵⁾ and three specifically targeted parents ⁽⁶⁾.

Two interventions had very specific targets: female sex workers and women who were the victims of honour-related violence ⁽⁷⁾.

(*) Although the above lists the primary target populations, those connected to them (especially the parents of young people) were also included as recipients in many of the reported interventions

⁽¹⁾ 8, 9, 11, 13, 20, 21, 25, 30, 31, 32

⁽²⁾ 11, 21

⁽³⁾ 2, 3, 7, 14, 16, 17, 18, 19, 22, 33

⁽⁴⁾ 5, 23, 26, 27, 28, 29

⁽⁵⁾ 4, 15

⁽⁶⁾ 1, 10, 12

⁽⁷⁾ 6, 24

5. Meeting needs

Many publications and websites deal with drug prevention (or demand reduction) interventions and include 'how-to' manuals, academic discussions, programme reports and the results of evaluations. Just two of the many examples are the Findings website ⁽²¹⁾, which has information, commentaries and critiques on a comprehensive range of prevention interventions, and the EMCDDA. In addition to the EDDRA website discussed in section 1, the EMCDDA has several relevant publications, including a Prevention and evaluation resources kit (PERK) (EMCDDA, 2010) and a manual on European drug prevention quality standards (Brotherhood and Sumnall, 2011). However, while academics and researchers operate in a culture of literature searches and can readily access these publications, service providers may be unaware of the wealth of information that is available to assist them in the planning, implementation and evaluation of prevention interventions, especially where it is available only in English. Furthermore, although some publications and websites focus on (or at least include consideration of) minority ethnic populations, their content may not be directly transferable to a specific local minority ethnic population in a specific local context, as discussed in section 4.

Therefore, it is unsurprising that, when planning the content of prevention interventions, none of the 33 completed questionnaires reported that they had followed a manual prepared by others, although five ⁽²²⁾ reported use of other service providers' 'tried and tested' interventions. That said, the wide variety of actions the service providers reported consist of elements of established drug prevention interventions, which, in many cases were adapted to meet the specific needs of the minority ethnic populations they targeted. These actions are summarised in the box below.

Summary of actions to respond to needs

The completed questionnaires reported the actions to respond to the target populations' needs that were identified during the planning stage of the interventions. The actions of the majority are centred on mitigating the risks that socially excluded minority ethnic population groups face in terms of drug use and problematic use.

The interventions include those that work intensively with a few members of the target population to those that reach large numbers (with a range of 12–2 100 per year).

Within and between them, the 33 interventions reported a wide variety of actions to meet needs. The most common was providing information on aspects of drug use, addiction and drug services, in order to increase the skills and confidence of the target populations (including drug users) to discuss and address these issues. Over two-thirds of the questionnaires reported this action. However, this information is not simply given by the service provider to the target populations via, for example, leaflets or seminars in the relevant languages (although these are used). A variety of actions, tailored to respond to each target population's needs were reported, including, especially, peer educators (known as 'multipliers' in some countries) ⁽¹⁾; an interactive

⁽¹⁾ 1, 3, 8, 9, 10, 11, 12, 22, 28, 32

⁽²¹⁾ <http://www.findings.org.uk/index.php>

⁽²²⁾ 7, 10, 18, 23, 29.

website ⁽²⁾ and a telephone helpline ⁽³⁾ where visitors/callers remain anonymous; and a film ⁽⁴⁾ and theatre performances ⁽⁵⁾ as a basis for discussion.

The dissemination of information is far from the only action that the reported interventions take to meet the needs of their target populations. Many address aspects of social exclusion including assistance (including referral) with housing, employment, education and health (including drug) services; financial management; and integration into the host country. These are addressed by the interventions in a wide variety of ways, such as individual counselling and group work sessions on a wide range of issues (including drug use); involvement in the intervention by schools, employment agencies and youth welfare agencies; and work with the agencies likely to come into contact with minority ethnic populations to develop their cultural competence.

Some interventions provide activities aimed at increasing the self-confidence of recipients, such as parenting courses, skill development courses, interest groups and leisure activities (including computers, music, sport, gardening, art, knitting, exercise, fashion and cookery), and opportunities for socialising.

⁽²⁾ 14. Five other interventions were also partly delivered online (3, 9, 22, 24, 32) and one (2) was considering this option
⁽³⁾ 13
⁽⁴⁾ 1
⁽⁵⁾ 17, 22

The differing content of the 33 drug prevention interventions, as summarised in the box above and detailed in the questionnaire responses in Appendix 3, reflects a specific population's specific needs that were identified during preparatory phase of the interventions. The different actions to meet these needs also underline that not all minority ethnic populations have the same needs (Sloboda et al., 2012, EMCDDA, 2008), and also that, as Sloboda et al. (p. 2) caution:

'Since even a useful predictive factor does not necessarily describe a casual association, intervening to change a risk factor will not necessarily change the likelihood of the associated outcome. A second important point to remember is that risk and protective factors are usually hypothesized based on a theory of behavior about large groups of people and/or derived from observations of large groups. Even predictive factors that are useful in the prediction of outcomes for subgroups will not be equally effective for each individual member of the subgroup.'

6. Generic and specialist services

This study was of specialist drug prevention interventions that targeted minority ethnic populations, but, as shown in Appendix 2, no services fitting the criteria for inclusion were reported from six countries⁽²³⁾, and this could explain the lack of response from a further 12⁽²⁴⁾. The data in the table in Appendix 2 reveals that some of these 18 countries provide generic drug prevention services that are intended to meet the needs of all members of the population, regardless of ethnicity, and/or that they do not categorise targeted services by ethnicity, but rather by vulnerability to drug use and problematic use.

In the United Kingdom, there has been an ongoing debate since the mid-1990s about the need for, and the role of specialist health services for minority ethnic populations rather than accommodating their needs within generic services. Overall, the conclusion is that cooperation between both types of service are necessary. Examples include:

- Bhui et al. (2000) argue that the debate should not focus on separate services for minority ethnic populations, as

'This is not viable, or desirable and certainly not ethically advisable in a multicultural society. The debate therefore should be one of how existing specialist providers, voluntary and independent sector, can survive and contribute to the care offered to black and ethnic minority groups, and how the statutory sector can adopt the "active ingredients" and "successful components" of the voluntary sector. This requires the formation of partnerships and business dyads' (p. 15).

- Respondents of a study by Sangster et al. (2002) perceived specialist services as including cultural ownership and an understanding of cultural needs, but also as expensive, impractical and with limited opportunities for sharing expertise. Generic services were perceived as equated with 'mainstream' services, with implications of longevity and funding by statutory commissioners as part of their core service provision. The balance of opinion was that specialist services could have an important complementary role.
- The disadvantages of successful specialist services are pointed out in a literature review by Fountain et al. (2003). The authors cite commentators who argue that mainstream providers may see specialist services as a justification for not developing their own service responses to ensure that they cater for minority ethnic populations.
- From a study conducted by community organisations with a total sample of 5751 minority ethnic people, Fountain and Hicks (2010) report that the provision of separate mainstream treatment services for minority ethnic people was very rarely suggested as a solution to services' lack of cultural competence:

⁽²³⁾ Finland, Hungary, Latvia, Malta, Portugal, Turkey.

⁽²⁴⁾ Cyprus, Estonia, Lithuania, Luxembourg, Norway, Poland, Slovakia. In addition, information from Bulgaria, Italy, Romania, Slovenia and Spain was provided only in the questionnaire that was completed for a multi-country project (33).

'Rather, the study participants and the community organisations wanted existing mainstream, generic services to heed their recommendations for increasing their cultural competence, especially concerning a greater involvement of community organisations and community members in planning, commissioning and delivering services' (p. 118).

Voice4Change England and NAVCA (2012, p. 4) point out that specialist services have developed in response to the 'historic failure' of generic services to meet the needs of minority ethnic populations:

'[Specialist services] provide services sensitive to cultural, religious and linguistic needs that generic services often overlook and reach communities that other providers label "hard to reach".'

The authors continue that in the current economic climate, commissioners may see the most efficient way of providing services is 'to fund a mainstream service and neglect specialist provision' (p. 4), but caution against this strategy:

'Rather than create a "one size fits all" or a "one organisation fits all" approach, mainstreaming should recognise that no single organisation can be all things to all people, but that there is value in a diverse civil society where organisations are able to work together towards shared goals ... [specialist services] can inform the policies and activities of generic providers to better develop their programmes in a responsive and cost effective manner. This has been evidenced through larger generic providers utilising small organisations' (p. 5).

The pertinent issue here is the extent to which generic services provide a culturally competent service that operates effectively in different cultural contexts so that the needs of all members of their target population, whatever their ethnicity, can be met by equitable access, experience, and outcome. This is particularly relevant as the range and diversity of minority ethnic populations establishing themselves across the European Union is increasing, which 'creates new challenges for health systems, which have to adapt in order to remain responsive' (Rechel et al., 2011, p. 3).

7. Cultural competence

This section briefly discusses the concept of cultural competence (or sensitivity or appropriateness) and then goes on to present the issues raised on this theme by the completed questionnaires.

As Brotherhood and Sumnall (2011, p. 145) point out in a manual on drug prevention quality standards:

'Cultural sensitivity ensures that the intervention is appealing to, and therefore more likely to be effective with, the target population. Lack of cultural sensitivity may be a barrier to recruiting and retaining participants... For example, signs within the venue of the intervention and intervention materials should be easily understood by the target population and the content of the intervention should be culturally relevant (e.g. informed by knowledge of drug-related cultural norms and practices).'

Whether services are generic or specialist, their perceived or actual lack of cultural competence is a recurring theme in studies investigating the barriers members of minority ethnic populations face to drug service access, including drug prevention interventions. Many examples are provided in the European overviews by, for example, the EMCDDA (2000a, 2002a) and WHO (2010).

Guidelines to develop services' cultural competency include UNODC (2004); Domenig (2007); Brotherhood and Sumnall (2011) and Fedorova (2012). Bashford (2010) presents a basic framework for cultural competency, pointing out that 'there is little agreement over what it means and how it can be implemented' (p. 77). Bashford's framework illustrates that cultural competence is a sophisticated process, not merely a toolkit, a tick-box list of actions, nor a training course:

'It should be recognised that individual and organisational cultural competence are interdependent: one cannot be effective without the other. No matter how skilled or competent the individual, they require the support of the organisation in order to achieve effective cultural competence. Similarly, however well-developed an organisation's policies and procedures are, it will fail to meet the needs of a culturally diverse population without skilled and competent staff to carry them out.'

While health and social services may conduct some training around race, culture and diversity, it has been reported from the United Kingdom that the content of their training programmes varies considerably (Tamkin et al., 2002). Moreover, as Bhui et al. (2007, p. 14) point out, the diverse meanings of 'cultural competence' are often highly dependent on local contexts:

'Cultural competency of care and services may be proposed in quite diverse ways depending on the local context. This mandates the need for careful research and quality checks on what is proposed and implemented and applied.'

Although the questionnaire that was devised for this study did not directly ask about cultural competence, the responses demonstrate the considerable attention the drug prevention service providers give to this issue (although the responses detailed in the following box are not intended to comprise the entire range of the elements defining cultural competence, nor imply that they exist in isolation from each other or from the issues raised in other sections of this publication).

Addressing cultural competency

The degree of **engagement with the target populations during the preparatory stages** of an intervention is a significant factor in ensuring whether or not it is culturally competent and that it is not seen as something done *to* minority ethnic populations, but *with* them. The majority of the interventions fulfil the plea by Bhui et al., 2007 for research in the local context (summarised in the box on p. 14) to maximise cultural competence.

Three interventions ⁽¹⁾ include **cultural competence training** for the staff of agencies who come into contact with the target populations.

Fourteen interventions ⁽²⁾ reported that they **employ staff (and/or use volunteers) from the target population**. The literature on this issue (summarised, for example, by Fountain et al. 2003) reveals that the ethnicity of staff is more complex than simply employing staff from the same minority ethnic populations as the target populations: while it encourages some to engage with the intervention because they expect their culture to be understood, it deters others because of the fear that confidentiality will be breached and that staff from minority ethnic populations in which drug use is highly stigmatised will be unsympathetic to drug users. Others are indifferent to the ethnicity of staff, asking only that they are culturally competent.

The majority of the completed questionnaires reported that they variously address **language** by providing culturally sensitive materials, workshops and seminars in the languages of the target populations; use translators and interpreters; and employ staff and/or use volunteers who speak the languages of the target populations.

In minority ethnic communities where drug use is highly stigmatised and brings shame on the user, their family and their whole community, even **talking about drug use is taboo**. This issue is especially addressed by several of the interventions (although others also consider it). For example, two interventions ⁽³⁾ provide a telephone helpline and Internet forums where drug use can be discussed anonymously, and another holds workshops that combine drug education with education on other aspects of health ⁽⁴⁾. The provision of premises for the intervention in which the participants feel comfortable discussing drug use is reported by five interventions, and includes a contact shop/café where a range of advice, leisure and interest activities, and educational and employment opportunities can be accessed ⁽⁵⁾ and drug education sessions for Muslim women that are held in a mosque ⁽⁶⁾.

⁽¹⁾ 8, 10, 31

⁽²⁾ 1, 2, 4, 5, 8, 12, 13, 14, 16, 22, 23, 28, 29, 31

⁽³⁾ 13, 14

⁽⁴⁾ 1

⁽⁵⁾ 5

⁽⁶⁾ 21

8. Sustainability

In a discussion of drug prevention among vulnerable young people, Edmonds et al. (2005) point out that:

'Two years funding is unlikely to be sufficient for developing effective drug prevention interventions and convincing agencies to commit mainstream funding to support their continuation' (p. 4).

This study has shown that the comment by Edmonds et al. is realistic in terms of funding for many drug prevention interventions for minority ethnic populations. Funding is needed for more than simply the implementation of the intervention: it needs to cover the preparatory work (such as conducting a needs assessment, the time spent building up trust with the target populations, recruiting staff who speak the relevant languages, training peer educators), and an evaluation of the work.

Brotherhood and Sumnall (2011) also discuss the issue of inadequate funding for prevention programmes in a manual on drug prevention quality standards:

'Funding practices differ, but local or regional government funds are often the main source of income for drug prevention providers. However, these funds cannot always provide the long-term support that programmes need. They may also be earmarked for certain activities, thus limiting providers in what they can do. A dedicated strategy targeting different types of governmental and non-governmental funding maximises the chances of implementing and sustaining prevention work' (p. 57).

Short-term funding for drug prevention interventions for minority ethnic populations means that when they end, there is a risk that the learning and expertise acquired by those working on the intervention will be lost. It may also mean that the trust that has been built up with the target populations (and could benefit further work with them) will disappear. While the use of volunteers (including peer educators) can address shortfalls in funding and is undeniably valuable in terms of capacity building those who volunteer, it is clear that some of the interventions could not continue without their free labour.

The 33 interventions reported to this study were delivered by a variety of large and small service providers and NGOs, not all of which were directly concerned with drugs, and at least one of which was a voluntary organisation. The questionnaire asked them about funding, staffing and the length of the intervention, and their responses are shown in the box on page 23.

Funding, staffing and length of interventions

Funding

The 33 interventions reported a wide range of funding sources for their interventions (not all primarily concerned with drugs), including European Commission, national government, regional and local funding streams; various health, social and migration departments and organisations; and a national lottery's fund for projects that improve health, education and the environment. Several interventions had been allocated funds directly from the service providers' budgets.

Eleven ⁽¹⁾ of the questionnaires, including all seven from the United Kingdom, expressed concerns about funding to continue the intervention. Six of these (five from the United Kingdom) were due to end in 2012 or had already ended.

Staffing

The majority (28) of the 32 interventions that reported on staffing used workers from the service provider to work on the intervention, although these were not all employed on the intervention on a full-time, permanent basis. Thirteen used volunteers, and in three cases, volunteers were the only staff reported to be working on the intervention. Eight said staffing included 'members of the target community,' although it was unclear whether or not these were paid workers or volunteers. In addition, peer educators work on 10 of the interventions on a voluntary basis.

Of course, the number of people needed to work on an intervention is dependent on the work involved and varied widely among the 33 reported interventions. It is nevertheless worth noting that four interventions ⁽²⁾ (three of them in the United Kingdom) involved only one worker from the service provider. In three cases, this worker worked alongside volunteers and members of the target population; in another, the worker was the only person reported to be working on the intervention; and in another, the worker worked on the intervention only on a half-time basis. The implications for these interventions if the sole worker from the service provider leaves, or is off work for holidays, illness, etc. are a cause for concern.

Ten of the interventions ⁽³⁾ train and support members of the target populations to be **peer educators** and a further four ⁽⁴⁾ **train community members** to enable them to implement the intervention themselves in the future.

Length of interventions

The study's questionnaire asked for details of prevention interventions for minority ethnic populations that were current, or had not ended before 2010.

Fifteen of the interventions have no end date and had been ongoing for periods ranging from 1–25 years (although most of them began after 2002).

Of the remaining 18 interventions, three were planned to last for less than one year; seven for between one and two years; five for between two and three years; and three for four, five and six years.

Almost half (16) of the reported interventions are no longer operating or will end before or during 2013. These include six of the 11 interventions reported from Germany and five of the seven from the United Kingdom.

⁽¹⁾ 11, 22, 23, 25, 26, 27, 28, 29, 30, 31, 32

⁽²⁾ 2, 29, 30, 32

⁽³⁾ 1, 3, 8, 9, 10, 11, 12, 22, 28, 32

⁽⁴⁾ 8, 25, 28, 32

9. Monitoring and evaluation

There are many relevant publications and websites concerned with monitoring and, especially, evaluation, including those produced by the Correlation network for social inclusion and health ⁽²⁵⁾; the EMCDDA (2000b, 2001, 2012a), the Pompidou Group (Uhl et al., 2010), and the UNODC ⁽²⁶⁾. This section presents the monitoring and evaluation undertaken by the interventions that were reported to this study, and focuses especially on the issues surrounding ethnic monitoring. It also outlines the successes and challenges reported by the interventions.

The box below summarises the information concerning monitoring and evaluation of the interventions that were reported to this study.

Monitoring and evaluation

It is clear from the completed questionnaires that some degree of **monitoring** is conducted by all the interventions (other than the two that were not yet fully operational ⁽¹⁾), as they provide statistics on their activities, the numbers of the target populations reached (see box p. 16), and, in most cases, their ethnicity (see box p. 26).

Internal evaluations had been conducted by 11 interventions ⁽²⁾ and 10 ⁽³⁾ reported **external evaluations**. Three interventions ⁽⁴⁾ reported that evaluations were planned for the future.

Although not specifically asked, six questionnaires ⁽⁵⁾ reported that the results of monitoring and evaluation are used to inform the further development of the interventions.

⁽¹⁾ 2, 33

⁽²⁾ 3, 4, 9, 11, 12, 21, 23, 25, 26, 27, 28

⁽³⁾ 1, 6, 8, 10, 13, 14, 15, 22, 25, 32

⁽⁴⁾ 2, 17, 33

⁽⁵⁾ 7, 15, 22, 25, 29, 32

Ethnic monitoring

The European Commission against Racism and Intolerance (ECRI) (Simon, 2007) undertook a consultation process on the issue of ethnic monitoring, which included a questionnaire sent to the appropriate organisations of 46 Council of Europe Member States; a consultation meeting with international non-governmental organisations; a seminar with national specialised bodies to combat racism and racial discrimination; and case studies of France, Germany, Hungary and the United Kingdom.

⁽²⁵⁾ http://www.peerinvolvement.eu/images/pdfs/monitoring_evaluation.pdf

⁽²⁶⁾ <http://www.unodc.org/unodc/en/evaluation/evaluation-step-by-step.html>

ECRI believes that:

'... the collection of ethnic data is a beneficial instrument for shaping sound policies against racism and racial discrimination and for promoting equal opportunities. This data can provide baseline information on the situation of minority groups, which will then form the basis for social policies and later help in evaluating their progress. Collecting ethnic data helps to monitor discrimination and the implementation of anti-discrimination policies that have been put in place by governments. It also serves to assess whether these policies are effective, so that any necessary changes and adjustments may be made.

However, ECRI is also aware of the reluctance which surrounds the issue of ethnic data collection. Among the various types of data to be collected, there are different levels of consensus among the Member States. The issue of using ethnicity as an analytic or even simply descriptive category is far from being clear-cut in a number of Member States, and the ideological and ethical aspects which lead to different approaches in different Member States should therefore be taken into consideration. Lastly, some laws concerning the protection of data are sometimes wrongly interpreted as being insurmountable obstacles to ethnic data collection' (Simon, 2007, p. 3).

As discussed in section 4 in terms of the lack of data on the ethnicity of drug users and drug service clients, some of the countries included in this study do not conduct ethnic monitoring. The reasons for this include the 'sensitive' nature of collecting such information, especially when it may stigmatise minority ethnic populations:

'In the case of substance abuse, people often conveniently blame "foreigners", "outsiders" or generic "others" for the spread of drugs and associated social problems' (UNODC, 2004, p. 52).

While such policies, or, as Burkhart et al. (2011, p. 451) argue, 'political correctness', may be well-meaning, they hamper the planning and implementation of interventions specifically targeting minority ethnic populations. This echoes findings from a study conducted over a decade ago across the first 15 European Union countries (EMCDDA, 2002b), which reported that, overall, drug use amongst minority ethnic populations was under-researched, unacknowledged, ignored, unrecognised, or hidden by some policymakers, drug researchers, drug service planners and commissioners, and by some members of some minority ethnic populations themselves. The reasons for this also apply to a lack ethnic monitoring and:

'... include a fear of accusations of racism by drawing attention to drug use in these communities, and a desire to avoid increasing stigmatisation of them. This stance is misguided. Ignoring or hiding a problem does not make it disappear: it must be confronted in order that appropriate responses can be developed. Many BME [Black and

minority ethnic] groups are already stigmatised as drug users or dealers, yet refusing to accept that this behaviour may occur amongst them does nothing to decrease the stigmatisation, and obstructs consideration of their drug service needs by policymakers and service planners and commissioners' (EMCDDA, 2002b, p. 8).

Ethnic monitoring raises several further issues:

- Ethnic monitoring provides only the ethnicity of those monitored: results should not be used to indicate behavioural patterns, socio-economic status, propensity for drug use, country of birth, migration patterns, etc.
- Consistent, coordinated ethnic monitoring, based on a common set of classifications, is a reliable instrument to measure drug use and drug service use and non-use according to ethnicity.
- Generic services need to conduct ethnic monitoring to demonstrate that they are catering for all members of a population regardless of ethnicity, and that no ethnic population is under- or over-represented among their service users.
- Ethnic monitoring is a futile exercise unless the information it provides is acted upon. Analysis of the results of ethnic monitoring from drug surveys provides data to assess needs and to track changes in drug-using patterns, and provides data to inform drug services. Ethnic monitoring of drug service clients provides data for planning improvements to the quality of service provision (including equitable access, experience, and outcome, and more equitable allocation of resources), evaluating changes in uptake, identifying gaps in provision, and measuring improvements.

The box below summarises the information on ethnic monitoring provided by this study's completed questionnaires.

Ethnic monitoring

This study's questionnaire asked service providers to list the minority ethnic populations their intervention targeted and how many of each it had been delivered to. Two interventions had not yet begun to deliver their interventions and could not provide details, and three were vague about which ethnic groups they had reached (reporting, for instance, 'asylum seekers' rather than ethnicity). Eight interventions targeted only one ethnic group, so the question was unproblematic. The remaining 20 questionnaires gave details (in many cases very precisely) of the ethnicity of the interventions' participants.

Successes and challenges

In addition to asking for details of any evaluation of the intervention, the questionnaire also asked respondents to report its successes (see box on p. 27 – Successes) and challenges (see box on p. 27 – Challenges). The many different issues they reported reflect the interventions' differing aims and objectives. The details that were provided on the results of monitoring, evaluation, and the interventions' successes showed that the preparatory work had been successful and that the aims of the interventions had been met.

Successes

As the interventions had differing aims and objectives, the reported successful elements also varied considerably, although the most common was the achievement of cultural competence (by 15 interventions) ⁽¹⁾, especially in terms of providing the interventions in the languages used by the target populations. Other successes reported by two or more of the interventions include:

- Collaboration with, and involvement in the intervention by a variety of statutory and voluntary agencies, such as schools, housing, education, employment and a range of health services (including other drug services)
- Overcoming the taboo on talking about drug use within the target populations
- Capacity-building the target population by training, employment and volunteering
- Combining the issue of drugs with other issues and activities
- Employment of community members
- Provision of childcare during sessions for parents
- The creation of a 'safe space' to deliver the intervention
- Delivery at times that fitted with the target populations' lifestyles

⁽¹⁾ 4, 5, 6, 9, 11, 12, 13, 15, 16, 17, 21, 23, 28, 29, 31

Challenges

The reported challenges were even more specific to the individual interventions than the successes, with over half of the issues reported in only one questionnaire. The exception is funding to continue and/or develop the intervention, which was cited as a challenge by a third of the interventions (see box on p. 23). Other challenges include:

- Overcoming the taboo on talking about drugs and allaying suspicions about information being passed to the police
- Irregular participation in the intervention by some members of the target populations
- Accommodating the number of mother-tongue languages used by the target populations
- The hard work and time required by the workers to build up trust of themselves and the intervention within the target populations' communities. In one city ⁽¹⁾, this was especially the case because of recent overt racism (including racist attacks).
- Acquiring proactive support from, and collaboration with statutory and voluntary agencies
- Initial opposition to the intervention by some members of the target population was reported in one questionnaire ⁽²⁾
- One questionnaire ⁽³⁾ reported that a better needs assessment should have been conducted as a need for the intervention by one of the target populations was incorrectly assumed
- Racism and stereotyping between the different minority ethnic populations participating in the intervention

⁽¹⁾ 17

⁽²⁾ 1 (by 'fundamentalists' within the target population)

⁽³⁾ 13 (this intervention comprises a telephone hotline targeting three minority ethnic populations, but very few members of one of them had accessed it)

10. Establishing and maintaining a database of drug prevention interventions for minority ethnic populations

This study was commissioned by the EMCDDA as part of its work to monitor the achievement of action 20 of the European action plan 2009–12 ⁽²⁷⁾ that required Member States ‘to develop, as appropriate, services for minorities, including, for example, migrants’. During 2013–15, the EMCDDA (2012b) will continue to provide descriptive analysis of the availability of universal, selected and indicated ⁽²⁸⁾ drug prevention interventions, but is changing elements of how demand reduction responses are monitored, placing greater emphasis on environmental prevention ⁽²⁹⁾ and early prevention ⁽³⁰⁾ and:

We will bring together the EMCDDA’s work across prevention in a new state-of-the-art scientific review that will consider the latest understanding of risk factors for developing drug problems and how they inform the responses agenda (p. 29).

In addition, the EMCDDA will ‘continue to prioritise our work to identify effective practice and encourage the sharing of information on ‘what works’ (p. 29); collate examples of high-quality interventions; and provide up-to-date Prevention profiles.

The results of this study will inform the EMCDDA’s plans for 2013–15 in terms of monitoring drug prevention interventions, particularly in three areas: data collection, design and quality, and the dissemination of knowledge.

Data collection

- The EMCDDA gathers data from 30 countries, with different cultures of information gathering, reporting and dissemination. As Burkhart et al. (2011) point out in a paper examining responses to vulnerability to problematic drug use, using monitoring data reported to the EMCDDA by designated agencies in these countries:

‘... not all EMCDDA reporting countries reported data, and those who reported may have under-reported due to lack of access to all information on existing interventions, or over-reported due to, for

⁽²⁷⁾ http://ec.europa.eu/ead/docs/action_plan/anti-drug_v12_EN.PDF

⁽²⁸⁾ Definitions available at <http://www.emcdda.europa.eu/country-data/prevention/2011/about>

⁽²⁹⁾ The EMCDDA will develop analysis on environmental prevention factors by analyses of social norms, school climate and parenting conducted and results integrated in prevention profiles, and by cross-analysis of indicators on social norms, alcohol and prevention policies (EMCDDA, 2012b).

⁽³⁰⁾ The EMCDDA will provide updated information on early intervention by an evidence review on brief interventions for new target groups and updating and expanding the Prevention profiles and Best practice portal (EMCDDA, 2012b).

example, political pressure ... Furthermore, the attention given to vulnerable groups both in drug policies and in intervention provision is not standardised or uniform, and there is almost no reporting country with a standardised or uniform response pattern to vulnerability, especially not towards all vulnerable groups' (p. 452).

Burkart et al. accept that attempts at standardisation 'may be difficult' (p. 452), and Bhopal (2012) discusses this issue in terms of ethnic monitoring:

'Country of birth is widely used as a substitute for migrant and ethnic group and while it is not ideal, it offers a pragmatic short-medium term route to progress as high quality, complete, migrant status, and ethnic group coding in routine information systems is not imminent (with the exception of the UK)' (p. 169).

Bhopal's concern is reflected in the findings of this study: sections 4 and 9 show that, at national level at least, very few countries conduct thorough ethnic monitoring of drug prevalence survey respondents and drug service clients. Most are therefore unable to demonstrate the vulnerability of members of minority ethnic populations to drug use and problematic use and that drug services (especially generic services) are meeting these needs.

- The 33 interventions reported to this study not only comprised a wide variety of actions, but they were delivered by a variety of large and small service providers and NGOs, not all of which were directly concerned with drugs, and at least one of which was a voluntary organisation. This situation has implications for the construction of a database of drug prevention interventions for minority ethnic populations, because the work of small NGOs and voluntary/community organisations may be unknown to those tasked with collecting data for the EMCDDA.
- As noted in section 3, this study's questionnaire was in English only and although this was probably not a problem for the original recipients, it would have become one if they passed it on to service providers who do not understand English: a third of the responses came from Germany, and the reasons for this may include that the questionnaire was translated into German and the responses into English ⁽³¹⁾. If a comprehensive database of drug prevention interventions for minority ethnic populations is to be established and maintained, this aspect of data collection needs to be addressed.

⁽³¹⁾ Diana Hammes, Bundeszentrale für gesundheitliche Aufklärung (BZgA), is gratefully thanked for these translations.

Design and quality of drug prevention interventions

The rationale for the need for a manual on European drug prevention quality standards argues that:

The overall predominance of interventions in Europe that lack, or have only a weak, evidence base, as well as the weak implementation of prevention in general are striking ... effectiveness can only be achieved through correct implementation of prevention activities with evidence-based components. Even well-intended and well-planned interventions can have harmful instead of preventive effects ... For these reasons, standards and their reinforcement through funding requirements are not only needed to improve the effectiveness of prevention but, above all, they are ethically necessary to guarantee that no harm is done through preventive interventions, which in most cases have not even been asked for by the target population.

The quality and evidence base of prevention is rarely subject to control or quality-conditioned funding. Nevertheless, the need to improve prevention is increasingly recognised in Europe ... The available [in 2009] guidance varied in terms of its content, methodological rigour, and applicability beyond the regional or national context ... It was also not clear to what extent internationally available guidance was relevant to drug prevention in Europe, and how it could be adapted to the European context' (Brotherhood and Sumnall, 2011, p. 43).

As discussed in section 4, the respondents to this study reported that local needs assessments provided the most useful data on the drug use and drug prevention needs of targeted minority ethnic and/or socially excluded populations. Although centred around mitigating the risks that socially excluded minority ethnic populations face in terms of drug use and problematic use, a wide variety of actions to address these needs were reported. These consisted of elements of established drug prevention interventions, which, in many cases, were adapted to meet the specific needs of the target minority ethnic populations (section 5). This finding may be explained as the response to consultation on needs with the local target populations, but also because the service providers may be unaware of much of the literature, including guidelines and manuals (especially if they are in English only), that could assist them in planning and implementing their interventions.

The details that the completed questionnaires provided on monitoring and evaluation, and on their successes and challenges (section 9) showed that the preparatory work was successful, and that the aims of the interventions had been met, especially in terms of cultural competence. However, the quality of the monitoring and evaluations is unknown.

Dissemination of knowledge

This publication gives details of 33 drug prevention interventions for minority ethnic populations, conducted across 11 European countries, and these case studies and the issues they raise may be helpful for countries that want to introduce or improve such interventions.

Although 15 of the interventions reported to this study are ongoing and have no end date, 10 were planned to last for less than two years and 16 are no longer operating or will end before or during 2013. Short-term funding means that when interventions end, there is a risk that the learning and expertise acquired by those working on them will be lost. The implications for a database of such interventions are that it will need regular updating.

The findings from this study suggest that those who plan, commission and provide drug prevention services (generic or specialist) to minority ethnic populations would benefit from learning more about 'what works' from the relevant academic papers, manuals, guidelines and evaluations, in order that they do not have to 'reinvent the wheel' completely, although it appears some local research is also necessary.

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Author: Jane Fountain, Emeritus Professor, University of Central Lancashire, Preston, UK.

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Appendix 1. Questionnaire

Questionnaire for services providing drug prevention interventions to ethnic minority/migrant/immigrant populations

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is monitoring the achievement of action 20 of the European Union drugs action plan 2009–12 that requires Member States 'to develop, as appropriate, services for minorities, including, for example, migrants'.

However, the information available on prevention services for ethnic minorities/migrants/immigrants and also on the operation and content of their interventions is patchy and incomplete. As a consequence, it is hard to assess how services for these vulnerable groups respond to their needs.

The EMCDDA has some information based on ratings by national experts and this project will add to it by using information from the attached questionnaire to:

- map existing services;
- present a typology of the kind of selective prevention interventions they are offering;
- and give an assessment of the contents of these interventions ⁽³²⁾.

The criteria for a prevention intervention to be included in the project are prevention interventions for minority ethnic/migrant/immigrant populations using interpersonal interaction such as parents' training, 'Tupperware party' concepts to involve women at home, life skills training, specific youth work, motivational interviewing, brief interventions and other, more sophisticated interventions.

Please complete the questionnaire so that your prevention intervention can be included in the project's final report.

This project has been sub-contracted to Professor Jane Fountain. If you have any queries about the questionnaire, please do not hesitate to contact her at [janefountainresearch@gmail.com](mailto:jane fountainresearch@gmail.com)

Before you begin, we need to make sure that your prevention intervention fits the criteria for inclusion in this project, so please answer the questions below.

If you answer 'yes' to ANY of the following questions, please do not complete the questionnaire.

- Did the intervention end before 2010?

yes no

⁽³²⁾ As discussed in section 3, these original aims of the study were changed because only 33 completed questionnaires were received.

- Does the intervention consist ONLY of a drugs information and awareness-raising campaign or leaflet distribution?
 yes no
- Does the intervention consist ONLY of drug treatment?
 yes no
- Does the intervention target ONLY drug-addicted individuals, providing, for example, support, shelter and harm reduction equipment?
 yes no
- Does the intervention consist ONLY of work inside prisons?
 yes no

If you answer 'no' to ANY of the following questions, please do not complete the questionnaire.

- Does the prevention intervention (or at least a part of it) provided by your service specifically target ethnic minority populations/migrants?
 yes no
- Has the intervention been delivered at more than 3 sessions/events?
 yes no
- Has the prevention intervention programme lasted for more than 2 weeks?
 yes no

Please complete the following questions as fully as possible

If you are reporting different drug prevention interventions delivered by the same service,
please make copies of the questionnaire and complete a separate one for each

1. Name of the service delivering the prevention intervention

.....
.....

2. Name of the prevention intervention

.....
.....
.....

3. Country and town/city where the intervention is delivered

.....
.....

4. Is any part of the intervention delivered online?

yes

no

If yes, what is the website address?

5. How long does/did the intervention last?

(for example, 4 weeks, 2 months, 1 year)

6. In what year did the prevention intervention begin?

7. If it has ended, in what year did it end?

8. On the page overleaf, please give more details about what the prevention intervention that you named in question 2 actually does, including its rationale, aims, actions (that is, what the intervention actually does), duration, successes and challenges. Use extra pages if necessary.

A hypothetical example of the sort of information we are looking for:

Rationale

Problems among Moroccan adolescent boys surrounding drug use and addiction are more severe compared with other groups. The family is one of the most important influencing factors of adolescent behaviour (the second one for this age group is peers). To help prevent drug use it is necessary to enable discussion about the issue between young people and their families, and within the Moroccan community. However, there is a cultural taboo on talking about drug use because of the stigma and shame it attracts within the community.

Aims of the project

To enhance discussions of drugs among Moroccan families and young people living in disadvantaged neighbourhoods and to create a negative attitude towards drug use in order to prevent use among young people.

Actions

- Recruitment of two Moroccan community members to work on the project and to assist the rest of the team with access to the community, language, cultural norms, etc.
- Engagement with Moroccan community/interest groups.
- Discussions and stalls about drugs at Moroccan community events.
- Production of an advice and support leaflet in Arabic and Berber.
- Workshops at parents' groups, parents' meetings, and for young people at youth clubs and sports centres.
- A one-day course on drugs organised by Moroccan community/interest groups.
- Discussions at gatherings of women.
- Information in the media accessed by Moroccans.
- Theme days/weeks around health and including drugs.
- One-to-one interviews with adults and young people.

Duration of project

One year.

What made the prevention intervention successful?

- The project drew the Moroccan community's attention to drug use and educated them on the relevant issues. The result was that they were more prepared to discuss drug use and how they could prevent it.
- Combining drug education with general health education proved successful in attracting people to workshops.
- Using Moroccan workers and engagement with Moroccan community/interest groups greatly helped to overcome language and cultural barriers to participation in the intervention's activities.

What were the major challenges?

- The stigma of drug use meant that, initially, community members were very suspicious about why the issue was being discussed, including whether their involvement would lead to the police being informed. It took more time and hard work than anticipated to build up trust.
 - Religious leaders were extremely reluctant to engage with the project, claiming that Muslims would never use drugs.
-

9. Has your prevention intervention been evaluated?

yes

no

If yes, who/which organisation conducted the evaluation?

.....

Please describe the major results of the evaluation in the space below. Use extra pages if necessary.

A hypothetical example (to continue with the example in question 8):

The evaluation of this programme as a whole found that its outcome had been good in terms of creating and maintaining, in the long term, a negative attitude towards drugs among young people, increasing knowledge about drugs among young people and adults, drawing attention to the drugs issue, and mobilising local communities against drugs.

Appreciation of the educational aspects of the intervention: almost all Moroccan parents stressed the importance of these sessions especially because they were organised by Moroccan community/interest groups and targeted parents. Women were more positive than men and females were more inclined to recommend the course to other parents than to male participants.

A comparison of answers of participants and non-participants (control group) showed that attitudes towards drugs became somewhat more progressive after the course. Parents were also inclined to speak more freely about these matters than non-participant parents. The proposition 'talking about drugs leads to shame and stigma' was confirmed by 53 % of the non-participants and by 12 % of the participants. Participants expressed a need to continue with the educational aspects in the future, providing that they are again organised by Moroccan organisations.

10. How is your prevention intervention work funded?

.....

.....

.....

11. Who delivers the intervention?

Tick as many boxes as appropriate

- The service's paid workers. How many?
- The service's unpaid volunteers. How many?
- Members of the target community How many?
- A self-help group. How many?
- Other (please write in your answer)
-
-

12. In the first column, write in which minority ethnic/migrant/immigrant population(s) are targeted by the prevention intervention.

How many of each population has the intervention been delivered to from when it began until the present? Write the number in the second column.

| Target minority ethnic/migrant/immigrant population | Number delivered to |
|---|---------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

13. When planning the prevention work with the minority ethnic/migrant/immigrant populations you listed in question 12, how did your service ensure that it responded to their needs?
for example: consultations with community members, copying other services' activities, literature review

.....

.....

.....

.....

.....
.....
.....
.....

14. Please use the space below to give any other information about the prevention intervention that you think would be useful. Use extra pages if necessary

15. Who should we contact if we want to find out more about the prevention intervention that you have described in this questionnaire?
(It would be helpful if this person can speak/write in English)

Name.....

Position in the service

Full postal address

.....

Telephone number.....

email address.....

Website

Please provide the contact details of the person who completed this questionnaire

Your name

Your email address.....

Many thanks for taking the time to complete this questionnaire

Completed questionnaires should be returned to Professor Jane Fountain by email to jane fountainresearch@gmail.com

Appendix 2

Provision of prevention interventions for minority ethnic populations: comparison between the EMCDDA's Prevention profiles and responses to the current study

The EMCDDA's Prevention profiles ⁽³³⁾ include data on prevention measures targeting:

- **immigrants** who have recently arrived in the country and may be striving to adapt culturally and economically;
- **ethnic groups** that have lived for more than one generation (or much longer) in a country while preserving their own identity, norms, values and language; and
- **marginalised ethnic families** whose migration background obstructs social integration into the local community.

In Table 1, the data on the above targeted groups are summarised and compared with responses to the completed questionnaires from the current study. This comparison is discussed in section 3.

⁽³³⁾ <http://www.emcdda.europa.eu/country-data/prevention/2011/about>

Table 1. Provision of prevention interventions for minority ethnic populations: comparison between the EMCDDA's Prevention profiles and the current study

| | Information from Reitox network experts on level of provision ⁽¹⁾ of prevention measures for: | | | | Current study |
|-----------------|--|---------------|------------------------------|---|--|
| | immigrants | ethnic groups | marginalised ethnic families | experts' comments ⁽²⁾ | Completed questionnaires ⁽³⁾ N |
| Austria | rare | rare | rare | In Lower Austria (the largest state of the nine states in Austria), a model for integration has been developed, which is reflected in social policies there. 'Go structures', especially outreach work for young people in public places, often contact migrants and 'come structures', especially youth centres, are also used by many young migrants. | 1 |
| Belgium | limited | rare | limited | Some projects target immigrants and minority ethnic groups, but they are not mentioned in drug policies in order not to stigmatise and denounce them. Tupperware-style home parties are used to access marginalised minority ethnic families. | 1 |
| Bulgaria | limited | extensive | rare | no comments | 0 but included in the multi-country intervention (Appendix 3, questionnaire No 33) |
| Croatia | none | extensive | limited | Within the social care system, experts work with immigrants on the prevention of various risk behaviours, although not specifically on addiction prevention. The National Programme for Roma People implements numerous activities aimed to prevent risk behaviours and addiction among this population. Activities are most often handled by Social Care Centres and NGOs. Prevention activities aimed at marginalised ethnic families are provided by the National Programme for Roma People, the law on Areas of Special State Care, and the law on Status of Exiles and Refugees. | 1 |

⁽¹⁾ The EMCDDA's categories to describe the level of provision are: no provision; rare (provision in just a few relevant locations); limited (provision in more than a few — but not the majority — of relevant locations); extensive (provision in a majority of the relevant locations); full (provision in nearly all relevant locations). Further details at <http://www.emcdda.europa.eu/country-data/prevention/2011/about>

⁽²⁾ The Reitox national focal point experts had the opportunity to add comments

⁽³⁾ Total 32, excluding the multi-country intervention

| | Information from Reitox network experts on level of provision ⁽¹⁾ of prevention measures for: | | | | Current study |
|-----------------------|--|----------------|------------------------------|---|--|
| | immigrants | ethnic groups | marginalised ethnic families | experts' comments ⁽²⁾ | Completed questionnaires ⁽³⁾ N |
| Cyprus | extensive | extensive | none | <p>Interventions for immigrants and minority ethnic groups are predominantly provided through Educational Priority Zones, which include schools in designated high risk areas (those that are economically and socially deprived). The Ministry of Education and Culture implements prevention programmes to address the risk factors.</p> <p>In 2010, an intervention aimed at the Greek community living in Paphos district was planned by an NGO and submitted for review and approval by the Cyprus Anti-Drugs Council.</p> | 0 |
| Czech Republic | no information | limited | rare | no comments | 1 |
| Denmark | no information | no information | no information | no comments | 1 |
| Estonia | none | none | none | no comments | 0 |
| Finland | limited | extensive | extensive | <p>There are targeted services in cities where immigrant populations mainly live.</p> <p>Services and material are available for the largest ethnic minority groups in their languages and tailored to their cultures, such as the Sami, the Swedish-speaking minority, Russians and Roma people.</p> <p>There are projects in cities where marginalised ethnic families live.</p> | <p>0</p> <p>A representative of the Reitox Drug Monitoring Centre reported that there are no services fitting the criteria for inclusion in this study, as the target group 'are already considered in general drug programmes and ethnicity seems not to play a significant role in the planning of the programmes'.</p> |
| France | rare | none | no information | <p>Some segments of the immigrant population can be more specifically addressed by drug services when a specific drug problem is identified, such as African crack users in the north-east of Paris (in the 18th district). However, the cases remain rare and are not well-documented.</p> <p>The COMEDE network (Medical Committee for Exiles) was created 30 years ago in the Parisian region, to provide exiles with medical, social and psychological care. With regard to addictive behaviours, the COMEDE recommendations mainly focus on alcohol and tobacco (http://www.cnle.gouv.fr/Plan-de-cohesion-sociale-2005-2009.html).</p> | <p>0</p> <p>France was not included in this study, but was included in the multi-country intervention (Appendix 3, questionnaire No 33).</p> |

| | Information from Reitox network experts on level of provision ⁽¹⁾ of prevention measures for: | | | | Current study |
|----------------|--|---------------|------------------------------|---|--|
| | immigrants | ethnic groups | marginalised ethnic families | experts' comments ⁽²⁾ | Completed questionnaires ⁽³⁾ N |
| Germany | limited | limited | limited | no comments | 11 |
| Greece | rare | rare | rare | no comments | 3 |
| Hungary | none | limited | rare | no comments | 0 Three experts (including from the National Drug Prevention Coordination Unit and the Reitox national focal point) report there are no services fitting the criteria for inclusion in this study. |
| Ireland | rare | limited | limited | <p>The National Drug Strategy identifies 'new communities' (immigrants) as one of six target groups in terms of the need for research to assess the nature and extent of drug use among them.</p> <p>The National Drug Strategy identifies the Traveller Community as another target group. Interventions are delivered in both 'go structures' through outreach work and peer Traveller group visits and in 'come structures'. Traveller families are also targeted in the national drug strategy.</p> <p>It is acknowledged that some Travellers perceive/experience a double stigma when they present at drug services, so the numbers that do so are small according to data from the National Drug Treatment Reporting System.</p> | 2 |
| Italy | extensive | extensive | extensive | no comments | 0 but included in the multi-country intervention (Appendix 3, questionnaire No 33). |

| | Information from Reitox network experts on level of provision ⁽¹⁾ of prevention measures for: | | | | experts' comments ⁽²⁾ | Current study |
|--------------------|--|----------------|------------------------------|---|----------------------------------|---|
| | immigrants | ethnic groups | marginalised ethnic families | Completed questionnaires ⁽³⁾ N | | |
| Latvia | none | rare | rare | Several activities for the integration of Roma people are mentioned in the Latvian National Development Plan 2007–13. However, they focus mainly on the education and employment of this population. | 0 | A representative of the Reitox national focal point reports that there are no services fitting the criteria for inclusion in this study. |
| Lithuania | limited | limited | extensive | <p>If an immigrant has acquired the status of legal resident, they are entitled to the same services as all Lithuanians.</p> <p>Social support is provided without discrimination on grounds of sex, race, religion, age and ethnic origin or other differences.</p> <p>In 2008–10, a national programme for Roma Integration was implemented. Interventions are provided for the Roma community, mostly in the capital, Vilnius.</p> | 0 | |
| Luxembourg | extensive | extensive | limited | no comments | 0 | |
| Malta | no information | no information | no information | no comments | 0 | A representative of the National Coordinating Unit for Drugs and Alcohol reports that there are no services fitting the criteria for inclusion in this study. |
| Netherlands | limited | limited | limited | no comments | 1 | |
| Norway | limited | limited | limited | There is emphasis on immigrants or individuals with an immigrant background, but no separate culture-sensitive measures for these groups are in place, with the exception of a focus on the use and dealing of khat (in Oslo in particular). | 0 | |
| Poland | rare | rare | no information | no comments | 0 | |

| | Information from Reitox network experts on level of provision ⁽¹⁾ of prevention measures for: | | | | experts' comments ⁽²⁾ | Current study |
|-----------------|--|---------------|------------------------------|---|----------------------------------|--|
| | immigrants | ethnic groups | marginalised ethnic families | | | Completed questionnaires ⁽³⁾ N |
| Portugal | none | rare | no information | no comments | | 0 A representative of the Institute on Drugs and Drug Addiction reports that there are no services fitting the criteria for inclusion in this study. |
| Romania | limited | extensive | extensive | no comments | | 0 but included in the multi-country intervention (Appendix 3, questionnaire No 33). |
| Slovakia | rare | limited | limited | <p>Undocumented migrants who are discovered to be in Slovakia are held in special facilities where there are health and social services under the jurisdiction of the Ministry of Home/Interior).</p> <p>Legal immigrant residents form rather closed communities based on family relationships, and only children who regularly attend school can be reached by prevention programmes.</p> <p>Minority ethnic populations and families are not identified as such but under the terms 'vulnerable', 'socially marginalised', 'risk group'. One example is the Roma population who are targeted at home or in the streets by community nurses, social workers, health assistants as well as in community centres (the 'go structures' and 'come structures' approach is quite balanced).</p> <p>The education sector provides psychological and educational services for children through kindergarten, elementary and secondary schools, including help for small children who speak only the Roma language.</p> | | 0 |
| Slovenia | extensive | limited | limited | no comments | | 0 but included in the multi-country intervention (Appendix 3, questionnaire No 33). |

| | Information from Reitox network experts on level of provision ⁽¹⁾ of prevention measures for: | | | | experts' comments ⁽²⁾ | Current study |
|-----------------------|--|----------------|------------------------------|--|----------------------------------|---|
| | immigrants | ethnic groups | marginalised ethnic families | | | Completed questionnaires ⁽³⁾ N |
| Spain | limited | limited | limited | no comments | | 0 but included in the multi-country intervention (Appendix 3, questionnaire No 33). |
| Sweden | no information | no information | no information | In the Swedish national action plans to prevent the harmful effects of alcohol and narcotics, immigrants as a group are not mentioned, only the ethnic and cultural aspects of prevention interventions. | | 3 |
| Turkey | no information | no information | no information | no comments | | 0 A representative of the Turkish Monitoring Centre for Drugs and Drug Addiction reports that there are no services fitting the criteria for inclusion in this study. |
| United Kingdom | rare | limited | rare | <p>Local Authorities should have both a Children's Plan and a Young People's Treatment Plan, developed on the basis of local need and addressing specific issues faced by the different social and ethnic groups within the local area. These should be responsive to the patterns of drug use and problematic use amongst these groups. While immigrants are not explicitly mentioned within national drug policies, there is a clear expectation that local agencies base their service provision on a thorough needs assessment that includes them.</p> <p>The national drug strategy identifies that particular ethnic groups may be more or less vulnerable to different forms of problematic substance use.</p> <p>National indicator data on levels of substance use identifies differences across ethnic groups. In Scotland, several small research and action research projects have been carried out to illustrate the nature and extent of minority ethnic communities' knowledge and use of illicit drugs in order to increase knowledge, capacity and skills in this area.</p> | | 7 |

Appendix 3

The case studies

This appendix presents the information in the completed questionnaires. The English has been edited and in some cases, the service providers were contacted for clarifications and/or the submitted information has been summarised.

Between March and August 2012, a total of 32 completed questionnaires were returned from 11 countries and one from a multi-country project, managed from Italy:

- Austria** (1)
- Belgium** (1)
- Croatia** (1)
- Czech Republic** (1)
- Denmark** (1)
- Germany** (11)
- Greece** (3)
- Ireland** (2)
- Netherlands** (1)
- Sweden** (3)
- United Kingdom** (7)
- Multi-country project** (1)

No responses to the questionnaire were received from a total of 12 countries, including **Cyprus, Estonia, Lithuania, Luxembourg, Norway, Poland** and **Slovakia**. In addition, there were no responses from **Bulgaria, Italy, Romania, Slovenia** and **Spain** although the multi-country project, operates in these countries and in **France** (which was excluded from this project because the country has a 'colour-blind' model of public policy and not expected to have any services targeted exclusively at specific ethnic groups).

No services fitting the criteria for inclusion in this study were reported by experts (see Appendix 2) from six countries: **Finland, Hungary, Latvia, Malta, Portugal** and **Turkey**.

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| 1 AUSTRIA | <p>Service provider Supro – Werkstatt für Suchtprophylaxe</p> <p>Intervention ANABABA – çocuklarımızı güclendirelim</p> <p>Delivered in Vorarlberg</p> <p>ongoing since 2008</p> |
| CONTACT DETAILS | <p>Head of the Department of Addiction Prevention, Supro – Werkstatt für Suchtprophylaxe, Am Garnmarkt 1, 6840 Götzis, Österreich (43) 552 35 49 41 http://www.supro.at</p> |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | <p>The Turkish community's cultural taboo on talking about drug use because of stigma and shame was addressed by a workgroup of Turkish parents and adolescents to discuss possible actions and projects. Actions resulting from their discussions were:</p> <ul style="list-style-type: none"> Production by the workgroup of a short film and a leaflet (both in Turkish) as a basis for discussion. Training of several people from the Turkish community to moderate different four-hour workshops for different socio-economic Turkish groups. |
| STAFFING | 6 members of the target community |
| MINORITY ETHNIC POPULATIONS REACHED | <p>2008–March 2012:</p> <p>3 000 Turkish parents (1 035 workshop participants and via them, the issue was brought to the attention of another estimated 2 000 people of Turkish origin)</p> |
| HOW FUNDED | Co-funded by the FGÖ (Fonds Gesundes Österreich), the FGV (Fonds Gesundes Vorarlberg), and KIM (Kinder in die Mitte) |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATION | <p>The project was developed together with parents, adolescents and children from the Turkish community.</p> <p>Experts in the field were also consulted.</p> |
| SUCSESSES | <ul style="list-style-type: none"> • Engagement with parents, adolescents and children from the Turkish community to develop the project • The film has proved to be an effective initial input and basis for discussion • The workshops are organised from within the Turkish community and the trained moderators only moderate the process and do not act as experts: this supports the process of empowerment and self-efficacy • Combining general educational themes with health education and drug education has proved successful in attracting people to workshops • The workshops enhanced parents' awareness concerning the cultural taboo on talking about drug use because of stigma and shame, and lowered the barrier to seeking professional help at an early stage. |

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| CHALLENGES | <p>Some fundamentalist Turkish people were initially very reluctant to engage with the project.</p> <p>The production of the film was more complex than expected.</p> |
| EVALUATION | <p>An external evaluation was conducted by the University of Applied Studies Vorarlberg (Fachhochschule Vorarlberg): Fredersdorf, Frederic, Roux, et al. (2011), <i>ANABABA - Suchtprävention bei Eltern mit türkischem Migrationshintergrund - Gesamtbericht; Auswertung der quantitativen und qualitativen Evaluation des Suchtpräventionsworkshops, FH Vorarlberg, Dornbirn.</i></p> <p>The evaluation reported that:</p> <ul style="list-style-type: none">• The target group — parents of Turkish — origin were engaged• Parents' preconceived attitude towards drug issues and drug-related problems were changed in a significant way, especially who is responsible for drug-related problems and what parents can do to prevent the onset of drug use (or other addictions such as gambling)• Almost all the parents said that the workshops made them think about their behaviour towards their children and that a respectful and appreciative educational style is important• Parents watched the film and discussed it with other parents and adults, so the multiplier effect (adult peer education) is guaranteed• The attitude towards the drugs issue changed and the participants' barriers to seeking professional help at an early stage (despite the cultural taboo) were lowered• Participants expressed a need to continue with this project and similar projects in the future and they also wished to be informed about follow-up activities. |

2
BELGIUM

Service provider
Vereniging voor Alcohol- en andere Drugproblemen (coordinator) with CGG VAGGA, CAW Artevelde en CAD Limburg

Intervention
Pilot project drug prevention for ethnic minority youth

Delivered in
City of Antwerp, City of Ghent and Limburg province

September 2011–February 2013

| | |
|--|--|
| CONTACT DETAILS | VAD, Vanderlindenstraat 15, 1030 Brussels, Belgium (32) 242 30 35 9 http://www.vad.be |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | In Flanders, there is a great number of different ethnic minorities (especially Moroccan, Turkish, African, and ex-Soviet Union), but no systematic drug prevention approach for young minority ethnic people. To address this, a literature review was carried out, followed by a Rapid Assessment and Response (RAR), including input from the target groups, to assess drug problems among these groups and to develop possible solutions. Gambling is also being addressed in Ghent and the Limburg province. Prevention actions based on the RAR findings will then be carried out in the second half of 2012. Finally, in early 2013, the RAR guidelines will be edited based on the project's experiences. |
| STAFFING | 1 worker from the service provider (half-time) 3 members of the target communities (half-time) |
| MINORITY ETHNIC POPULATIONS REACHED | From July 2012, Moroccan and Turkish young people will be targeted (it is not possible to give a number at this stage). |
| HOW FUNDED | The Flemish government |
| ONLINE DELIVERY | No, but the later stages may include online delivery. |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATION | A basic element of the RAR method is to use input from the target group in order to develop the prevention interventions. |
| SUCCESSSES | The RAR guarantees that the developed actions are tailored towards the target group: in each of the 3 locations, 80 young people and 30 professionals were surveyed. |
| CHALLENGES | The major challenge for the project is to edit guidelines for the RAR so that they are easy for interested parties to use after the project is finished. |
| EVALUATION | Two evaluations are planned: a process evaluation of the RAR and an outcome evaluation of the prevention actions that were developed. |

3
CROATIA

Service provider
Roma Association Zagreb and Zagreb County

Intervention
Drugs, no thank you!

Delivered in
Peščenica, Zagreb

ongoing since 2005

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|---|---|
| CONTACT DETAILS | Udruga Roma Zagreb i Zagrebačke županije (Roma Association Zagreb and Zagreb County), Čemernička 17, 10 000 Zagreb, Croatia (385) 124 52 55 4 umrh@zg.t-com.hr http://www.umrh.hr |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | To address the social exclusion and the associated potential for risk behaviour, the project aims to improve the mental and physical health of young Roma people by running a one-year programme, twice a week, which: <ul style="list-style-type: none"> • Motivates programme participants to engage in peer education and drug prevention initiatives • Educates young people on the effects of drugs on their physical health and psychosocial development • Develops skills (e.g. with workshops on computers and the Internet, and sport and music sessions). |
| STAFFING | 4 workers from the service provider 1 volunteer |
| MINORITY ETHNIC POPULATIONS REACHED | 2005–March 2012: 30 Roma children and adolescents per year. |
| HOW FUNDED | City of Zagreb and Zagreb County |
| ONLINE DELIVERY | Yes http://www.umhr.hr |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | Consultations with community members (programme users, their parents, families and teachers, and local community members). |
| SUCCESSSES | No information |
| CHALLENGES | No information |
| EVALUATION | In 2010, the intervention was evaluated by internal evaluators using a questionnaire that was distributed to the programme participants: <ul style="list-style-type: none"> • Local community members and programme participants evaluated the intervention positively, especially its effect on the positive development (attitudes, habits, school success) and prosocial behaviours of Roma children and young people • Social exclusion, education about prevention and treatment of addictions, and different activities (such as workshops on computers and the Internet, sport and music sessions, and other activities) have been recognised as being very important, as young Roma people usually avoid such activities • Participants have achieved quality free time in a healthy community and with their peers. |

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| <p>4 CZECH REPUBLIC</p> | <p>Service provider Terenni programy SANANIM: Romský terénní programme</p> <p>Intervention Roma outreach focused on harm reduction and support in Roma families</p> <p>Delivered in Karlin, Liben and Zizkov, Prague</p> <p>Ongoing since 2003</p> |
| CONTACT DETAILS | <p>Programme chief, Ovčí hájek 2549/64a, Praha 13, 158 00, Czech Republic (420) 224 92 05 77 street@sananim.cz http://www.sananim.cz</p> |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | <p>The Roma population is at risk of problematic drug use and involvement in crime because of their social exclusion. Roma injecting drug users have limited knowledge harm reduction, risk taking, health problems associated with drug use, the spread of infectious diseases, etc. Even those who have this information are very conservative in their habits and copy the behaviour of other Roma injectors.</p> <p>In Roma society, there are far more taboos and myths about drug use and sex issues than in mainstream society. The closed Roma communities are difficult for non-Roma drug workers to access and work with.</p> <p>Families of Roma drug users are in a very difficult situation and have a minimum of information about drug use and drug services, but consulting with the family can motivate the drug user to enter treatment.</p> <p>The project aims to raise awareness among Roma injecting drug users and their families about the dangers and complications associated with drug use and injecting, including problems with housing, employment, education and debt, via:</p> <ul style="list-style-type: none"> • outreach work • individual casework • counselling, including motivation to change • crisis intervention • needle and syringe exchange • distribution of medical supplies • assistance with access to drug treatment <p>A profile of Roma injecting drug users has been built up using the project's experiences.</p> |
| STAFFING | <p>2 workers from the service provider 1 member of target community</p> |
| MINORITY ETHNIC POPULATIONS REACHED | <p>2003 to March 2012: 350 Roma injecting drug users and their families</p> |
| HOW FUNDED | <p>60 % from the state 40 % from the city administration</p> |
| ONLINE DELIVERY | <p>No</p> |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <p>The use of outreach workers who are Roma community members.</p> |

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| SUCSESSES | <p>The one-to-one approach using outreach workers who are Roma community members.</p> <p>Meeting the needs of Roma people while respecting the characteristics of their culture.</p> |
| CHALLENGES | <p>Accessing Roma drug users and encouraging them to change their behaviour.</p> |
| EVALUATION | <p>An internal evaluation reported that:</p> <ul style="list-style-type: none">• The number of clients who are problem drug users has remained stable• The number of sets of injecting equipment that have been distributed remains the same, but the number of exchanges has decreased. The long-term perspective is a positive trend: in the past, very few Roma clients exchanged more than three needles, but now many exchange between 10 and 20 pieces, thus reducing the risk of sharing because clean injecting paraphernalia is not available. This trend is evidenced by the significantly large decrease the number of exchanges• There is a slightly decreased number of non-drug users (mainly parents) using the service. This is due to the overload facing our Roma workers. Three parents were sent to SANANIM for family counselling. The most common issue resolved with parents is a question of living with a drug user: whether to support injecting drug users in the household, the threat of eviction if the home contains a drug user, and the taking over of the care of a drug user's children by parents or siblings• The number of Roma receiving counselling has remained stable. |

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| <p style="text-align: center;">5 DENMARK</p> | <p>Service provider Center for Misbrugsbehandling (Centre of Substance Abuse Treatment)</p> <p>Intervention lftiin project</p> <p>Delivered in Aarhus</p> <p>2008–12</p> |
| <p>CONTACT DETAILS</p> | <p>Head of Centre, Valdemarsgade 18 a, 8000 Aarhus C, Denmark (45) 029 20 44 75 vto@aarhus.dk http://www.cfm-aarhus.dk</p> |
| <p>SUMMARY OF RATIONALE, AIMS AND ACTIONS</p> | <p>A survey conducted in 2009 on khat use among Somalis living in Denmark reported that almost half of the men and 16 % of the women chewed khat regularly. These results emphasised the need for this intervention.</p> <p>In addition to their khat use, many also have other problems, including polydrug use and major social and psychological issues. The result is that many of the users have trouble functioning socially in relation to their families, the Somali community, and Danish society in general. They experience great barriers in regards to employment, language, knowledge of the system and Danish society in general.</p> <p>The project aims to offer help and treatment for Somali people who are addicted to khat; to prevent potential khat users from becoming addicted; and to address social exclusion by:</p> <ul style="list-style-type: none"> • Motivation courses: individual sessions that address khat (and other drug) use and the related problems, and motivates users to enter treatment • Treatment course: group sessions, primarily conversational therapy based on cognitive methods • Employment initiative: for those who are motivated and able to hold a regular job or a job with assistance • Drop-in clinic ('Gadeklinikken'): social and health service workers support and guide addicts and assist them in establishing a connection with the health care system; counselling; exercise classes; and communal meals • The Centre Base: for at-risk citizens which – in cooperation with the local psychiatric department – assists the project in providing support for homeless people • Counselling services for women: addressing khat use and problems with personal finances, social conditions, and parenting. |
| <p>STAFFING</p> | <p>22 workers from the Social Service Centre and the Centre of Substance Abuse Treatment</p> |
| <p>MINORITY ETHNIC POPULATIONS REACHED</p> | <p>2008–12: approx 200 Somalis</p> |
| <p>HOW FUNDED</p> | <p>Municipality of Aarhus</p> |
| <p>ONLINE DELIVERY</p> | <p>No</p> |

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| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | The project is the result of collaboration between the Social Service Centre, Centre of Substance Abuse Treatment Service, Employment Centre, police, and local Somali community organisations/clubs. |
| SUCCESES | <p>Problematic khat use among Somalis in Denmark often is related to a long list of problems of social, health, and mental character, and, as such, we are dealing with a group of citizens living under extreme pressure which the project has addressed through a coordinated and comprehensive effort, especially:</p> <ul style="list-style-type: none">• By using bicultural employees• Locating the treatment effort in the local community• The collaboration between volunteers, authorities, and individuals in the local community• Linking social activities and treatment services• Availability and flexibility regarding time and place for the service and treatment <p>Khat use in Denmark has not previously been mapped out, but the project has helped uncover new knowledge regarding patterns of use and acquiring experience of treatment.</p> |
| CHALLENGES | No information |
| EVALUATION | The Centre for Social Innovation (CSU) is responsible for conducting an evaluation. |

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| <p>6 GERMANY</p> | <p>Service provider Notdienst für Suchtmittelgefährdete und -abhängige Berlin e.V.</p> <p>Intervention Frauentreff Olga</p> <p>Delivered in Berlin</p> <p>Ongoing since 1987</p> |
| CONTACT DETAILS | <p>Frauentreff OLGA, Kurfürstenstr. 40, 10785 Berlin, Germany (49) 030 26 28 95 9 http://www.notdienstberlin.de</p> |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | <p>Work with female (including transgender) drug users and sex workers to create opportunities to leave (or survive) prostitution and stop using drugs:</p> <ul style="list-style-type: none"> • Street/outreach work • Condom distribution • A 'contact shop' and café providing: <ul style="list-style-type: none"> – intensive counselling – translators – HIV and hepatitis testing – needle and syringe exchange – healthy food – legal advice – general medical assistance and hospital referrals for a wide range of physical and mental illnesses, diseases and injuries, including emergencies – courses/projects on therapeutic art, knitting, sewing and fashion design, housekeeping, cookery, and gardening – police advice on violent sex clients and domestic violence – realistic advice and assistance on employment and continuing education opportunities for women wishing to leave prostitution |
| STAFFING | <p>6 workers from the service provider 4 volunteers</p> |
| MINORITY ETHNIC POPULATIONS REACHED | <p>In 2010, total approx 118:</p> <ul style="list-style-type: none"> approx 40 from Bulgaria approx 15 from Czech Republic approx 40 from Hungary approx 20 from Poland approx 3 from Romania |
| HOW FUNDED | <p>The City of Berlin funds HIV, hepatitis and STI prevention. Some donations are also received, particularly for medications.</p> |
| ONLINE DELIVERY | <p>No</p> |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <p>The women are asked what their needs are, including by the use of surveys and via mother-tongue translators.</p> |

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| SUCCESES | <ul style="list-style-type: none">• Help and consultation in different national languages (almost half of the women come from east European countries)• Every evening the service is open, 40–70 women attend (2010)• A very wide range of services and interest groups, many developed in response to the women's stated needs and interests• Access to the wide variety of services and interest groups (offered outside the women's working hours) is easy |
| CHALLENGES | No information |
| EVALUATION | Olga was scored as outstanding for good quality management by the external organisation SQ Cert GmbH, which checks the quality of institutions and organisations based on the Joint Quality PG System and other criteria, such as Grundlage der externen Prüfung ist das Paritätische Qualitätssystem PQ-Sys®. Zum Einsatz kommen auch andere Prüfverfahren, wie etwa Transparenz und Qualität in der Pflege (TQP). transparency and quality of care. |

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| <p>7 GERMANY</p> | <p>Service provider Diako Westthüringen gem. GmbH, Eisenach</p> <p>Intervention Gleich oder Anders oder Wie? (Alike or different or what?)</p> <p>Delivered in Wutha-Farnroda, Thuringia</p> <p>ongoing since 1998</p> |
| CONTACT DETAILS | <p>Head of Drug Advisory Service, Diako Westthüringen gGmbH, Suchtberatung Kompass, Wartburgallee 12, 99817 Eisenach, Germany (49) 369 17 56 10 http://www.diako-thuringen.de http://www.diako-thuringen.de/index.php?id=332</p> |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | <p>The average age of initiation into alcohol use in Germany is 13 and cannabis use among adolescents and young adults is widespread. Children and adolescents especially at risk of addictive substance use include those whose parents are separated, who do not have parental support, are migrants, and fear failure in school. The municipality of Wutha-Farnroda has more refugees and asylum seekers than in comparable residential areas. A children's club, 'The Nest', has been set up, where children of all ethnicities and backgrounds (including German) spend their leisure time with each other.</p> <p>The Nest developed the 'Gleich oder Anders oder Wie?' project, targeting children with a migration background, those who are social disadvantaged, and children of at-risk families. The project works intensively with 12 children per year on the following issues:</p> <ul style="list-style-type: none"> • Integration: my new home, home-away-from-home, I live here • Dealing with difficulties and conflicts: coping strategies • 'Drug use isn't an alternative': pleasure, abuse, addiction, exposure to legal and illegal drugs, and alternative leisure possibilities in the neighbourhood • Knowledge of the addiction services system in the neighbourhood |
| STAFFING | <p>2 workers from the service provider 1 volunteer</p> |
| MINORITY ETHNIC POPULATIONS REACHED | <p>1998–May 2012: 110 children aged 10–15 (approx 12 per year). Approx one third have a migration background, comprising mostly those from Russia and east Europe, especially the former Yugoslavia.</p> |
| HOW FUNDED | <p>The service provider funds their workers and other costs are funded by the municipality Wutha-Farnrod, Thuringia</p> |
| ONLINE DELIVERY | <p>No</p> |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <ul style="list-style-type: none"> • Inclusion of parents: parental evenings and the possibility of one-to-one conversations • Use of successful addiction prevention actions from other projects • Attendance of former participants at sessions • Ongoing revision and update of the concept |
| SUCCESSSES | <p>No information</p> |
| CHALLENGES | <p>No information</p> |
| EVALUATION | <p>No</p> |

8
GERMANY

Service provider

Stadt Leipzig, Gesundheitsamt, Drogenreferat/Suchtprävention in cooperation with Zentrum für Drogenhilfe und Suchtberatungs- und Behandlungsstelle Blaues Kreuz

Intervention

IKUSH – Interkulturelle Suchthilfe und Gesundheitsförderung

Delivered in

Leipzig

2½ years, 2009–12

CONTACT DETAILS

Suchtbeauftragte, Stadt Leipzig, Gesundheitsamt, Drogenreferat/Suchtprävention, 04092 Leipzig, Germany

(49) 341 12 33 76 1

<http://www.transver-sucht.de/index.php?id=15>

<http://www.leipzig.de/suchthilfe>

<http://www.leipzig.de/de/buerger/service/dienste/gesundheit/sucht/IKUSH-Interkulturelle-Suchthilfe-in-Leipzig-vom-Ehrenamt-zur-Profession-17412.shtml>

SUMMARY OF RATIONALE, AIMS AND ACTIONS

Migrants comprise 8 % of the population of Leipzig but are underrepresented as clients of drug counselling services and lack knowledge about drug services. The project therefore aims to:

- Provide prevention activities to migrants in Leipzig
- Increase the number of migrants in counselling services for addicted people
- Develop intercultural competencies among the staff of the counselling service.

These aims were met by:

- Training course on health- and drug-related themes for key members of services for migrants and of the different migrant communities in Leipzig (18 hours theoretical input, followed by a wide range of more practical topics): 14 people regularly participated
- 73 lectures on psychology (e.g. loneliness, mental disorders, resources); family (e.g. conflicts, strengthening children, adolescence); addiction (e.g. prevention of addiction, counselling services in Leipzig, co-addiction); coping with stress, depression, healthy living; and a training course for parents
- Support to the volunteers in developing and conducting their own prevention activities, consisting of:
 - lectures on different psychological issues
 - training for parents
 - sports activities for young asylum seekers
 - individual counselling on different topics: four volunteers offered a total of 880 hours of individual counselling in different settings: two Russian-speaking volunteers offered dates in counselling centres for migrants, and one Persian- and one Arabic-speaking volunteers offered their services mainly in the asylum centre
- Employment of Russian-, Persian- and Arabic-speaking professionals in three counselling services
- Training for workers on different intercultural topics (such as different understandings of addiction among different cultures, and diversity).

STAFFING

3 workers from the service provider

7 volunteers

10 members of the target communities

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| MINORITY ETHNIC POPULATIONS REACHED | <p>To July 2012, the project's participants were mainly Russian, but also Iranian and members of other minority ethnic populations:</p> <p>In total, the 73 lectures (49 in Russian and 24 in German) had a total of 1 035 participants from a variety of minority ethnic populations</p> <p>5–15 children attended 17 sports activities held in an asylum centre.</p> |
| HOW FUNDED | Through a Federal Health Office programme |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | Training members of the different communities and supporting them in realising their own ideas in their own settings. |
| SUCSESSES | <ul style="list-style-type: none"> • Cooperation with members of migrant communities • Highly motivated professionals • 7 of the 14 participants of the training course for parents became volunteers or contributed to the project's aims on a freelance base. Their professions before immigration to Germany were one Russian-speaking and one Persian-speaking psychologist; two engineers; one hospital nurse; one biologist; and one kindergarten teacher. Previously, all but one of them had not had the opportunity to work in their original professions since arriving in Germany. The other seven participants also contributed to the project occasionally. |
| CHALLENGES | No information |
| EVALUATION | An external evaluation conducted by HTWK University for Applied Sciences, Leipzig supplied the statistics on participation in the project that are detailed above. |

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| <p style="text-align: center;">9 GERMANY</p> | <p>Service Hamburgische Landesstelle für Suchtfragen e.V. Büro für Suchtprävention</p> <p>Intervention Herkunft-Ankunft-Zukunft project (Origin-Arrival-Destination project)</p> <p>Delivered in Hamburg</p> <p>ongoing since 2006</p> |
| <p>CONTACT DETAILS</p> | <p>Adviser for addiction prevention and cultural variety, Hamburgische Landesstelle für Suchtfragen e.V., Büro für Suchtprävention, Repsoldstraße 4, 20097 Hamburg, Germany (49) 402 84 99 18 24 http://www.sucht-hamburg.de http://www.sucht-hamburg.de/projekte/her-an-zukunft</p> |
| <p>SUMMARY OF RATIONALE, AIMS AND ACTIONS</p> | <p>28 % of the population in Hamburg have a migration background (http://www.statistik-nord.de). This cultural variety is addressed by the project, which is under continuous development by the addiction prevention system in Hamburg.</p> <p>The project comprises 40 training hours during which members of migrant groups – key persons or multipliers (i.e. adult peer educators) – receive tailored training on the causes of the onset of addiction and on the addiction services system in Hamburg.</p> <p>These key persons, who work on a voluntary basis, pass on their knowledge into their own social environment. After the completion of the training, they are capable of organising and running information events in their mother-tongue on the addiction help system and other substance-specific topic areas.</p> |
| <p>STAFFING</p> | <p>15 volunteers 9 members of the target communities</p> |
| <p>MINORITY ETHNIC POPULATIONS REACHED</p> | <p>In 2011, the project reached approx 550 people</p> <p>Trainees over 18 months from mid-2010–11 comprised a total of 15 people:</p> <ul style="list-style-type: none"> 3 Iranians/Afghans 3 Turks 2 Ghanaians 2 Poles 1 each Albanian, Guinean, Kurd, Russian, Peruvian |
| <p>HOW FUNDED</p> | <p>Ministry of Health and Consumer Protection, Hamburg</p> |
| <p>ONLINE DELIVERY</p> | <p>Yes http://www.sucht-hamburg.de/projekte/her-an-zukunft</p> |
| <p>HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS</p> | <ul style="list-style-type: none"> • The key persons promote the project in their community • The Office for Addiction Prevention contacted relevant institutions by phone to inform them of the project • The flyer of the Office for Addiction Prevention was displayed at exhibitions and other events |

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| SUCCESES | <p>The training of the key persons improves the integration process of migrants by combating addiction problems and by bypassing language hurdles when making contact, not least because of the broad spectrum of languages offered (Turkish, Russian, English, Twi, French, Farsi, Albanian, Kurdish, Spanish, Malinké and Polish. Material is provided in Turkish, English, Russian, French and Farsi).</p> |
| CHALLENGES | <p>Drugs and addiction are taboo topics in many cultures. Therefore it is difficult for those who are not members of one of these communities to publicise the project and recruit participants to an information event. Without networking and the involvement of community members, it is very difficult to organise these events.</p> <p>In different cultures, agreements and appointments are handled differently and it is difficult to make firm appointments and ensure commitment to arrangements.</p> <p>Although information about the addiction help system in Hamburg is given to trainees, and their confidence in the key person is built up, they usually ask for help in their mother tongue because it is easier to express feelings and talk about taboo topics like drugs and addiction. Unfortunately, with about 180 languages used in Hamburg town, this is not possible in the majority of cases, although help in the most commonly spoken languages should be available. However, speaking a client's mother-tongue does not mean an expert/counsellor is automatically culturally sensitive: specialised knowledge is essential to break down access barriers.</p> |
| EVALUATION | <p>The Büro für Suchtprävention (Office for Addiction Prevention) from Hamburgische Landesstelle für Suchtfragen e.V. conducts internal evaluations. Each information event organised by the key person is evaluated by means of an anonymous questionnaire in the mother-tongue of the participants. The systematic evaluation of these questionnaires by the Office for Addiction Prevention and a short assessment written by the key persons give a clear idea of the quantity and quality of the information events.</p> <p>The assessments of the key persons are usually very positive, but we also interpret this as politeness because of a cultural norm to respect and not criticise in a face-to-face situation. In many cultures, too, it is impolite to make suggestions for improvement.</p> <p>The last question in the evaluation is open-ended and raises the issue of further events, which are always wanted. A demand for information on bringing up children is also strongly expressed, followed by comments that the key persons would welcome more people participating in the events.</p> |

10
GERMANY

Service provider

Fachstelle für Suchtprävention im Land Berlin, pad e.V (Department for addiction prevention in the federal state of Berlin)

Intervention

PEaS – Peer parents at school: an evaluated programme for alcohol and addiction prevention parents' education in school

Delivered in

Berlin (since 2012, the project has been implemented in the Federal State of Mecklenburg-Vorpommern)

ongoing since 2009

CONTACT DETAILS

Director, Fachstelle für Suchtprävention im Land Berlin, pad e.V. (administration), Mainzer Straße 23, 10247 Berlin, Germany
(49) 302 93 52 61
fachstelle.suchtpraevention@padev.de
<http://www.berlin-suchtpraevention.de>

SUMMARY OF RATIONALE, AIMS AND ACTIONS

The age at which young people begin to use addictive substances is steadily falling and parents are increasingly uncertain how risky behaviour, including the use of addictive substances and other health problems, should be dealt with. Parents with a migration background particularly miss out on information on these issues offered by schools because of language barriers. However, sustainable health promotion is only possible in an interplay of public institutions and family.

PEaS supports parents, particularly so-called 'hard to reach' parents and migrants, by integrating existing structures and key persons in the upbringing of their children in terms of health promotion and addiction prevention, and motivates them to be more involved in their children's schools. The peer concept is used, because for parents, one of the most important information sources on matters of health or children's health education is conversations with other parents. The central themes of the PEaS concept are that parents can do a lot to protect their children against risks of addiction and that school is a place they can help to shape.

PEaS aims are:

- Reinforcement of parental co-operation in the school setting
- Reinforcement of the parent/child relationship and of communication within the family
- Increased formation of familial protective factors
- Minimisation of factors that give rise to a risk of addiction

Actions comprise:

- Parents' courses and parents' sessions on addiction prevention topics
- Peer work: training of peer parents who pass on their addiction prevention knowledge to other parents and devise projects in partnership with school agents
- Training of teachers and professionals to involve them in the programme and promote networking with the parents
- Networking and structural anchoring of the programme in the district / municipality.

STAFFING

3 workers from the service provider
60 peer parents from the target communities

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| MINORITY ETHNIC POPULATIONS REACHED | In 2011: 60 peer parents, 28 of whom were migrants from 8 countries |
| HOW FUNDED | AOK Nordost (health insurers) and Fachstelle für Suchtprävention im Land Berlin, pad e.V |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <ul style="list-style-type: none"> • Networking with existing, 'tried and tested' projects and programmes • Involvement of the whole school system • The creation of binding and responsible co-operative relationships • Ongoing coaching and advising of peer parents • Ongoing coaching and advising of PEaS trainers by school social workers • Training and involvement of all relevant professionals, as well as decision-makers |
| SUCCESSSES | <p>The following success factors for involvement of the target group of parents, particularly parents with a migration background, have been developed within the scope of PEaS:</p> <ul style="list-style-type: none"> • Personal contact with PEaS trainers, teachers, school social workers, municipal key persons and other parents • Material in the parents' native languages • Follow-up contact and binding, proactive support by professionals and institutions • Interpreting at the parents' courses • Childcare services during the courses and parents' sessions |
| CHALLENGES | <p>Acquiring schools and professionals to back up the above-mentioned success factors and work together to acquire and motivate parents to participate.</p> <p>Long-term support to peer parents by the school as an institution.</p> |
| EVALUATION | <p>An external evaluation by Freie Universität Berlin, Institut StatEval was conducted and reported the following results:</p> <p>Teachers: there was a high acceptance of the programme plus a readiness to provide support, and the importance of the topic was rated very highly. Teachers saw obstacles to participation as parents' migration background and low level of education, and their own heavy workloads and lack of team consultations.</p> <p>Parents: there was a high level of interest in the general topic of addiction prevention, plus the individual sub-topics (addiction to the Internet, tobacco, alcohol, etc). The greatest interest was in the issue of the prominent need for parents to achieve competences to take action and lead discussions. Parents rated the course modules as excellent and 80 % were active as peer parents after completion of the course.</p> <p>School social workers: after training as PEaS course leaders, social workers rated the training as successful and were very certain they would be able to implement the courses autonomously.</p> <p>The evaluation results are described in detail at http://www.berlin-suchtpraevention.de</p> |

11
GERMANY

Service provider
Fachstelle für Suchtprävention im Land Berlin, pad e.V (Department for addiction prevention in the federal state of Berlin)

Intervention
Qualifizierung der 'Stadtteilmütter Berlin' im Projektbaustein Suchtprävention (Qualification of 'Berlin neighbourhood mothers' in the project module Addiction prevention)

Delivered in
Berlin

Ongoing since 2008

CONTACT DETAILS

Director, Fachstelle für Suchtprävention im Land Berlin, pad e.V. (administration), Mainzer Straße 23, 10247 Berlin, Germany
(49) 302 93 52 61 5
fachstelle.suchtpraevention@padev.de
<http://www.berlin-suchtpraevention.de>

SUMMARY OF RATIONALE, AIMS AND ACTIONS

Many families with a migration background and a low level of education are not (or barely) catered for by conventional advice services, as there continue to be barriers to access: 'neighbourhood mothers' can change this. The project's aims are:

- To educate migrant women leading to a qualification ('Berlin neighbourhood mothers') in addiction prevention (consisting of basic knowledge of addictive substances and risky behaviours; understanding addiction in different cultures; addiction prevention principles; opportunities for parents to take action and intervene; and placement in Berlin-based advisory and assistance services), as well as the basics of leading discussions and support for conversations with other parents
- To create and reinforce role models in issues surrounding addiction prevention in the different communities
- To improve the healthy development of children from socially disadvantaged families
- To reinforce family networks and build up neighbourhood contacts and support systems for families
- To equalise placement procedures and promote the project.

Migrant women gain a qualification in health and upbringing issues, visit families at home and talk with parents over 10 sessions about upbringing issues, healthy growth, nutrition, media consumption and addictive substances. They teach, provide support and advise. Questions about addiction and addiction prevention are taboo in many migrant families and basic knowledge and conversation techniques are conveyed to the neighbourhood mothers in the diversity-sensitive training modules.

STAFFING

2 workers from the service provider
9 co-ordinators from support organisations

MINORITY ETHNIC POPULATIONS REACHED

2008–June 2012:
approx 180 neighbourhood mothers, comprising mainly Turkish-speakers, but also those who speak Arabic, Russian, Polish and Serbo-Croat

HOW FUNDED

Various supporters of the neighbourhood mothers

ONLINE DELIVERY

No

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| <p>HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS</p> | <ul style="list-style-type: none"> • Close collaboration with the associations supporting the neighbourhood mothers • Multilingual information material • Practically relevant seminar configuration, case studies from the neighbourhood mothers' everyday life • Follow-up coaching of the supporting associations as well as of the neighbourhood mothers |
| <p>SUCCESES</p> | <p>With their knowledge and access to families with the same migration background, the neighbourhood mothers build a successful bridge, initially on visits to talk with the families and, if required, by facilitating access to advice and support opportunities.</p> <p>With taboo topics such as drug use, this project is a successful way of gaining access to so-called 'hard to reach' families.</p> |
| <p>CHALLENGES</p> | <p>Approaching the topic against the background of taboo.</p> <p>Financial uncertainties and limitations of the support organisations are making the sustainable and long-term work of the neighbourhood mothers difficult.</p> |
| <p>EVALUATION</p> | <p>Fachstelle für Suchtprävention im Land Berlin, pad e.V conducted an internal evaluation using standardised instruments and reported that, in terms of the qualification:</p> <ul style="list-style-type: none"> • There was almost 100 % satisfaction rate among the participants • Contents of the qualification are conveyed in a practically relevant way and are easy to apply in everyday situations • Excellent rating of the diversity of methods. |

12
GERMANY

Service provider

Fachstelle für Suchtprävention im Land Berlin, pad e.V (Department for addiction prevention in the federal state of Berlin)

Intervention

Suchtprävention im Wrangelkiez - Projekt zur Stärkung der Suchtprävention unter Einbeziehung der im Sozialraum tätigen Multiplikator/innen sowie von Eltern (Addiction prevention in the Wrangel neighbourhood - Project to reinforce addiction prevention with the involvement of parents and of multipliers [adult peer educators] active in the social sphere)

Delivered in

Berlin

4 months during 2010–11

CONTACT DETAILS

Director, Fachstelle für Suchtprävention im Land Berlin, pad e.V. (administration), Mainzer Straße 23, 10247 Berlin, Germany
(49) 302 93 52 61 5
fachstelle.suchtpraevention@padev.de
<http://www.berlin-suchtpraevention.de>

SUMMARY OF RATIONALE, AIMS AND ACTIONS

In some areas of the Wrangel neighbourhood, almost 40 % of the population is of non-German (mainly Turkish) origin. Among them, unemployment is high and the majority of young people see no career and personal prospects for themselves.

School and youth organisations reported the increasing use of addictive substances among these young people (and rising addiction to gambling and the Internet/computers). They formulated the need for education and prevention work in order to detect, prevent and react early to such problematic behaviour. In addition to a need for targeted networking of professional agents in the neighbourhood in respect of a harmonised and integrated procedure, there was an equal need for parent to be educated in these issues, so that they can maximise their upbringing role.

A needs assessment was conducted, public relations work was carried out, parents' events were held, and a networking round table of the professional institutions in the Wrangel neighbourhood was established. Where appropriate, materials were translated into Turkish, Arabic, Kurdish and translation services were offered.

The project's aims were reinforcement and joint working of addiction preventive activities by means of:

- Cross-departmental networking of institutions
- Promotion of dialogue with and between parents
- Information, education and awareness-raising on the topic of addiction
- Development of project concepts on addiction prevention in collaboration with parents and multipliers (peer educators)
- Creation of effective and sustainable action structures in the neighbourhood
- Promotion of the Berlin addiction assistance and advice network.

STAFFING

2 workers from the service provider
3 members of the target community

MINORITY ETHNIC POPULATIONS REACHED

During 4 months 2010–11:
51 parents, 90 % of whom were migrants, predominantly of a Turkish, Kurdish, or Arabic background

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| HOW FUNDED | Funding from the Wrangel Neighbourhood District Management and also funded as part of the work of the service provider, Fachstelle für Suchtprävention im Land Berlin, pad e.V. |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | Investigation of need, personal communication, multilingual flyer advertising what was offered, and support by interpreters at the parents' events. |
| SUCCESSSES | <p>The implementation of various modules that build on one another with high-quality project planning and performance in mind:</p> <ul style="list-style-type: none"> • Requirements analysis • Public relations work • Parents' events, targeted to meet the existing need: good access ensured by free childcare and translation services; combination of professional input and the use of interactive methods, to ensure sustainable learning • Networking roundtable: combination of theoretical input with professional exchange. |
| CHALLENGES | <ul style="list-style-type: none"> • Institutions' varying procedural knowledge • Varying degrees of readiness to disclose one's own rules in a cross-institutional setting, to reflect on one's own procedures, and to draw up recommendations for cross-institutional standards • Motivating the institutions to professional exchange and to agree binding standards. |
| EVALUATION | <p>Fachstelle für Suchtprävention im Land Berlin, pad e.V conducted an internal evaluation and reported that the four elements of the intervention (as summarised in the 'successes' column, above) had led to harmonised, sustainable, effective addiction prevention action. The evaluation also reported the challenges as described in the 'challenges' column, above.</p> <p>In addition, surveys of the parents' events revealed:</p> <ul style="list-style-type: none"> • All parents (100 %) were satisfied with the event • With one exception, all participants agreed with the statement that the contents were conveyed effectively • All participants indicated that the dialogue with other parents was helpful to them • 90 % thought the timeframe was appropriate, while 10 % wanted more time for working on the topic • 90 % of the participants believed that they had acquired new knowledge through the training • 96 % of the parents indicated that they will use the contents of the training in their everyday life. |

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| <p>13 GERMANY</p> | <p>Service provider Mudra Drogenhilfe e.V.</p> <p>Intervention Telephone hotlines in Italian, Russian and Turkish</p> <p>Delivered in Nürnberg</p> <p>November 2009–May 2012</p> |
| CONTACT DETAILS | Mudra Drogenhilfe e.V., Ludwigstr.61, 90402 Nürnberg, Germany (49) 911 81 50 0 mudra-online.de |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | <p>Questions about addiction and addiction prevention are taboo in many migrant families and they do not discuss problems in the family. This is a particular problem in Turkish- and Russian-speaking families. It is therefore necessary that their first contact with drug services is anonymous. This service assured this by an anonymous telephone hotline, in callers' mother-tongues. This creates trust in the drug help system and enables the callers to discuss their problems without fear of identification.</p> <p>Telephone calls were from 5–75 minutes' duration each and the project:</p> <ul style="list-style-type: none"> • Provided an opportunity for anonymous contact • Strengthened the confidence and motivation of the caller • Provided the possibility to talk about drug-related issues • Provided information about drugs and drug addiction • Promoted addiction and addiction prevention assistance services • Built up confidence in the German addiction assistance/help system • Referred callers to suitable advice centres. |
| STAFFING | 3 workers from the service provider 5 other workers (<i>geringfügige Beschäftigung</i> : 'mini jobs' or '400 euro jobs' that are temporary or low paid) |
| MINORITY ETHNIC POPULATIONS REACHED | Callers, November 2009 – May 2012: 330 Turkish speakers 51 Russian speakers 3 Italian speakers |
| HOW FUNDED | Federal Ministry of Health |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | The service provider has more than 20 years' experience of working with the target groups, who were asked for their needs. |
| SUCCESSSES | <ul style="list-style-type: none"> • Communication in mother-tongues • Anonymity • Different time slots during the day when the hotline can be reached |

CHALLENGES

Italian hotline: a need for an Italian hotline was assumed, but it had only 3 callers. In hindsight, the project misjudged the organisational structure of the Italian community and should have done more research and found more Italian collaborators.

Russian hotline: advertising the Russian hotline in the Russian media was difficult. The newspapers were uncooperative and the advertisements were so expensive that the project's advertising budget was exceeded. It was also difficult to display flyers in Russian businesses, as the owners regarded them as commercial advertising. Overall, it seems that the Russian community is not sufficiently consolidated to be ready for such social projects, and is unaccustomed to them.

Turkish hotline: there were no challenges with this. Unlike the Russian community, the Turkish community has had several decades to become accustomed to collaborating in such projects.

EVALUATION

An evaluation was conducted by Prof. Dr. med. Jörg Wolstein, Facharzt für Psychiatrie, Psychotherapie und Neurologie, Otto-Friedrich-Universität Bamberg, Fakultät für Humanwissenschaften, Markusplatz 3, 96045 Bamberg.

Results include:

- The 384 calls to the hotlines (see above under, 'minority ethnic groups reached') were analysed in terms of the substance the callers discussed. In total, 728 substance(s) or combinations of substances were discussed and the most common were: cannabis (by 167/22.9 % callers); heroin (144/19.8 %); alcohol (96/13.2 %); tobacco and cannabis (92/12.6 %); and tobacco and another substance (74/10.1 %).
- After broadcasts about the project on a Turkish television channel by one of the service's workers, the number of callers to the hotline increased. The TV broadcasts were very effective: 62 % of the callers heard about the hotline from TV and 20 % by word of mouth.
- 72 % of the callers were relatives of addicts
- The callers rated the recommendations they received during the telephone call as helpful, and there is a good chance that they followed these
- Being given advice in their own language was of great importance to the callers
- The callers received information about the addiction help system, and their knowledge of the system after the telephone call rose significantly
- People of all socioeconomic groups were reached by the hotlines
- The Italian hotline should be abandoned because of lack of demand
- The Turkish hotline has good potential. The promotions on Turkish television reach the target group and increase the number of callers. The hotline could become well-established if such public relations are regularly conducted.

14
GERMANY

Service provider
Mudra Drogenhilfe e.V

Intervention
Aufsuchende Arbeit in russisch- und türkischsprachigen Internetforen im Rahmen des Projektes 'transVer' zur Herabsetzung der Zugangsbarrieren zum Suchthilfesystem für russisch- u. türkischsprachige Migranten (Forumwork-Internet-Streetwork: Internet forums in Russian and Turkish in the context of the project 'transVer' for the reduction of access barriers to the addiction help system for Russian- and Turkish-speaking people)

Delivered in
Nürnberg

June 2009–May 2012

CONTACT DETAILS

Mudra Drogenhilfe e.V., Ludwigstr.61, 90402 Nürnberg, Germany
(49) 911 81 50 0
<http://www.mudra-transver.de>
<http://www.mudra-online.de>

**SUMMARY OF RATIONALE,
AIMS AND ACTIONS**

Forumwork targets people with a migration background with addiction or drug problems, but with broader characteristics than those on the open drug scene (such as socio-economically integrated; a well-established family structure; employed; pupils/students who still live with their families but may use drugs with their friends; and integrated into German society as well as in their own ethnic community). Due to their family situation or situation at school or work, it may not be easy for this group to make contact with the German counselling service because, for example, they want to preserve their anonymity, services' opening hours are unsuitable, or they feel shame about their drug problems. It was therefore necessary to develop innovative ways of contacting and advising them using media tailored to their needs – that is, Internet forums.

Forumwork has developed mother-tongue Internet forums for Russian and Turkish speakers, where visitors can gain access to a special group which is young and up-to-date, and accept offers of advice anonymously. The aims of the project were to:

- Mediate information about the German addiction help system and its offers of help
- Offer information about addictive drugs, their effects and dangers
- Offer information about relevant topics, such as substitution, typical illnesses, safer use, legal rights, etc.
- Communicate knowledge about the background of drug consumption, dependence and substances
- Inform visitors of the dynamics of co-dependence and how addiction can be treated
- Recognise and counteract common myths about drugs and drug services
- Promote the necessity of professional support
- Create the means for visitors to be able to step out of anonymity but remain protected
- Support behaviour change
- Create the means to access far-reaching professional support
- Examine critically and compare treatment possibilities in the country of origin with local auxiliary offers of help

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| STAFFING | 2 workers from the service provider 2 Russian-speaking and 1 Turkish-speaking workers (<i>geringfügige Beschäftigung</i> : 'mini jobs' or 400 euro jobs' that are temporary or low paid) |
| MINORITY ETHNIC POPULATIONS REACHED | November 2011–March 2012: 312 Turkish-speaking drug users and relatives of drug users actively participated in the forums May 2010–August 2010: 472 Russian-speaking drug users and relatives of drug users actively participated in the forums June 2011–May 2012: 621 Russian-speaking drug users and relatives of drug users actively participated in the forums December 2011–May 2012 4 900 Russian-speaking drug users and relatives of drug users visited the forums |
| HOW FUNDED | Federal Ministry of Health |
| ONLINE DELIVERY | Yes http://www.mudra-transver.de http://www.ocean.de http://www.germany.ru http://www.vaybee.de |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | By utilising over 13 years' of work with the target group; answering calls for help or questions in the forum; and creating www.mudra-transver.de , which contains materials/content developed and tailored to the needs of the target groups, and which have worked well in Mudra's previous projects. |
| SUCCESSSES | Creation of a low-threshold intervention. The Internet makes it possible to remain anonymous but nevertheless get advice and help. Many people are reached: the forums have active participants and a large number of other visitors. |
| CHALLENGES | The Forumwork worker had to establish themselves in order to become accepted by visitors. The participants' online debates are often subjective. |
| EVALUATION | An evaluation was conducted by Prof. Dr. med. Jörg Wolstein, Facharzt für Psychiatrie, Psychotherapie und Neurologie, Otto-Friedrich-Universität Bamberg, Fakultät für Humanwissenschaften, Markusplatz 3, 96045 Bamberg. Results include: <ul style="list-style-type: none"> • 'Electronic streetwork' is an effective method of getting in touch with the target group • Although there were a high number of participants in the forums, no demographic data are available on them • An increase in visitors' knowledge about drugs and drug services is likely, and support has been given to addicted people, their family members and other interested people • A problem is that the identity of visitors cannot be verified even though they may say they are drug users or relatives of drug users. |

15
GERMANY

Service provider
Mudra Drogenhilfe e.V.

Intervention
Psychedukative Gruppen für türkischsprachige und russischsprachige Angehörige im Rahmen des Projektes zur Herabsetzung der Zugangsbarrieren zum Suchthilfesystem
(Groups for Turkish-speaking and Russian-speaking drug users' families in the context of the project for reduction of access barriers to the addiction help system)

Delivered in
Nürnberg

November 2009–July 2010

CONTACT DETAILS

Mudra Drogenhilfe e.V., Ludwigstr.61, 90402 Nürnberg, Germany
(49) 911 81 50 0
<http://www.mudra-online.de>

SUMMARY OF RATIONALE, AIMS AND ACTIONS

It is easier to get in touch with members of drug addicts' families than with addicted person themselves, and these family members are also a target group for interventions. The provision of groups is an important method of reaching this target group. Family members of addicted persons with a migration background have problems resulting from the drug addiction of their relative: it is difficult for them to get help, and, for those who are socio-economically integrated, difficult to give up their anonymity.

The aims of the project were to:

- Mediate information about the German addiction help system and its offers of help
- Offer information about addictive drugs, their effects and dangers
- Offer information about relevant topics, such as substitution, typical illnesses, safer use, legal rights, etc.
- Create the means for visitors to be able to step out of anonymity but remain protected
- Communicate knowledge about the background of drug consumption, dependence, substances
- Offer information about the dynamics of co-dependence and how addiction can be treated
- Promote the necessity of professional support
- Support behaviour change
- Create the means to access far-reaching professional support
- Facilitate reflection on their own lives
- Assist in the retrieval of lost quality of life, such as social contacts and financial security
- Improve communication in the family

STAFFING

2 workers from the service provider

MINORITY ETHNIC POPULATIONS REACHED

November 2009 – July 2010:
9 Turkish-speaking members of drug users' families
15 Russian-speaking members of drug users' families

HOW FUNDED

Federal Ministry of Health

ONLINE DELIVERY

No

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| <p>HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS</p> | <p>Mudra has 20 years' experience working with the target group and a needs assessment was conducted before the project began.</p> |
| <p>SUCCESES</p> | <p>The creation of a welcoming culture, which is oriented to the cultural habits of the target group.</p> <p>The acquisition of knowledge about socio-cultural backgrounds in terms of dealing with addiction, family structures and hierarchy, and educational level.</p> |
| <p>CHALLENGES</p> | <p>A low educational level of the participants; common myths about drugs and drug services; and irregular participation in the intervention by family members.</p> |
| <p>EVALUATION</p> | <p>An evaluation was conducted by Prof. Dr. med. Jörg Wolstein, Facharzt für Psychiatrie, Psychotherapie und Neurologie, Otto-Friedrich-Universität Bamberg, Fakultät für Humanwissenschaften, Markusplatz 3, 96045 Bamberg. The intervention was further developed according to the evaluation findings, which were:</p> <ul style="list-style-type: none"> • Participants of the Turkish-speaking group were very satisfied with the experience: they increased their knowledge of the relevant issues and received important help • The Russian-speaking group was characterised by a high degree of distrust of each other and of the intervention itself and no evaluation forms were filled out • The intervention was carried out using a manual. However, its contents were sometimes conveyed too quickly and were too complex. More time is needed to complete the modules and the participants' large need for conversation should be accommodated • Methodical problems: data were collected from different sources (evaluation questions, narrative interviews, conversations and notes) and there may be some biases, although this method does mean that data can be triangulated • Recruiting group members is difficult. The participants did not become key persons in their communities to promote the groups. |

16
GERMANY

Service provider

Diakonisches Werk Potsdam e.V.

Intervention

Projekt Suchtprävention mit russischsprachigen Jugendlichen
(Project drug prevention with Russian-speaking adolescents)

Delivered in

Potsdam

3 years, December 2009–December 2012

CONTACT DETAILS

Diakonisches Werk Potsdam e.V., Wildwuchs Streetwork, Lindenstr. 56, 14467
Potsdam, Germany
(49) 331 28 07 32 7
www.wildwuchs-potsdam.de
www.diakonie-potsdam.de

**SUMMARY OF RATIONALE,
AIMS AND ACTIONS**

The Streetwork project has been running since January 2005 and targets adolescent immigrants from east European states. In the context of this work, the team had to deal with drug-using Russian-speaking teenagers and the extent of drug use and abuse among them became clear and alarming. Drug use and abuse is often connected to experience of violence in childhood, and occasionally causes trauma. Young immigrants represent a special risk group, with youth-specific and general integration problems which may lead to drug addiction: the language barrier, cultural difficulties, difficulties adjusting to a new situation, uncertain future perspectives, role loss, and identity crisis. Drug prevention interventions were therefore necessary, but there was no such provision for Russian-speaking teenagers in Potsdam and access to their scene was very difficult.

The project therefore aimed to establish prevention provision for Russian-speaking adolescents in order that, without drug use, they gain new perspectives, self-esteem, and are able to take decisions, by the following means:

- Low-threshold contact for the adolescents
- Support with their individual situations and relationships
- Motivate them to change their drug consumption
- Arrange for their access to suitable advice centres (including detoxification and therapy if necessary)
- Work with them on the stabilisation of their personality and situation
- Strengthen family and friend relationships
- Develop group activities (such as a parent conversation circle and self-help group)
- Support and coaching for adolescents while they are changing their perceptions and attitudes in the transformation phase from drug user to non-drug user, and addressing their experiences of violence
- Provide information about drugs and drug addiction
- Promote the addiction help and addiction prevention assistance system in Germany
- Work with therapy facilities and co-operation with facilities in the areas of youth welfare and youth work

During the project, adolescents develop a new experience of life: social competences are strengthened and they are able to develop new behaviour models concerning integration (such as new ways of integration and recognising their social situation).

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| STAFFING | 4 of the service provider's volunteers |
| MINORITY ETHNIC POPULATIONS REACHED | December 2009–August 2012: 97 young Russian-speaking drug users and their relatives |
| HOW FUNDED | Federal Office for Migration and Refugees |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <ul style="list-style-type: none"> • Talking about the current situation was possible due to the ongoing contact with the Russian-speaking adolescents and their parents • The project's contact with the Wildwuchs Streetwork team meant that measures already proven to be successful could be adopted • To ensure that the service responds to all the needs of the target group, other services are incorporated if necessary • Regular cooperation with communities, working groups, specialist and other conferences, and workshops |
| SUCSESSES | The intervention is conducted in the target group's mother-tongue and the target group's culture is understood. |
| CHALLENGES | <p>Integration into society, stabilisation of the adolescents' situation and support for personality development is a long-term process, taking years.</p> <p>There can be a lack of motivation and failure to turn up for appointments. Motivation conversations are conducted, but decision to participate in what the project offers must be made the individual themselves.</p> |
| EVALUATION | No |

17
GREECE

Service provider
Transcultural Centre for Immigrants and Refugees

Intervention
KETHEA MOSAIC: Empowering experiential workshops for young immigrants and refugees

Delivered in
Athens

2011–12

CONTACT DETAILS

Head of unit, KETHEA MOSAIC, Magnisias 28 & Zolioti 2, Agios Panteleimonas, Athens, Greece
(30) 210 82 56 94 4
info@kethea-mosaic.gr
<http://www.kethea.gr>

SUMMARY OF RATIONALE, AIMS AND ACTIONS

Actions aimed to empower young minority ethnic people, who are marginalised and therefore at risk of drug use comprise:

- Building relationships with migrant communities' leaders and training them at six workshops on issues including group dynamics, conflict management, methods of delegation, racism and discrimination, social marginalisation, young people and drug prevention and addiction
- Experiential seminars with different migrant groups, usually of young people, to discuss, share thoughts and feelings about issues that concern them and affect their lives
- Visiting theatres in Athens to see productions related to the issues of migration or racism, and having a group discussion (including with some of the actors)
- Helping the migrants' communities to connect with broader Greek society and open a creative dialogue about issues that concern the local community and the entire society. Supporting migrants' participation in local events with presentations, cultural activities, or co-organised events
- Networking between the migrant groups and other local institutions to help them to increase their access to information, services, education, entertainment, etc
- Individual counselling

STAFFING

2 workers from the service provider
1 volunteer

MINORITY ETHNIC POPULATIONS REACHED

2011–2012, a total of 94, comprising:
36 Syrians
9 Pakistanis
8 Afghans
7 Iraqis
5 Congolese
3 Georgians
3 Kenyans
2 each Albanians, Guineans, Lebanese, Romanians, Ukrainians, Uzbekistanis
1 each Egyptian, Moldovan, Moroccan, Libyan, Gambian, Sierra Leonean, Algerian, Ivorian, Nigerian, Somali, Ugandan

HOW FUNDED

The Greek Ministry of Health and Social Solidarity, and some actions are funded by the European Union (European Refugee Fund/ERF 2010)

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| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <p>The most important characteristic of the project is that it is based on the different needs of every different group. In addition, cultural differences are respected and integrated in the context of the workshops.</p> <p>Before running any of the workshops, needs were investigated through meetings with key persons (for example a teacher, those responsible for a shelter for refugees, an imam) or some members of the target group. The workshops were then planned around the target groups' expressed needs.</p> |
| SUCCESSSES | <p>Through the group process, the project creates a safe space and gives young migrants the opportunity to express their feelings and thoughts about themselves; their dreams, problems, risk behaviour and future; and about social issues. The group process gives them a place to feel 'at home', support, and belonging. The result is that they feel closer and connected, safer and more active, factors that increase their resilience and resistance to social isolation and problematic behaviours (such as drug use).</p> <p>Speaking first about issues that have major impact in their everyday life, such as racism; stereotyping; discrimination at school, work or on the street; their identity; loss of home; and, in many cases, the loss of family members, makes the young migrants feel more accepted and therefore more receptive and open to other discussions and information (about drugs, for example).</p> |
| CHALLENGES | <p>In Athens during 2011–12, racist attacks and behaviours are increasingly occurring, but it is not easy to reach the migrants' community and speak about those issues without first building trust and relationships, a process that needs time.</p> <p>Racism and stereotyping also arise between different ethnic groups of migrants (such as between Asians and Africans, Afghans and Iranians), and that makes working on racism more complex.</p> |
| EVALUATION | <p>A qualitative evaluation of the project will take place at the end of June 2012. Those involved will be the staff of Kethea Mosaic, an external collaborator, the coordinators of the migrant groups (for example, a teacher), and, where possible, the leaders of the migrant communities with whom the project has previously collaborated. In addition, quantitative data are collected during the intervention period.</p> |

18
GREECE

Service provider

Prevention centre of addiction and promotion of psychosocial health 'Athena Ygeia'

Intervention

'Fairytale without borders': a prevention tool for primary education

Delivered in

Athens

ongoing since 2010

CONTACT DETAILS

'Athena Ygeia', Stournari 21, 10682 Athens, Greece
(30) 210 38 00 03 8
www.kentro-prolipsis.gr

**SUMMARY OF RATIONALE,
AIMS AND ACTIONS**

Athens city centre is a multicultural setting comprising people of different origins, ethnicities and cultural backgrounds. Consequently, public schools in Athens have children of various ethnic backgrounds and in some localities, minority ethnic people outnumber the indigenous population.

The centre of Athens faces a multitude of social problems (poverty, illegal migration, criminality, prostitution, drug use, etc). In central locations, children are exposed daily to drug-using scenes on their way to and from school. There is therefore a growing need for prevention intervention in primary education, in order to enhance minority ethnic children's psychosocial integration via the use of flexible tools and activities that address the multi-cultural character of city centre schools.

'Fairytale without borders' is an original prevention tool, which is delivered to children in pre-school and of school age by prevention specialists or teachers. Its primary goal is to enhance the development of personal and social skills. The children are given the opportunity to exercise their creativity and imagination in a playful way. At the same time, through symbolism and the mechanisms of identification and projection, they develop a better understanding of themselves and others, and are enabled to talk about matters that concern them in their everyday life, through the story of the heroes of the fairytale.

The story is about a group of animals that are forced to abandon the forest they live due to a major fire and they get cast away on an island. There, in order to survive, they are called to adjust to the new conditions, to get to know their new home and its residents, as well as to understand and accept each other and to collaborate. The story unfolds in 12 episodes. Each deals with different topics, using various techniques such as narration, role-playing, drawing, etc. In its entirety, the fairytale's intention is to help the children become familiar with issues such as diversity, collectiveness, collaboration, decision-making, conflict resolution, individual and social responsibility etc., by using the experiential learning method, thus contributing to their ethical and psychosocial development. Depending on the characteristics of the class and schedules, the intervention consists of 7x2-hour weekly sessions or 13x1-hour weekly sessions.

Actions comprise:

- Creation of the prevention tool by a study group of prevention workers who acknowledged the need for a flexible tool that addresses the needs of contemporary multicultural schoolchildren
- An official accreditation of the tool for use in the primary education system's health education programmes was given by the Greek ministry of education

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| | <ul style="list-style-type: none"> • A pilot study was conducted at a multicultural class in the centre of Athens • Workshops with schoolteachers: practical education programmes on the prevention tool were conducted repeatedly with groups of schoolteachers (approximately 15 persons per group) over the last year • Primary education class interventions were delivered by prevention workers in different public school settings and to various class levels (all 6 grades of the Greek primary education system) • Feedback to schools: at the end of each intervention, personal feedback is given to the class teacher and a short written short report about the programme is prepared for the school director <p>Athena Ygeia want to further promote 'Fairytale without borders' to be used in the other 70 prevention centres operating around Greece, and in other settings, including by NGOs.</p> |
| STAFFING | Up to now, seven prevention workers from the service provider have delivered the intervention, but it is planned that it will also be delivered by trained teachers. |
| MINORITY ETHNIC POPULATIONS REACHED | <p>From 2010–August 2012:</p> <p>The ethnicity/nationality of children participating in this intervention (total 443) is not recorded, but approximately 85 % (376) were members of an ethnic minority/immigrant population. The majority of these were Albanian, while others were Algerian, Bulgarian, Congolese, Filipino, Georgian, Nigerian, Polish, Roma, Romanian, Russian, Tunisian and Ukrainian.</p> |
| HOW FUNDED | By the service provider: there is no extra funding for the intervention |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <p>The methodology is child-friendly and culturally neutral. It is based on teamwork and experiential education as it follows the main principles of prevention, which are the development of personal and social skills.</p> <p>The tool is inspired by other prevention materials using storytelling (e.g. 'Garden with 11 Cats').</p> |
| SUCCESSSES | <p>Since both the story and the method address the whole class and its group dynamics, the children were able to communicate with each other and collaborate for several types of tasks. In this sense, the project attempts to assimilate various options of 'differences' to the class e.g. ethnic minorities, gender, special and educational needs, and behavioural problems.</p> <p>By training teachers to apply the tool to the classroom, they are enabled to gain a wider perspective of the class dynamics and to engage in alternative experiential tasks in order to enhance group coherence.</p> |
| CHALLENGES | <p>The acceptance by schools of prevention programmes.</p> <p>Usually, the main request for school interventions refers to specific 'difficult pupils', who are usually members of a minority group. It is really difficult to persuade the school directors and teachers to refocus from the stigmatised single-case pupil to whole class.</p> |
| EVALUATION | No |

19
GREECE

Service provider

Prevention's sector and implementation network of KETHEA

Intervention

Innovative program of supporting the child during the transition from elementary to secondary school

Delivered in

Exarhia, Athens

Ongoing since 2007

CONTACT DETAILS

Head of Prevention Department in Secondary Education of KETHEA, 7, Tsamadou str, 106 72 Athens, Greece
(30) 210 92 12 30 4
info@prevention.gr
<http://www.prevention.gr>

SUMMARY OF RATIONALE, AIMS AND ACTIONS

Immigrant adolescents experience loneliness, not only because of the differences between them and Greek adolescents: schoolteachers exclude the less 'capable' pupils and work with the 'good' and 'convenient' pupils. Immigrant pupils and their families need to be supported in order to achieve at school and this intervention protects them against social exclusion and helps them to become capable members of society.

The programme is a long-term intervention that combines holistic and focused strategies of primary prevention during early adolescence, implemented within and out of the school system. The aim is to enhance the protective factors in the transition from primary to secondary school in order to help pupils to adapt on a personal, emotional, cognitive, behavioral and social level through reinforcing their relationships with school and family. The long-term goal is to reduce the risks for drug taking.

A synthesis of different models was necessary to support and develop the positive aspects of pupils' lives and enhance their positive behavior and attitudes towards schooling, themselves and their peer group. The involvement of parents, teachers, volunteers and community services is a necessary element of the programme.

STAFFING

3 workers from the service provider
30 volunteers

MINORITY ETHNIC POPULATIONS REACHED

2007–August 2012, a total of 25, comprising:
12 Albanians
2 Ukrainians
2 Ethiopians
1 each Egyptian, Georgian, Honduran, Lebanese, Nigerian, Peruvian, Polish, Romanian, Syrian

HOW FUNDED

KETHEA

ONLINE DELIVERY

No

**HOW THE INTERVENTION
ENSURED IT RESPONDED TO
THE NEEDS OF THE
TARGETED POPULATIONS**

According to a literature review of international research and from the education network, there is a high chance of adolescents to experiencing increased anxiety about dealing with change. A school's dropout rate is the result of the already compromised reality of the adolescent's life that is usually accompanied by low self-esteem and poor school performance and attendance: the conditions that do not give them opportunities to succeed.

Immigrant students experience cultural distance, alienation and exclusion from education, so supporting them in terms of school and education, socialisation, family matters, and the prevention of exclusion is the intervention's response to their needs.

SUCCESSSES

No information

CHALLENGES

No information

EVALUATION

No

20
IRELAND

Service provider
Acts of Compassion Project (now known as Voice of New Communities Drugs and Alcohol Network)

Intervention
Prevention and education

Delivered in
Dublin

ongoing since 2003

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| CONTACT DETAILS | Acts of Compassion Project, 24 Killarney Street, Dublin 2, Ireland (353) 876 92 97 77 actsofcompassionproject@yahoo.com http://www.actsofcompassionproject.org |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | A range of information and support to members of minority ethnic populations and to those engaged in drug use, especially those who are addicted and those who have recently arrived in Ireland and are socially excluded. Actions comprise: <ul style="list-style-type: none"> • Leaflets in several languages • Art therapy • Advocacy • Assessments and referrals to treatment • One-to-one counselling • Drop-in • Seminars on drug use (including in asylum hostels) |
| STAFFING | Volunteers |
| MINORITY ETHNIC POPULATIONS REACHED | In 2011: 1 000 people from minority ethnic populations |
| HOW FUNDED | The majority of the work is carried out on a voluntary basis, although a small amount of funding to cover operating costs is provided by the North Inner City Drugs Task Force. |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | The project ensures it responds to needs by conducting needs assessments, including administering questionnaires to minority ethnic immigrants who are newly arrived in Ireland. |
| SUCCESSSES | No information |
| CHALLENGES | No information |
| EVALUATION | No information |

21
IRELAND

Service provider
Rialto Community Network & Canal Communities Local Drugs Task Force

Intervention
Substance Misuse Education Awareness Programme

Delivered in
Dublin 8

2011–12

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| CONTACT DETAILS | Substance Misuse Education Awareness Programme, 468 South Circular Road, Dublin 8, Ireland (353) 014 73 20 03 and c/o 163 South Circular Road Dublin 8 Ireland |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | Community development work identified a group of Muslim women who attend the mosque and who asked for workshops on drugs education and prevention. Training workshops were held on one morning a week for 8 weeks to: <ul style="list-style-type: none"> • Provide accurate and relevant information on substance use, with a focus on young people's use • Equip parents with an understanding of the factors involved in young people's substance use • Explore attitudes to this issue within the home and community • Support parents to develop skills, confidence and knowledge to address substance use issues |
| STAFFING | 2 workers from the service providers |
| MINORITY ETHNIC POPULATIONS REACHED | In 2011–12: total 13 women, comprising: 2 Somalis 2 Moroccans 1 each Egyptian, Algerian, Saudi Arabian, Afghan, Libyan, Indian, Sudanese, Kenyan and Dutch |
| HOW FUNDED | The Canal Communities Local Drugs Task Force |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | Before the training intervention began, a needs analysis was conducted. It was carried out in an informal way and clearly communicated, with group discussions and interviews to ensure that all the women participated. It was ensured that the entire proposed programme was accessible for participants: that is, topics, course content and leaflets were learner-centred and interactive, empowering, and enjoyable, and promoted and maintained respect for cultural beliefs and confidentiality. The planning and delivery strategies of this training allowed engagement with women who may not otherwise have accessed the training. These links have now been firmly established and can be further developed. |

SUCCESSSES

- The community development work carried out at the local mosque and the extending of regular invitations to all those attending the mosque to join in community events, played a key role in gaining access to the target group
- A crucial success was engaging with the Muslim women in a way that was sensitive to their cultural and religious needs
- The relationships between the parents and services that were built up during the workshops has continued, and enhanced the possibility of further work with this community
- As a result of this project, the staff were invited to participate in an open day event at the mosque. This provided an opportunity to promote drug services in the area
- The women learned new skills and acquired information that will be helpful for them and their families. They have been accurately informed around drug use and the related issues
- A safe space was created for the women to meet, learn and integrate.

CHALLENGES

- Language was a challenge, as some of the trainees had little or no English, which meant that the pace of training had to be slower than anticipated
- There were childcare issues for some participants: they found it difficult to get the time to attend the workshops
- Although the women were interested in the training and its content, a few had some issues around committing to all the workshops
- The cultural taboos and stigma in relation to drugs and addiction within the Muslim community meant that the participants did not want others in the community to think that their families were affected by drug use.

EVALUATION

For an internal evaluation, a questionnaire was given to the women and a group discussion was held. Results show:

- The evaluation of the programme as a whole was positive
- The participants believe that it has been good in terms of creating awareness about drugs among the women
- They are also better educated around self-medication and prescription drugs, the use of which it became apparent was very prevalent among them
- The women have accurate information around young people and drug use, as this is of great concern to them as mothers
- The workshops were conducted in the local mosque which meant that the women were not taken out of their comfort zone and their religious and cultural beliefs were respected: this was crucial for the attendees and it allowed them to attend and engage with the course without stress
- The women noted that the information was provided in a clear, concise manner which they could follow and understand: they now feel better equipped to deal with the issues around drug misuse and have a better understanding of the whole issue
- Participants were very positive about the intervention and have recommended that further workshops should be held.

22
NETHERLANDS

Service provider
Jellinek Prevention, Arkin

Intervention
Cannabis Intelligence Amsterdam (CIA)

Delivered in
Amsterdam

Ongoing since 2003

CONTACT DETAILS

Coordinator of CIA, 2de Constantijn Huygenstraat 39-1, 1054 CP Amsterdam, Netherlands
(31) 205 90 13 30
<http://www.cia-info.nl>
<http://www.jellinek.nl>

SUMMARY OF RATIONALE, AIMS AND ACTIONS

Research by Jellinek Prevention revealed that cannabis use among young immigrants (aged 14–25) is more likely to disrupt their ambitions in school and work than it does among indigenous young people. Moreover, the taboo on the subject of cannabis use among immigrants makes it difficult for these groups to set standards for responsible use. Most at risk are those who are in special education, receiving social and mental healthcare, in homeless shelters, or in youth detention centres.

One of the most influencing factors on people of this age is their peers. Therefore in 2003, Jellinek Prevention started peer groups to address these issues. Peer education among young minority ethnic people consists of them discussing their experiences with cannabis or alcohol, the social norms surrounding this behaviour, and strengthening self-efficacy. The aim of the groups is to prevent risky alcohol and cannabis use and to reduce harmful effects among those who already use these substances, by setting standards of responsible usage. Peer education sessions consist of:

- A discussion group with 5–30 participants, led by 2 peers
- One-to-one discussions
- 'The cannabis show' (a mix of entertainment and education) for groups of 30–60 people, hosted by 3 peers

These sessions focus on the cannabis- or alcohol-using experiences of the target group, their social norms surrounding their behaviour, and on strengthening their self-efficacy.

In terms of the peer educators:

- A group of 15 peer educators is recruited and trained
- The peer group has a meeting once a month to monitor the progress, develop and maintain the way CIA works, and conduct planning and evaluation
- Four times a year, an expert meeting is organised to enhance the volunteers' knowledge and skills and keep them up-to-date to the latest scientific developments
- After each session, the peer coach talks the peer educators and evaluates their work
- A database of the information from the target groups' questionnaires and the development of the peer educators is maintained
- Once a year, CIA treats the peer educators to a weekend of fun in a Dutch city to show appreciation for their voluntary work

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| STAFFING | <p>20 voluntary peer educators who are members of the target community</p> <p>4 workers from the service provider (1 full-time project co-ordinator who is a prevention worker and 3 part-time peer coaches, recruited from the peer group)</p> |
| MINORITY ETHNIC POPULATIONS REACHED | <p>Total 2003–April 2012: 15 463</p> <p>In the last few years: 2 100–2 500 per year at-risk young migrants aged 14–25</p> |
| HOW FUNDED | <p>Most of the funds come from the Amsterdam City Council, with a smaller proportion from the district council of Amsterdam Zuidoost</p> |
| ONLINE DELIVERY | <p>Yes http://www.cia-info.nl</p> |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <p>By conducting a literature study and getting the result translated into the peer group's language.</p> <p>Monitoring the process by evaluating the work and adjusting whatever is necessary.</p> |
| SUCCESSSES | <ul style="list-style-type: none"> • From the start in 2003, CIA has maintained a group of peer educators, varying from 10 to 25 people • In the first year (2003), CIA reached 300 young people: this has grown to 2882 people in 2011 • CIA is well-known to all the relevant authorities in Amsterdam, which ensures it reaches the target group |
| CHALLENGES | <ul style="list-style-type: none"> • Recruiting the first peer group • Recruiting Moroccan and Turkish peer educators • Maintaining a reasonable number of volunteers • Getting funds for research and development |
| EVALUATION | <p>An external qualitative process evaluation was conducted on the first two years of the project by the Bonger Institute of Criminology at the University of Amsterdam (Wesselink, K. Korf, D.J. 2005, Soetoe en Skaffa; Een peerproject over slimmer blowen, Forum, Instituut voor multiculturele ontwikkeling, Utrecht). This reported:</p> <ul style="list-style-type: none"> • Both the target group and the professionals working with them escorting them were positive on CIA's education. They heard a lot of new information and harm reduction tips. They did not think any information was missing and did not find any subject superfluous • There were no big changes found in the standard of responsible usage, but in most cases there was a trend—and sometimes an effective shift—in the desired direction • The peer educators were judged to be positive role models, which enhances both their own self-esteem, and that of members of the target group • In groups where professionals were non-judgemental on usage patterns, a more open atmosphere was created, which created the possibility for professionals to later address the issues raised by the users • A group of motivated peer educators was created and for some, participating in CIA gave their lives a positive spin. All of them became more aware of their own cannabis use and some of them quit using. |

A qualitative and quantitative process evaluation was also conducted on the effects of The Cannabis Show (van der Spek, Noyen, 2009. *De Cannabisshow: peers op het podium* -<http://www.jellinek.nl/zoeken?q=peers+on+stage>). This internal evaluation was funded and monitored by ZonMw, an organisation set up by the Dutch Ministry of Healthcare, Wellbeing and Sports and reported:

- Cannabis users in the intervention groups were significantly less likely than cannabis users in a control group to use cannabis, and to use the drug daily and weekly
- There were significant differences between the two groups in terms of knowledge, normative beliefs and self-efficacy
- The participants were very positive about the intervention and rated The Cannabis Show highly
- One week after the intervention, in-depth interviews were held among 12 participants: they found the intervention entertaining, remembered a lot of information and considered the information as reliable and acceptable; they all especially valued the education by peers, because they felt more acknowledged by peers; and the interactive parts were appreciated the most, because it made the respondents feel like their opinion was valued and it helped them to concentrate
- The decrease in use in the week after the intervention largely persisted.

23
SWEDEN

Service provider
Borlänge municipality

Intervention
Preventive project against khat

Delivered in
Borlänge municipality, Borlänge

2010–2011

CONTACT DETAILS

Public health coordinator Borlänge municipality, Sveavägen 21, 781 81 Borlänge, Sweden
(46) 243 74 86 9
<http://www.borlange.se>

SUMMARY OF RATIONALE, AIMS AND ACTIONS

To address khat use by Somalis in Borlänge, who are marginalised and stigmatised (and, in the long-term, enable their integration into Swedish society), the project looked into problems related to khat use and strategies that could be used for prevention, early detection, and treatment for those already addicted.

The social network is one of the most important factors influencing khat use, and the family suffers the most harm. To help prevent khat use it was necessary to raise awareness of the health risks and the harm inflicted on people surrounding the person using the drug. However, there is a cultural taboo on talking about drug use because of the stigma and shame it attracts within the community.

Actions comprised:

- Mapping khat use in the Borlänge municipality using a survey of 355 people (according to Swedish population statistics, in December 2010 there were 1 684 Somalis in Borlänge)
- A group of local Somali people were recruited to the project steering group to provide information about cultural aspects and traditions regarding khat use
- An extensive information campaign was carried out, during which valuable contacts were made and information on health risks and impact on the khat user's family was disseminated
- A project leader was recruited from the Somali community
- Several Somali NGOs and interest groups were engaged in the project

With the results of the survey and the experience accumulated during the project as a background, Borlänge municipality intend to form a municipal strategy for prevention of khat use. Several key players, initiatives and practices have been identified and compiled into a draft strategy, and future work will be planned according to the strategy.

STAFFING

8 workers from the service provider
5 members of the target community

MINORITY ETHNIC POPULATIONS REACHED

2010–11:
approx 600 Somalis

HOW FUNDED

External funding from the County Administrative Board of Dalarna, the rest from Borlänge Municipality in terms of personnel, materials, telephone costs and premises.

After the project was completed in 2011, it was difficult for the municipality of Borlänge to find resources to further drive the prevention of khat use. A new application for external funding was submitted to the Swedish National Institute of Public Health to further develop the strategies based on the project's experiences. Continued support from the national parliaments is hoped for, so that the project can move forward and hopefully develop a model for how to address drug problems in all ethnic minority groups.

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| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <ul style="list-style-type: none"> • Contemporary social and environmental analysis: research and literature review • Consultations with community members through the expert group attached to the project steering group • Looking at best practice from other regions/municipalities |
| SUCSESSES | <ul style="list-style-type: none"> • The actions led to a broad competence base and made khat use a priority for the entire municipality: the issue of khat use and its negative consequences for the Somali population has been lifted higher on the political agenda • The local Somali people who worked with the project steering group provided valuable information about cultural aspects and traditions regarding khat use and also served as a link into the Somali community • The information campaign was met by both positive and negative reactions (see 'Challenges', below): valuable contacts were made, and information on health risks and impact on the khat user's family was disseminated • The Somali project leader helped overcome both language and cultural barriers • The Somali NGOs and interest groups that were engaged in the project helped to create participation in the intervention's activities • The broad competence base and a multi-agency perspective in the project steering group made khat use a priority for the entire municipality • Several other municipalities in Sweden have expressed interest in this project and Borlänge organised a conference to raise awareness of khat and its consequences in May 2012: it was fully booked well in advance, which shows a great interest but also a great lack of knowledge about the issue. |
| CHALLENGES | <ul style="list-style-type: none"> • The stigma of drug use meant that, initially, community members were very suspicious about why the issue was being discussed, including whether their involvement would lead to the police being informed: it took more time and hard work than anticipated to build up trust • The multi-agency steering group for the project also presented difficulties in terms of which municipal sector was to have the main responsibility for the project: public health, social services or integration? • The mapping of khat use was difficult since people did not want to talk about drug addiction: the results of the mapping might therefore be unreliable and no firm conclusions can be drawn about, for example, the links between khat use, educational background, and family circumstances • At the beginning of the project, false information about Somalis and khat use was spread in the media, which caused difficulties in communicating with the Somali community. |
| EVALUATION | <p>An internal evaluation was conducted by the Borlänge Municipality. It reported that the project's outcome had been good in terms of creating strategies for continuing Borlänge municipality's work against khat use. One year is a short time for seeing effects, but the issue of khat use and its negative consequences for the Somali community has been lifted higher up the political agenda. This will enable a more long-term initiative aimed to increase knowledge and create a negative attitude towards the drug in Borlänge.</p> |

24
SWEDEN

Service provider

Tänk Om!

Intervention

Honour-related violence and addiction

Delivered in

Skåne, Malmö

ongoing since 2009

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| CONTACT DETAILS | Tänk Om!, Drottninggatan 6, Malmö, Sweden Poststugan 85 (46) 073 69 82 83 2 http://tankom.net/ |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | <p>The project targets all immigrant girls and women who are victims of honour-related violence and may be addicted to drugs and have a criminal background and workers in governmental or nongovernmental organisations who may come into contact with the target group.</p> <p>The aims are to improve knowledge about honour-related violence and its potential relationship with addiction, so that those who work with the affected girls and women better understand the problem and are better able to offer support, and to empower the girls/women by giving them the self-confidence to manage on their own and to deal with their problems.</p> <p>Actions comprise:</p> <ul style="list-style-type: none"> • Education/information and support to workers who may come into contact with the target group • Provision of a meeting place for the girls/women • Support (individually or in groups) for those who have been victims of honour-related violence and may also be addicted to drugs and/or alcohol or have other addictions, such as to sex and to shopping • Support for starting self-help groups in Skåne • Talks at schools • Development of treatment programmes within prison for women coming from honour-related contexts • Conciliate when the girls/women come into contact with social services, non-governmental organisations, safe shelters, etc. |
| STAFFING | 9 workers from the service provider 10–15 volunteers |
| MINORITY ETHNIC POPULATIONS REACHED | 2009–May 2012: approx 50 girls and women mainly from Iraq, Iran, Turkey and other middle east countries, including members of religious minorities within these groups |
| HOW FUNDED | Through money from Länsstyrelsen in Skåne, financed by development support from the Education Ministry of Sweden |
| ONLINE DELIVERY | Yes http://tankom.net/ |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | Tänk Om! saw a need for more information, knowledge and support to the target groups about honour-related violence generally but also the relationship between honour-related violence, addiction and criminality. The support is available to all girls/women abused by honour-related violence. |
| SUCCESSSES | No information |
| CHALLENGES | No information |
| EVALUATION | No |

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| <p>25 SWEDEN</p> | <p>Service provider Community and health facilitators</p> <p>Intervention Information and discussions on drugs and drug-related themes</p> <p>Delivered in The southern region of Skåne (in 26 of the region's 33 municipalities)</p> <p>2008–14</p> |
| CONTACT DETAILS | <p>Development manager, Länsstyrelsen, Kungsgatan 13, 201 15 Malmö, Sweden (46) 733 92 15 28 http://www.lansstyrelsen.se/skane/Sv/manniska-och-samhalle/integration/partnerskap-skane/samhallskommunikatorer/Pages/index.aspx</p> |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | <p>Compared to other groups in the general population, newly arrived refugees are at higher risk of poor health (physical and psychological) and drug and alcohol use. Factors contributing to this are related to circumstances before migration, during migration, and in the period following migration, including lack of integration into the host country.</p> <p>Health-related issues are intertwined with issues related to education, family, housing etc, and these are major elements of the immigrants' social and vocational inclusion into, or exclusion from Swedish society. In order to provide all immigrants in the region of Skåne with equal, up-to-date, quality information, the 'Community and health facilitators' project was devised.</p> <p>The intervention is provided to groups of immigrants (10 to 25 persons per group) in the mother-tongue of the most-used languages of immigrants in Skåne (currently Arabic, Dari, Pashto, Somali, and Albanian) and in English and Swedish. It is delivered using methods allowing for dialogue and interaction as well as pertaining to the current needs and interests of the participants. The programme consists of 32 different themes, with the session on each lasting approx. 2.5 hours.</p> <p>In addition, minority ethnic organisations have been trained in order for them to continue and further develop interventions within their organisations. This aspect of the project will be further developed during 2012–14.</p> |
| STAFFING | 7 workers from the service provider |
| MINORITY ETHNIC POPULATIONS REACHED | <p>Per year:</p> <ul style="list-style-type: none"> approx 1 300 newly arrived immigrants 100 unaccompanied minors seeking asylum in Båstad, Ängelholm and Helsingborg 30 Albanian-speaking mothers or mothers-to-be in Landskrona an unknown number of members of minority ethnic organisations |
| HOW FUNDED | State (40 %), regional (40 %) and local (20 %) funds |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <ul style="list-style-type: none"> • Consultations with state, regional and local authorities • Consultations with the target groups • Review of literature and research • Cooperation with researchers and universities |
| SUCCESSSES | No information |

CHALLENGES

Securing a permanent platform and financing of the intervention.

Securing enough of the immigrants' available time in order to fulfil the objectives of the programme (during the two years after arrival in Sweden, immigrants are the responsibility of the national labour organisation and must follow a programme of language training and vocational preparation or training, alongside information sessions on different subjects).

Securing continued, adequate and updated training of personnel whilst they are fully occupied with delivering the intervention

EVALUATION

Externally, Ramböll Consulting Management evaluated the project on an organisational level in terms of the possibilities of having a permanent organisation and concluded that the possibilities were excellent.

Internally, the intervention is continually evaluated by peers and reveals that it is much appreciated by participants. There is also regular self-evaluation by staff, which shows the need for them to be constantly updated on the programme's 32 themes.

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| <p>26 UNITED KINGDOM</p> | <p>Service provider Substance Support Team Tier 2 Harm reduction service</p> <p>Intervention Link up</p> <p>Delivered in Bradford, England</p> <p>2010–12 (unless further funding received)</p> |
| CONTACT DETAILS | <p>Service Manager, Substance Support Team, 16–20 Edmund Street, Bradford, West Yorkshire BD5 0BH, United Kingdom (44) 01 274 32 07 82 (44) 01 274 32 07 71 http://www.hortonhousing.co.uk</p> |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | <p>In Bradford, many of the drug and alcohol users from the A8 countries (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, Slovenia) are unemployed, living in poor accommodation and lack English language skills. Social exclusion is exacerbated by drug and alcohol use.</p> <p>Multiple face-to-face contact sessions with migrant populations from the A8 countries are conducted and consist of:</p> <ul style="list-style-type: none"> • Support with consequences of drug and alcohol use (e.g. state benefits) • Reconnection with the homeland • Identification of cases of human trafficking • Brief interventions around alcohol use • Access to treatment • Access to translation services <p>The project also held three local and one national cultural awareness events for drug and alcohol workers.</p> |
| STAFFING | 2 bilingual workers from the service provider |
| MINORITY ETHNIC POPULATIONS REACHED | <p>From 2010–March 2012: 80 migrants to the United Kingdom from the A8 countries</p> |
| HOW FUNDED | 2009–10: Migration Impact Fund |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <p>Consultations with treatment providers, Police, Probation Service, housing providers, advice centres and day centres, to ascertain issues, impact, numbers already in treatment, translation services, and other relevant issues within these services.</p> <p>Questionnaire circulated amongst A8 nationals using the agencies above and the service’s open access drop-in centre.</p> |
| SUCCESSSES | No information |
| CHALLENGES | No information |
| EVALUATION | <p>An internal evaluation conducted by Bradford Joint Commissioning Team (Drugs and Alcohol) found that:</p> <ul style="list-style-type: none"> • the service’s awareness-raising events for drug and alcohol workers were very successful (each was attended by over 100 people) • the service was working with 80 individuals • there was ambivalence among the A8 countries’ communities around alcohol use. |

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| <p>27 UNITED KINGDOM</p> | <p>Service provider REACH Community Health Project and GCA Alcohol and Drug Prevention and Education South Team, Glasgow</p> <p>Intervention REACH-out to shape-up: alcohol information and advice for a healthier family life</p> <p>Delivered in South Glasgow, Scotland</p> <p>2011</p> |
| CONTACT DETAILS | <p>REACH, Network House, 311 Calder Street, Govanhill, Glasgow G42 7NQ, Scotland, United Kingdom (44) 014 15 85 80 22 admin@reachhealth.org.uk http://www.reachhealth.org.uk</p> <p>Alcohol and Drug Prevention and Education, South Team, Glasgow Council on Alcohol, Govanhill Workspace, Unit 12, 69 Dixon Road, Govanhill, Glasgow G42 8AT, Scotland, United Kingdom (44) 014 14 24 04 45 http://www.glasgowcouncilonalcohol.org</p> |
| SUMMARY OF RATIONALE, AIMS AND ACTIONS | <p>Research has shown that the consumption of alcohol among the Sikh community is comparatively higher than among other religions of Asian ethnic origin. Anecdotal evidence on this issue among the Roma community suggests that alcohol forms an integral part of their lives, especially during events such as birthdays, weddings and festivals.</p> <p>The project addressed the lack of understanding of alcohol among the Sikh and the Roma communities in Glasgow. It aimed to raise awareness of alcohol in terms of its impact on individuals' health and to give advice to promote a healthier family life.</p> <p>Actions comprised:</p> <ul style="list-style-type: none"> • Formulation of strategies to engage with the communities • Production of leaflets in the appropriate languages, to publicise the workshops • 2.5-hour workshops to raise awareness of the relevant issues, dispel myths, and publicise alcohol services |
| STAFFING | Workers from the service providers |
| MINORITY ETHNIC POPULATIONS REACHED | In 2011: total 58, comprising 41 Roma and 17 Sikhs |
| HOW FUNDED | Alcohol Initiatives Fund (Glasgow City Council) |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | Previous studies and information from the work carried out by mainstream and third sector organisations formed the rationale for the need for the intervention programme. |

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| SUCCESES | The findings from the evaluation suggest that the Alcohol Initiative Project has achieved its goals and helped increase awareness of alcohol among the Sikh and Roma Communities in terms of the effects of alcohol on an individual, their family, their community and the country as a whole. The project has therefore helped to provide basic advice for a healthier family life. |
| CHALLENGES | The reluctance of members of the Sikh community to openly discuss alcohol use in the workshops (despite being eager to attend), because of the stigma attached to it. |
| EVALUATION | <p>The project was evaluated internally by REACH with contribution from GCA Alcohol and Drug Prevention and Education South Team, Glasgow. Results are:</p> <ul style="list-style-type: none">• After the workshops:<ul style="list-style-type: none">– 100 % of the participants felt more aware of the sensible drinking guidelines.– 89 % felt more aware of the effects of alcohol on the body.– 100 % felt that they had explored how alcohol can impact upon family and social life• Both communities showed great interest in participating in the workshops, but Sikh participants were reserved about discussing alcohol, whereas the Roma participants were more comfortable in openly discussing it• Most workshop participants—from both communities—were previously aware of the effects of excessive alcohol consumption on an individual’s health and family. However, none were able to define excessive (binge) drinking and none had knowledge of the correlation between obesity and drinking alcohol (on the contrary, they thought that drinking alcohol leads to weight loss). |

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| <p style="text-align: center;">28 UNITED KINGDOM</p> | <p>Service provider The Big Lottery Harm Reduction Project</p> <p>Intervention Raising drugs and alcohol awareness to the Black, Asian, lesbian, gay, bisexual and transgender people (LGBT) and Gypsy/Roma/Traveller communities across Buckinghamshire</p> <p>Delivered in Buckinghamshire, England</p> <p>2006–11</p> |
| <p>CONTACT DETAILS</p> | <p>Bucks DAAT Community and Availability Coordinator, 6th Floor, County Hall, Walton Street, Aylesbury, Bucks HP20 1UA, United Kingdom (44) 012 96 38 77 49 http://www.bucksdaat.co.uk</p> |
| <p>SUMMARY OF RATIONALE, AIMS AND ACTIONS</p> | <p>Research has highlighted that the nature of drug use in minority ethnic communities is complex and that targeted approaches are needed to tackle substance use problems within these communities. Based on the recommendations of this research and a number of other public consultations, this project targets Black Caribbeans, South Asians, Travellers and Roma and Gypsies (and also gay, lesbian, bisexual and transgender/LGBT people).</p> <p>The aim was to improve the provision for, and take-up of drug and alcohol services by minority ethnic (and LGBT) populations and to provide tailored solutions to substance-related problems. The project is community-led, based on clients' needs and local programme planning by:</p> <ul style="list-style-type: none"> • Engagement with the targeted communities and the range of voluntary and statutory partner agencies that come into contact with them, thus building the capacity for community involvement through a volunteering scheme, giving potential beneficiaries the tools they need to lead as well as participate • Delivering new ways to support lifestyle change and remove the barriers substance users face by a range of activities, such as advocacy and the development of new projects that address local communities' needs and priorities and embody the solutions identified by communities • Ensuring sustainability and long-term change beyond the life of the project by building communities' capacity and energy to take control of their own wellbeing and advocate for change and resourcing |
| <p>STAFFING</p> | <p>3 workers from the service provider</p> <p>200 volunteers (members of the target communities) – some assisting for just one or two sessions, others for the lifetime of the project</p> |
| <p>MINORITY ETHNIC POPULATIONS REACHED</p> | <p>From 2006–11, total 7 250, comprising:</p> <ul style="list-style-type: none"> 3 000 South Asians (including those of mixed ethnicity) 2 500 Black Caribbeans and Black Africans (including those of mixed ethnicity) 1 500 Gypsies/Roma/Travellers 250 east Europeans |
| <p>HOW FUNDED</p> | <p>The Big Lottery (The National Lottery)</p> |
| <p>ONLINE DELIVERY</p> | <p>No</p> |

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| <p>HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS</p> | <p>A comprehensive needs assessment was carried out as part of the 'Department of Health/University of Central Lancashire Black and minority ethnic drug misuse needs assessment project', which employed the Centre for Ethnicity and Health's Community Engagement Model [Fountain et al., 2007].</p> <p>An action plan was formulated to fill the gaps and deal with the issues that were identified by the needs assessment.</p> <p>Throughout the project, consultations were held with drug users and everyone that surrounded them (community members, extended families, faith leaders, community leaders and local dignitaries), to ensure that the right needs for each of the target populations were being met.</p> <p>The project reported here aimed to deliver the actions identified by the needs assessment.</p> |
| <p>SUCCESSSES</p> | <ul style="list-style-type: none"> • The number of minority ethnic clients at drug and alcohol services quadrupled over the course of the project • Of 200 member of the target communities who worked on the project, 45 are now working alongside the community safety teams/drug treatment providers, and 20 additional individuals have been identified as community advocates to work in the communities as a point of contact for concerned people • The above shows that the project was sorely needed in the locality and that the ability to target specific groups using dedicated workers was invaluable • It also highlights the need for the level of intensive support required by some communities and also for services to have a better understanding of cultural differences |
| <p>CHALLENGES</p> | <ul style="list-style-type: none"> • The service within which the project was located has tried to maintain the project's good practice. but is unable to dedicate worker time to this and are trying to up-skill the workforce to deal with the gap left by the project • Although all of the project's targets were over-exceeded, funding to continue it has not been found, due to current economic climate • The gap that has been left is potentially damaging to the good work that the project achieved |
| <p>EVALUATION</p> | <p>An internal evaluation showed that:</p> <ul style="list-style-type: none"> • The baseline in 2008–09 was 52 minority ethnic clients entering drug and alcohol treatment. This was increased to 136 in 2009–10, and to 214 in 2010–11. At the end of the project, this represented 14 % of the service's overall client population • The service attended or facilitated over 150 events, and the volunteers facilitated 20 events themselves. |

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| <p style="text-align: center;">29 UNITED KINGDOM</p> | <p>Service provider Freshwinds</p> <p>Intervention Bro-Sis Project</p> <p>Delivered in Birmingham (citywide), England</p> <p>ongoing since 2004</p> |
| <p>CONTACT DETAILS</p> | <p>Director of Development, Freshwinds, Prospect Hall, 12 College Walk, Selly Oak, Birmingham B29 6LE, United Kingdom (44) 012 14 15 66 70 http://www.freshwinds.org.uk</p> |
| <p>SUMMARY OF RATIONALE, AIMS AND ACTIONS</p> | <p>Black Caribbean people are underrepresented in drug treatment services in Birmingham because of, for example, the cultural elements of substance use, the stigma that surrounds class A drug use, and because mainstream services often do not meet their cultural needs. The project provides a range of harm reduction interventions to promote the physical, psychological and social wellbeing of Black Caribbean drug users and helps them access treatment services by:</p> <ul style="list-style-type: none"> • Recruitment of a Black Caribbean drug worker • Recruitment of community volunteers • Community engagement with the community at various community events • Joint working with other providers to support Black Caribbean people to remain engaged in their treatment journey • Working with local faith groups and churches to raise awareness of substance use and to work to tackle stigma • One-to-one work to support drug users and their families/carers • Community workshops on drug and alcohol use, including fun and engaging activities • Work to ensure that drug services meet the needs of the community, such as consultation with the community on the type of services that they feel they need and gathering feedback from service users |
| <p>STAFFING</p> | <p>1 worker from the service provider 2 volunteers 2 members of the target community</p> |
| <p>MINORITY ETHNIC POPULATIONS REACHED</p> | <p>In 2011: 101 Black Caribbeans</p> |
| <p>HOW FUNDED</p> | <p>Mainly funded through Birmingham Drug and Alcohol Action Team, with some funding from charitable trusts</p> |
| <p>ONLINE DELIVERY</p> | <p>No</p> |

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| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <p>Approaches to ensure that the services and interventions meet the needs of the community include:</p> <ul style="list-style-type: none">• Consulting the Black Caribbean community on the type of services that they felt they needed• Regularly gathering feedback from service users on their experiences of accessing the service• Gathering feedback at events• When planning the service, other relevant projects were visited, to share their learning• Black Caribbeans were recruited as volunteers and staff members |
| SUCCESSSES | <p>Community engagement activities have raised awareness of drug use and the community are more willing to discuss it.</p> <p>The activities and cultural sensitivity of the Bro-Sis project has meant that those often considered 'difficult' clients have remained in treatment services.</p> <p>Linguistic barriers have been overcome with drug users and their families</p> |
| CHALLENGES | <p>Faith groups initially refused to acknowledge that there was a drug problem among this population.</p> <p>The very small amount of funding means the activities of the project are limited.</p> |
| EVALUATION | <p>No</p> |

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| <p style="text-align: center;">30 UNITED KINGDOM</p> | <p>Service provider CRI Arundel Street Project, Sheffield</p> <p>Intervention Victoria Hall drop-in weekly session: multi-agency event for asylum seekers and refugees</p> <p>Delivered in Sheffield, England</p> <p>ongoing since 2011</p> |
| <p>CONTACT DETAILS</p> | <p>Project Manager, CRI Arundel Street Project, 92a Arundel Street, Sheffield S1 4RE, United Kingdom (44) 011 42 72 14 81 http://www.cri.org.uk</p> |
| <p>SUMMARY OF RATIONALE, AIMS AND ACTIONS</p> | <p>CRI attends the weekly multi-agency drop-in, in order to enhance discussions of drug use amongst all ethnic groups there, especially normalising frank and open discussion about drugs and the implications within different communities. CRI provides culturally appropriate support to ethnic groups to overcome barriers to drug-related interventions via:</p> <ul style="list-style-type: none"> • A drugs information stall, including a 'drug box' at the drop-in (a drug box has 'samples' of different drugs so that people can see what they look like) • Written information about drugs provided in English, Farsi, Urdu, Punjabi, Somali, Kurdish, Turkish, Arabic and French • Engagement with all the other service providers attending the drop-in • One-to-one discussions around drugs and ethnicity • Assessment of drug users' needs • Referral to relevant services • Building a rapport with clients to encourage discussions around drugs <p>The CRI worker assigned to this drop-in utilises her own community language skills as well as the on-site interpreters.</p> <p>Problems among the mainly Iranian community surrounding drug (especially opium) use are more severe compared to other ethnic groups attending the drop-in, but there was no specialist service present to provide advice and information to this population. In addition, there is a cultural taboo among all ethnic groups at the drop-in on talking about drug use because of stigma and shame.</p> |
| <p>STAFFING</p> | <p>1 worker from the service provider</p> |
| <p>MINORITY ETHNIC POPULATIONS REACHED</p> | <p>2011–May 2012 (8 months): 190 asylum seekers and refugees: African (including Congolese and Egyptian), Iraqi, Iranian, Kurdish, Pakistani, Palestinian, Turkish, Yemeni</p> |
| <p>HOW FUNDED</p> | <p>CRI's role in the drop-in sessions was commissioned by Sheffield Drug and Alcohol Action Team as part of the Open Access Drug Service.</p> <p>This activity will end in September 2012, when the local council's asylum team funding priorities change and the multi-agency sessions are dissolved.</p> |
| <p>ONLINE DELIVERY</p> | <p>No</p> |

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| <p>HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS</p> | <p>The worker had previous links with the local asylum team and approached them to discuss whether the Victoria Hall drop-in would benefit from specialist drugs information and advice. It was agreed to trial a weekly stall and monitor how this intervention was utilised. The stall was based on a generic model, which the CRI service has used at many community outreach events and comprised a visual display board, a drug box with 'sample' substances, and literature available in several languages. This is a model also used by other services who utilise the drop-in and is familiar to visitors.</p> <p>Community interpreters are always present at the drop-in and the project worker also utilises her own language skills to demystify drug treatment jargon in South Asian languages.</p> <p>The worker quickly recognised that there were individuals attending the drop-in who were using substances, or who had limited knowledge of substances and of the law concerning drug use in the United Kingdom. She has always provided information on all substances, but as she has become known and trusted by the Iranians who visit the drop-in, she has had a greater number of individuals disclosing opium use, but who are not seeking structured support. She researched this issue in order to provide appropriate advice.</p> |
| <p>SUCCESES</p> | <ul style="list-style-type: none"> • The drug box is very effective at encouraging people to take an interest at the stall • Those who have visited the stall have told others about it or passed on what they have learned there • Leaflets on drugs in various community languages have been produced and distributed • Some individuals visit the stall weekly • CRI has been part of multi-agency working with other service providers attending the drop-in • After visiting the stall, 6 clients referred to drug services and 6 were drug-free after treatment |
| <p>CHALLENGES</p> | <ul style="list-style-type: none"> • Initially, people attending the stall did not want to talk about drugs because, they said, 'it doesn't happen in my culture' • Some asylum seekers/refugees were suspicious about the police being informed if drugs were discussed • Discussing opium use with members of the Iranian community was initially difficult due to them thinking confidentiality would be breached |
| <p>EVALUATION</p> | <p>No</p> |

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| <p style="text-align: center;">31 UNITED KINGDOM</p> | <p>Service Sharing Voices</p> <p>Intervention The Link Up Project</p> <p>Delivered in Bradford, England</p> <p>June 2010 – September 2012</p> |
| <p>CONTACT DETAILS</p> | <p>Planning Manager, Joint Commissioning Team Substance Misuse and DIP, Merchant's House, 1–7 Leeds Rd, Shipley, Bradford BD18 1 BP, United Kingdom (44) 012 74 80 98 91</p> |
| <p>SUMMARY OF RATIONALE, AIMS AND ACTIONS</p> | <p>The project targets:</p> <ul style="list-style-type: none"> • The mainly Muslim South Asian community in terms of alcohol use and problematic use, reports of which are largely anecdotal • The Black Caribbean community, in terms of problematic substance use: this group are underrepresented as clients of drug and alcohol services • Recent arrivals from the A8 countries (Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia) in terms of alcohol use: this group attend services but many do not see their use as problematic • Concerned others (family and friends of substance users), who need support in their own right but are not accessing the Concerned Other service <p>The project's aims are to:</p> <ul style="list-style-type: none"> • Inform the communities about alcohol and drug use and ensure that information about help is available and accessible • Work with individuals seeking help to support them into services • Work with services to develop cultural competency • Develop information materials suitable for the targeted communities • Ensure that concerned others are receiving information about the help available to them <p>Actions comprise:</p> <ul style="list-style-type: none"> • Appointment of three minority ethnic staff from the communities listed above • Engagement with communities by, for example, targeting imams, community educators and community leaders, and providing a forum for the exchange of ideas and views • Development of information to target the different communities • One-day conference on A8 country migration and substance use • Work with individual agencies to develop cultural competency • Support to individuals seeking help to access treatment • Provision of opportunities for community members to visit services to understand more about them • Improving access to Concerned Other services for the friends and families of substance users |
| <p>STAFFING</p> | <p>3 part-time workers from the service provider (all from the targeted minority ethnic communities).</p> |

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| MINORITY ETHNIC POPULATIONS REACHED | June 2010–June 2012: 40–50 South Asians 10–20 Black Caribbeans 50–100 central and east Europeans |
| HOW FUNDED | Via central government’s Drug and Alcohol Pool Treatment Budget |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | By using the findings from a local drug and alcohol needs assessment. |
| SUCCESSSES | <ul style="list-style-type: none"> • Increasing minority ethnic communities’ knowledge and understanding of services provided • Developing an information booklet for imams and community leaders in the South Asian Community for use after the project has finished. • Services have met directly with South Asian Community leaders/educators and imams, breaking down barriers and misunderstandings about the way in which services work and are delivered • A one-day conference raising awareness of issues that face central and east European migrants, such as housing, state benefits, isolation, abuse (physical, sexual and economic), and substance use, attended by over 100 people: the conference raised awareness of how alcohol and drug use is often symptomatic of wider and often more pressing issues for these migrants, and how to access help for these service users • Improved take-up of alcohol services by the South Asian community (there is now a South Asian male support group within the alcohol service, with 8–10 regular attendees) • Production of a wallet-sized, culturally sensitive card for concerned others, with information targeting the relevant minority ethnic communities |
| CHALLENGES | <ul style="list-style-type: none"> • Access to services by Black Caribbeans has not increased and the project did not reveal significant problematic substance use or unmet need among this population • Within local services, there is a lack of staff with language skills to work with the central and east European service users when they have accessed services: the project has provided evidence to support a request for increased funding to employ staff with the relevant language skills • In general, central and east European migrants do not consider their alcohol use to be problematic and are therefore reluctant to engage in conversations about it: they do not have this reluctance to access drug services, however |
| EVALUATION | No formal evaluation has been conducted, but quarterly performance monitoring has identified the positive work undertaken and the challenges that the project has faced. |

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| <p style="text-align: center;">32 UNITED KINGDOM</p> | <p>Service provider Rushmoor Borough Council, Catch22 & Hampshire Constabulary</p> <p>Intervention Know the Score Rushmoor (KtS)</p> <p>Delivered in Farnborough and Aldershot, England</p> <p>2010–12</p> |
| <p>CONTACT DETAILS</p> | <p>Neighbourhood Development Officer, Council Offices, Farnborough Road, Farnborough, Hampshire GU14 7JU, United Kingdom (44) 012 52 39 87 64 http://www.rushmoor.gov.uk</p> |
| <p>SUMMARY OF RATIONALE, AIMS AND ACTIONS</p> | <p>The project was created in response to a need identified within the Nepalese community, primarily education around substance use and the relevant free services available from the National Health Service. Central to the original vision of the project was the dissemination of information among the community in connection with substance misuse and young people. An additional goal was the appointment of ‘community champions’, individuals from within the community who would work alongside the community support officer to participate in the dissemination of information to the community.</p> <p>Actions comprise:</p> <ul style="list-style-type: none"> • Drug and alcohol awareness workshops for families and children (together and separately) in Rushmoor, including speakers from the police, the youth service, and Catch22 (a charitable organisation that helps to develop a person’s confidence and skills to grasp solutions that are right for them) • 10 youth engagement activities (such as playing football, basketball, cricket and gardening) held on one evening a week • A health survey completed by those attending local events • ‘Naya Yuva’ (New Youth) group, which provides an open forum for discussing and addressing local issues, including substance use and anti-social behaviour • Presentation to relevant local groups on substance use and youth activities • Community engagement and meetings with community leaders • Promotion of drug and alcohol awareness via stalls at community events • Delivering drug and alcohol awareness in English as a Second Language (ESOL) classes in college • Promoting drug and alcohol awareness during a school’s fun day activities • Coordinated drug and alcohol training for 10 volunteer community facilitators • Creation of a dedicated website (http://www.knowthescore-rushmoor.org.uk) • Radio interviews and an article in a Nepalese newspaper |
| <p>STAFFING</p> | <p>The project comprises of one community support officer post with local partners involved in the monitoring and support of the post holder</p> |
| <p>MINORITY ETHNIC POPULATIONS REACHED</p> | <p>From April 2010–July 2012, a total of 3 000 Nepalese people, including:</p> <ul style="list-style-type: none"> 244 participants in drug and alcohol awareness workshops for families and children 103 participants in youth engagement activities engagement with 64 community leaders |

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| HOW FUNDED | Through the project's partners (Hampshire Drug and Alcohol Action Team, Rushmoor Borough Council, Hampshire Constabulary and Rushmoor Volunteer Services) |
| ONLINE DELIVERY | Yes http://www.knowthescore-rushmoor.org.uk |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <ul style="list-style-type: none"> • Initial survey of 1 000 people • Meeting of community leaders in order to establish a network within the community • Promotion of the project through all the actions listed above in 'Summary of rationale, aims and actions' |
| SUCSESSES | <ul style="list-style-type: none"> • There was universal agreement (via focus groups) on the need for the project to continue, with community members and community leaders acknowledging that heroin and cannabis use are particular concerns that the project should address • All participants were complimentary of the work undertaken by the community support officer • Community leaders were very vocal in their support for the project and expressed a genuine need for preventative work around substance use among young people in Rushmoor • Increased awareness about drugs and an increased willingness to use local services has been achieved only through the work of this project |
| CHALLENGES | <p>Continued funding to:</p> <ul style="list-style-type: none"> • Continue the project and reach more people • Hold smaller workshops, so that information can be disseminated more effectively than in large groups • Enable a higher level of community and user involvement through developing youth ambassadors and community advocates for the project, ultimately leading to the project being transferred to community ownership within three years • Establish a project website and use social marketing (such as video and blogs on the website) in order to raise awareness more widely • Work with service providers to make them more attractive to the Nepalese community and engage more people in their preventative and intervention activities • Improve monitoring systems so that the longer-term benefits of the project can be captured, and the changes in behaviour and outcomes which result can be identified |
| EVALUATION | <p>An external evaluation, conducted by Innovation with Substance, reported:</p> <ul style="list-style-type: none"> • Given the limited time the project has been established, a tremendous amount of community engagement has been achieved, representing a series of necessary first steps to develop the project further • The success of the project and high levels of engagement is due in a large part to the passion and commitment of the current community support officer • The project demonstrates that whilst refinements are needed, the initial vision of the project remains sound, and is beginning to yield enhanced community cohesion and engagement • A survey of 72 individuals who had participated in the project clearly demonstrates a significant improvement in drugs awareness resulting from the project's activities. |

33

BULGARIA
FRANCE
ITALY
ROMANIA
SLOVENIA
SPAIN

Intervention

Project SRAP – Addiction prevention within Roma and Sinti communities

Delivered in

Bulgaria (Sofia)
France (Paris)
Italy (Bologna and Venice)
Romania (Bucharest)
Slovenia (Novo mesto)
Spain (Madrid)

27 months to June 2013

CONTACT DETAILS

SRAP project manager, Municipality of Bologna International relations and projects, Piazza Maggiore 6 – 40126, Bologna, Italy
(39) 051 21 94 53 0
<http://www.comune.bologna.it>
<http://www.srap-project.eu>

SUMMARY OF RATIONALE, AIMS AND ACTIONS

The disparity between Roma and majority communities in virtually every health indicator is not in dispute, but debate continues on the causes of this gap and the steps that should be taken to close it. In terms of substance use and addiction, there is no research on the Roma population across Europe as a whole.

Addiction has a significant effect on the Roma communities because of their social exclusion, marginalisation and poverty. The negative effects also spread to the areas and cities where they live, in terms of social prejudices, difficulties of integration and social security, and impact on health and social services.

The SRAP project will develop and test an intervention for the prevention of early drug use and the reduction of consumption among young Roma people. The programme's transferability will be ensured by its testing in six different social and political contexts.

The intervention uses a life skills-based drug education approach, balancing the provision of drug-specific information with the development of values and skills in young people to enable their healthy development and their ability to cope with their problems and to resist influences to use drugs. The training will take place in community settings and involve training sessions by professionals and Roma cultural mediators.

Actions comprise:

- A seminar for the partners from each country on life skills and motivational interviewing each country's partner then transferred the approach to their countries
- Action research to identify the needs of Roma adolescents: the prevention intervention—a training programme—that was then developed has been culturally tailored
- Activities implemented on the basis of the needs expressed by the young Roma in each participating community and according to the different social and political contexts and the results of the action research
- Work with non-Roma and (where they exist) Roma outreach workers. There are no current plans to specifically train Roma mediators, but at the end of the project, whether or not a training plan for Roma mediators can be developed will be evaluated

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| | <ul style="list-style-type: none"> • Enrolment into the intervention of young Roma people through outreach work in their communities, local schools, mobile units, and utilising both existing contacts and trust and the new contacts and the trust that will be established during the action research • Flexible implementation of the training programme according to the local situation: where adolescents attend schools, the schools' support will be ensured, and in order to strengthen the effectiveness of the training programme, special attention is paid to parents' or relatives' involvement. The training covers: <ul style="list-style-type: none"> – Personal self-management skills – General social skills – Drug resistance skills – Motivational interviewing |
| STAFFING | June 2012: information not yet available |
| MINORITY ETHNIC POPULATIONS REACHED | Young Roma people in three age groups (11–13, 14–16, 17–25) are targeted. June 2012: numbers not yet available |
| HOW FUNDED | The European Commission's Second programme of community action in the field of health (2008–13) |
| ONLINE DELIVERY | No |
| HOW THE INTERVENTION ENSURED IT RESPONDED TO THE NEEDS OF THE TARGETED POPULATIONS | <p>The available evidence and experiences pointed to the necessity to work with young Roma boys and girls aged 11–25 years. Roma children may begin to use drugs aged 10–11 and teenagers may have already used them.</p> <p>One of SRAP's core beliefs is the need to increase the participation of Roma people—especially young people—in the research and intervention processes it envisages. The prevention intervention was designed on the basis of the results of the action research, which used a participatory approach: all the different actors were involved not only in carrying out research, but also in formulating the intervention's aims and main topics.</p> <p>Before designing the action research, between September 2010 and February 2011 SRAP carried out a consultation phase that aimed at involving all stakeholders (institutional as well as Roma youth) in the process of defining target groups and topics for the next stages. Focus groups were therefore organised with young people, professionals, and the local stakeholders group (LSAC) regarding the aspects of drug use among young people the action research should address.</p> <p>Qualitative action research was then conducted to increase the knowledge on drug use among the Roma population, aimed at describing and interpreting the phenomena in a prevention framework. The approach was focused on producing knowledge in a framework that bonds research to intervention. The action research perspective underlines the need to collect data in a practice-oriented manner and to actively involve all the target groups in this process: this work identified the priorities for research and intervention perceived by the different stakeholders and helped create a context of mutual exchange and collaboration.</p> |

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| SUCCESES | <p>The young people participating in the action research element of the project were either previous participants in various social programmes of the partner organisations or were in contact with outreach teams. In all contexts where the research was carried out, existing relationships between outreach workers, researchers and participants was crucial, especially given the sensitivity of the issue of drug use, often accompanied by stigma. Where there was a good previous relationship, participants shared very sensitive information with the interviewer, not just related to drugs, but also to other experiences, such as prostitution or being a victim of violence.</p> <p>Outreach workers were directly involved in selecting and recruiting participants in the action research element of SRAP, and in some locations, they also conducted the research. In Spain, Bulgaria and Slovenia, some of the outreach workers were members of the Roma community: their role was important in explaining the research, ensuring the collaboration and motivation of participants, and establishing trust.</p> |
| CHALLENGES | <p>In many situations it was necessary to contact young people with the mediation of services or organisations other than outreach workers or social programmes. It proved difficult to interview them in these situations.</p> |
| EVALUATION | <p>An external evaluation is being designed and conducted by the Faculty of Health Care and Social Work, Trnava University, Slovakia.</p> <p>Evaluation tools such as pre- and post- tests will be designed to evaluate the participants' knowledge and attitudes prior to, and at the end of the intervention.</p> |

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Cais do Sodré, 1249-289 Lisbon, Portugal
Tel. +351 211210200 • www.emcdda.europa.eu

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The EMCDDA collects, analyses and disseminates factual, objective, reliable and comparable information on drugs and drug addiction. In doing so, it provides its audiences with an evidence-based picture of the drug phenomenon at European level.

The Centre's publications are a prime source of information for a wide range of audiences including policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and the general public.

The EMCDDA Thematic papers are scientific reports on selected, theme-based aspects of the drugs phenomenon. The series makes available the results of research carried out by the agency and its partners to a target audience of specialists and practitioners in the drugs field, including scientists, academics and policymakers.

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