

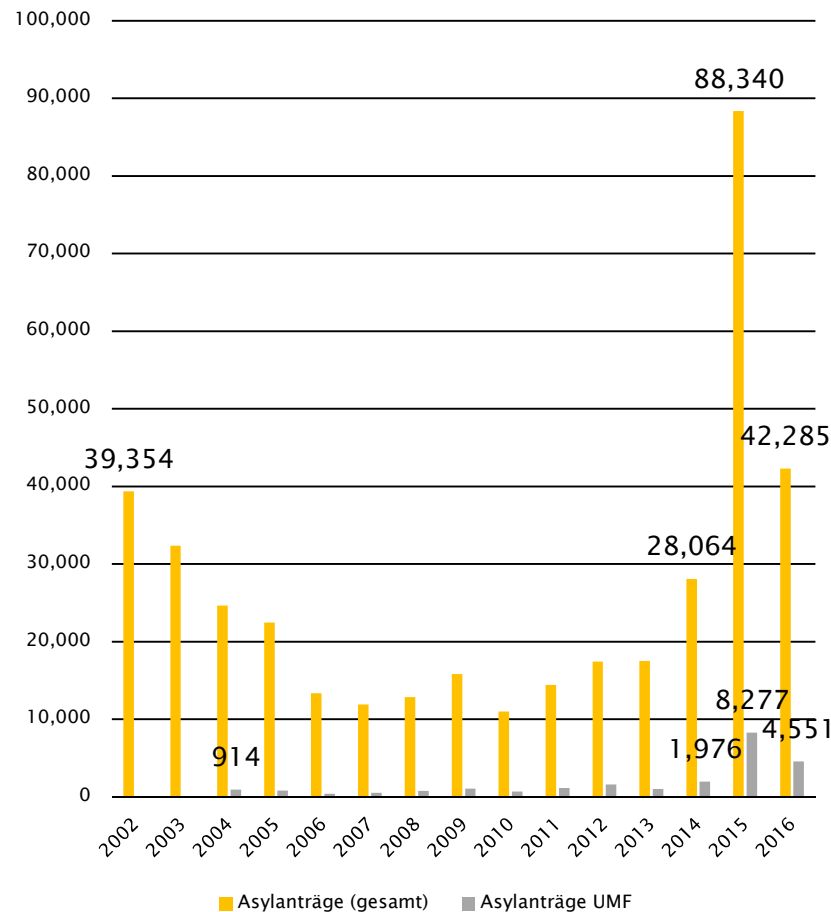
Substance use among unaccompanied minor refugees in Vienna

Julian Strizek

GPS meeting, Lisbon, May 2018

Background, objectives, methodology

Applications for asylum per year in Austria



- » **2015 peak** of about 88,000 applications for asylum, mainly from people from Afghanistan (11,800) and Syria (8,800)
- » About **10 %** of these applications concern UMR (8,277) with an even higher share of people from Afghanistan (~66 %)
- » Since 2016: numbers decline
- » In total 171,000 refugees live in Austria (2016, UNHCR) – compared to a population of 8,747 millions (**~2 %**)

Lack of data on substances use among ethnic minorities / migration

- » Increasing numbers of **media reports** about problematic behavior, including alcohol use and other drug use resp. dealing with drugs, in public
- » Increasingly **support requested** by refugee relief services
- » **Little and inconsistent** monitoring data
 - » underrepresented in GPS data
 - » Nationality/country of birth used in treatment registries
 - » International comparability limited by different definitions
 - » Only limited number of studies on asylum seekers and addiction



Objectives, methods and limitation

Target group

- » Unaccompanied minor refugees in Vienna

Objectives

- » Consumption patterns and motives
- » Specific risk factors
- » Attitudes and knowledge about substances and health care interventions

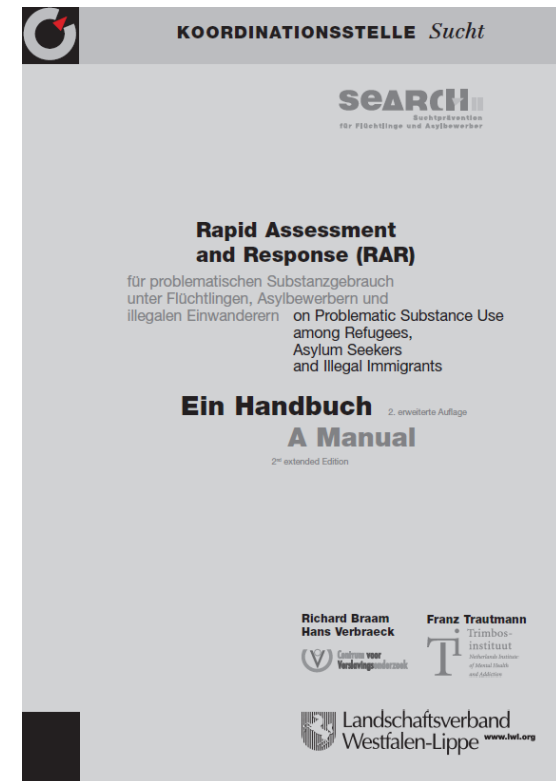
~~» Prevalence estimates~~

Methods

- » “Rapid Assessment and Response”
- » Mix of qualitative methods (2 focus groups, 39 interviews with UMR, 10 expert interviews)
- » Develop recommendations together with practitioners

Limitations

- » No probabilistic sampling
- » No female UMR
- » No “control group” for comparison



Use of vignettes as „icebreaker“

Vignette 2: Said ist 17 Jahre alt und lebt seit einem Jahr in einer betreuten Wohngemeinschaft in Wien. Said raucht seit mehreren Jahren fast jeden Tag Cannabis. Er weiß, dass Cannabis in Österreich verboten ist. Trotzdem raucht er weiterhin Cannabis. Wenn Said Cannabis raucht, vergisst er ab und zu Dinge zu tun, die er machen sollte. Das führt zu Problemen mit anderen. Der Lehrer aus dem Deutschkurs hat sich auch schon beschwert. Wenn Said noch öfter fehlt, dann verliert er seinen Platz im Deutschkurs. Auch Suids Freunde machen sich Sorgen um ihn. Vor mehreren Wochen wurde Said von der Polizei dabei erwischt, wie er Cannabis gekauft hat. Nun wurde Said vom Gesundheitsamt zu einem Gespräch eingeladen. Er weiß nicht, ob er hingehen soll.

Results

Consumption patterns and motives

- » Nearly everyone is smoking **cigarettes**, some with somatic problems. **Alcohol** and **cannabis** are widespread, only few experiences with opioids. In contrary to other migrant youth, **gambling or gaming** etc. seems to be no issue.
- » “Extreme consumption patterns” prevail
 - » **early onset** (tobacco, cannabis) vs. first experiences **in Austria** (alcohol)
 - » **heavy use** (e.g. 10–15 joints/1 bottle of whiskey per day) vs. **strong opposition** against any drug use at all.
 - » Almost **no moderate** use of alcohol reported
- » **Self medication** due to physical (head ache, sleeping problems) and psychological problems (distress, loneliness) and substance use to cope with **everyday tasks** (smoking cannabis before school school)
- » **Distraction** (forget about problems) is more important than **pleasure** (to get intoxicated).

Problem use is aggravated by environmental “risk factors”

- » Lack of **perspectives** for the future and **daily routines**
 - » No educational opportunities/job perspectives
 - » Affordable leisure time activities
- » Novelty of **availability** of substances / freedom in general
- » Strong influence of (the absent) family
 - » Absence of family causes **grieve**
 - » Lack of (traditional, strict) **family control**
 - » experiences with substance use in Austria conflict with family expectations causing further **distress**
- » Strong influence of **peers**
 - » Hard to find friends outside their own “subculture”
 - » No „**safe places**“ to stay away from substance use
- » Improvements of the “setting” will change everything or better
 - » Founding/reunion of family
 - » Find new and better friends

Knowledge and attitudes on substance use and drug treatment

- » Rather **limited knowledge** on health consequences of substance use
- » Great importance of **social consequences** of substance use
 - » **loss of control**, problems with friends/staff/ police/violence.
 - » **Financial issues** due to cigarette use.
 - » drug legislation in Austria remains rather unclear, strong **fear of legal consequences** on asylum process
- » Preference for **abstinence** and **restrictive measures**
- » Strong focus on **personal responsibility**: dependency as symptom of a weak personality rather than as a disease.
- » **Support strategies**: friends > professionals, pharmacological therapy > psychotherapy

Experts assessment and recommendations

- » Problems with substance use \neq addictive behaviour, but treatment demand may **rise**
- » UMR need **specific prevention activities** with regard to content and methods (e.g. **peer approaches** and the additional use of **digital media**)
- » **General mental health** care services and **trauma therapy** for young adults need to be expanded to deal with underlying problems (applies not only to UMR!)
- » Drug counselling is underused (language barriers, lack of information) or not available. When its available, clients **need to be motivated** to enter and to stay in treatment (**de-stigmatisation of addiction** among UMR)
- » Addiction care needs to be prepared to care for **more and more heterogeneity** among their clients (video translation)
- » **Knowledge transfer** between drug treatment facilities and refugee aid needs to be increased and established
- » Measures initiatives **outside the health sector** (employment, education, asylum procedure) may have the greatest impact

Conclusions and questions for discussion

Conclusions and questions for discussion

1. Substance use among UMR is rather characterized by **variation** than by a homogenous pattern
 - » Consumption patterns are shaped by both biographic events and the setting in the host country and show **no homogeneous** picture
 - » Consumption motives **vary a lot** from boredom to coping mechanism due to severe mental diseases
 - » **Attitudes on substance** use differ from those of other young people reflecting traditional practices, sometimes in conflict with local practices
- Does it make sense to use migration status as variable?
- Can results from qualitative research and quantitative data from routine monitoring be synthesized?

Conclusions and questions

	Police reports	Population	% of police reports	Police reports per 1.000 persons
country of birth = Austria	9.456	1.874.611	69,5 %	0,5
country of birth 1	534	25.832	3,9 %	2,1
country of birth 2	34	6.511	0,2 %	0,5
country of birth 3	79	19.439	0,6 %	0,4
country of birth 4	19	1.536	0,1 %	1,2
country of birth 5	621	2.486	4,6 %	25,0
country of birth 6	77	3.519	0,6 %	2,2
country of birth 7	404	60.578	3,0 %	0,7
country of birth 8	483	109.079	3,5 %	0,4
country of birth 9	891	125.952	6,5 %	0,7
country of birth 10	880	30.218	6,5 %	2,9
country of birth 11	134	8.787	1,0 %	1,5
total	13.612	2.268.545	100 %	0,6

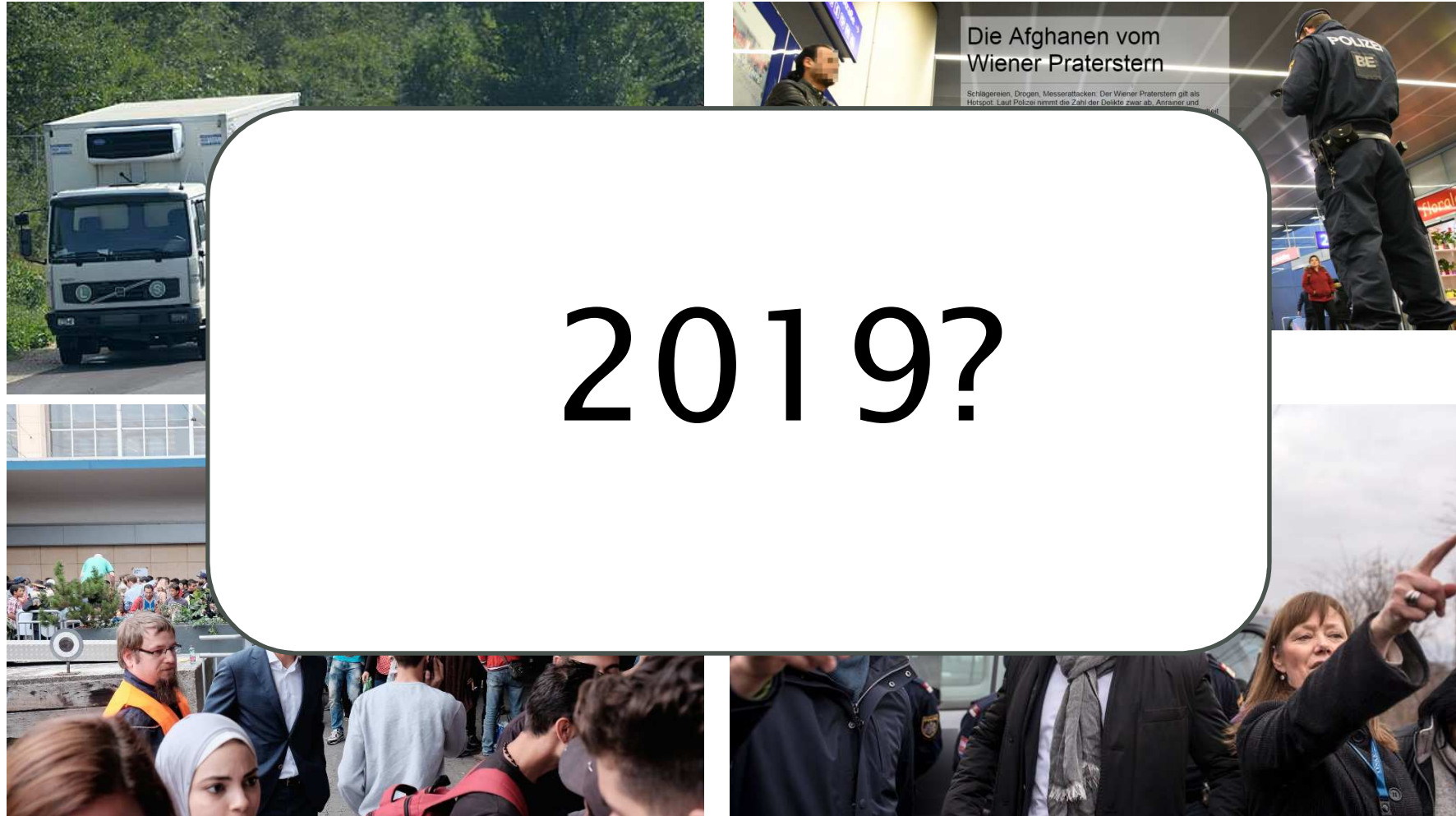
Conclusions and questions

	Number of inpatient episodes	Population	% of all treatment episodes	Episodes per 1.000 persons
country of birth = Austria	24.622	7.430.935	87,4%	3,3
country of birth 1	722	181.618	2,6%	4,0
country of birth 2	217	118.454	0,8%	1,8
country of birth 3	172	116.838	0,6%	1,5
country of birth 4	142	94.611	0,5%	1,5
country of birth 5	192	92.095	0,7%	2,1
country of birth 6	87	73.334	0,3%	1,2
country of birth 7	70	12.629	0,2%	5,5
country of birth 8	502	60.079	1,8%	8,4
country of birth 9	200	45.259	0,7%	4,4
country of birth 10	207	38.094	0,7%	5,4
country of birth 11	30	41.672	0,1%	0,7
total	28.481	8.772.865	100 %	3,2

Conclusions and questions for discussion

1. Substance use among UMR is rather characterized by **variation** than by a homogenous pattern
 - » Consumption patterns are shaped by both biographic events and the setting in the host country and show **no homogeneous** picture
 - » Consumption motives **vary a lot** from boredom to coping mechanism due to server mental diseases
 - » **Attitudes on substance** use differ from those of other young people reflecting traditional practices, sometimes in conflict with local practices
2. Substance use among UMR is more a **social than a health problem** and demands a HiAP–approach and an overall political will to support integration
 - » Who should pay for support measures?
 - » Stressing substance use/treatment demand may **raise awareness** on the issue or may increase **further stigmatisation**
 - » Partisan positions and changes in legislation make planning very difficult

Conclusions and questions for discussion



Thank you your attention!

Julian Strizek

Stubenring 6

1010 Vienna, Austria

T: +43 1 515 61-182

F: +43 1 513 84 72

E: julian.strizek@goeg.at

www.goeg.at

