Gesundheit Österreich GmbH

Substance use among unaccompanied minor aged and young refugees in Vienna

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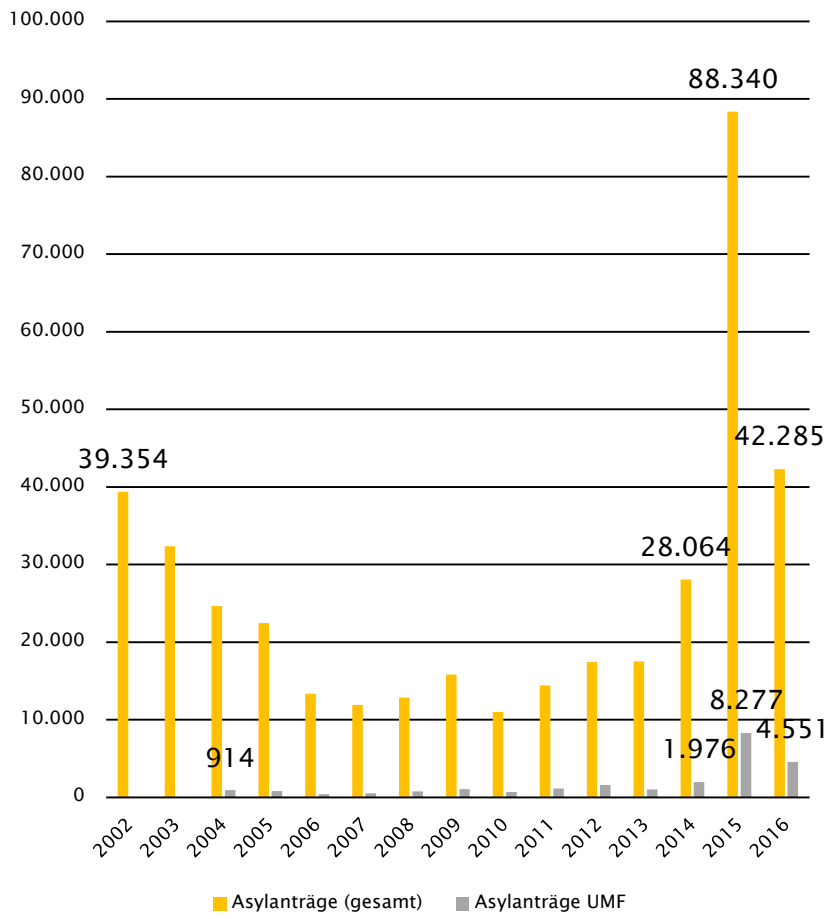
Background, objectives, methodology

Applications for asylum per year in Austria



- In total 171,000 refugees live in Austria (2016, UNHCR) – compared to a population of 8,747 millions (~2 %)
- 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

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
- Few publications cover migration and addiction (rather on **attitudes** than consumption patterns)

Objectives, methods and limitation

Objectives

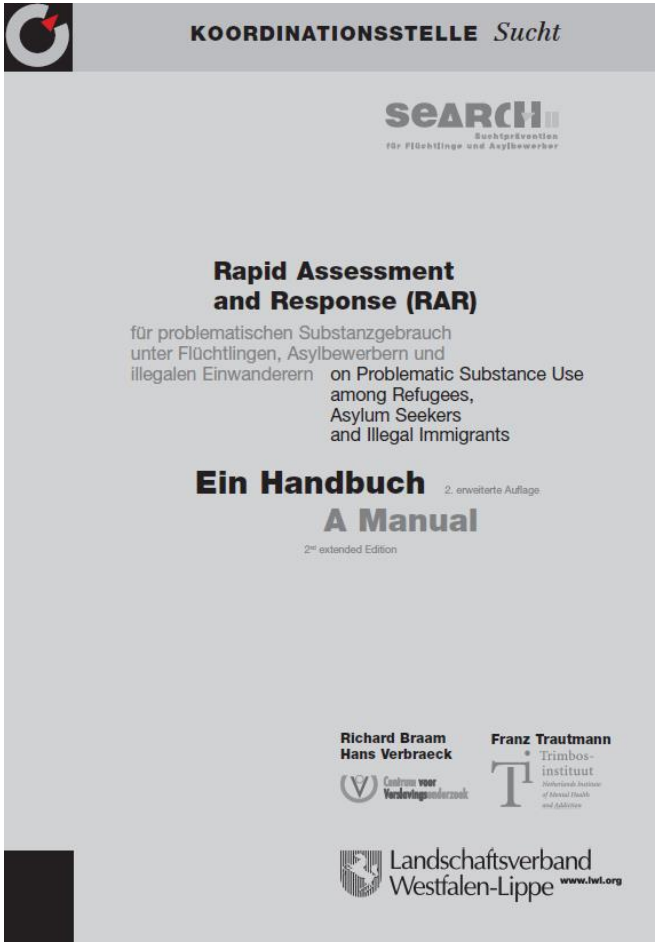
» Consumption patterns and motives
» Specific risk factors
» Knowledge on substances, social consequences and possible support (health literacy)
» Use experts opinions on support opportunities for recommendations
» ~~Prevalence estimates~~

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 female UMR
» No "control group" for comparison



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Results

Consumption patterns and motives are shaped by biographic events

- **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)
- 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
- **Distraction** (to get intoxicated, forget about problems) is more important than **pleasure**.

Problem use is aggravated by environmental “risk factors”

- Lack of **perspectives** for the future and **daily routines** (educational opportunities/leisure time activities)
- Lack of (traditional, strict) **family control**: experiences with substance use in Austria conflict with family expectations.
- Novelty of **availability** of substances / freedom in general (western consumerism)
- Strong influence of **peers** (positive and negative)
  - Hard to find friends outside their own “subculture”
  - No „**safe places**“ to stay away from substance use
- Change of **“social surrounding”** will change everything or better
    - Founding/reunion of family
    - Find new and better friends

Negative effects of substance and attitudes on substance use differ from those of other young people

- 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** are much mire urgent, especially due to cigarette use. **Legal consequences are more severe** (asylum process), legal situation remains unclear
- Rather black/white pictures on substance use, preference for **abstinence** and **restrictive measures**
- Strong focus on **personal responsibility**: dependency as symptom of a weak personality rather than as a disease. Religion might by helpful.
- **Support strategies**: friends > professionals, pharmacological therapie > psychotherapy

Experts assessment: not the biggest problem, but it might get one

- Problems with substance use ≠ addictive behaviour, but need for support measures **might rise** in the future
- **Improvement of environmental** risk factors is crucial (duration of asylum process, Housing, Education and daily routines)
- The heterogeneity of experiences and knowledge of UMR asks for **specific prevention activities** with regard to content and methods (e.g. peer approaches)
- Drug counselling is often not available. When its available, clients **need to be motivated** to enter and to stay in treatment.
- **General mental health** care services need to be expanded to deal with underlying problem

Recommendation by experts

- **Risk competence** and safer use practises should be increased, existing prevention measures should be expanded (at the moment mostly general prevention measures by police)
- Expansion of **general mental health** and **trauma therapy** services is needed, resources to get people into treatment (mentoring) are needed to prevent treatment abortion
- More information on **treatment and support measures** sector is needed but also **de-stigmatisation of addiction treatment** among UMR
- Addiction care needs to be prepared with more heterogeneity among their clients
- **Knowledge transfer** between addiction aid and refugee aid should be increased and needs to be established in a institutional way
- **Peer projects** and the additional use of **digital media** could lower the threshold to seek help
- Measures **outside the health sector** (employment, education, asylum procedure, “safe places”) may have the greatest impact

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Thank you your attention!

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