Transcultural drug work

by Olga FEDOROVA

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A handbook for practitioners working with drug users from different ethnic and cultural backgrounds

Pompidou Group
Groupe Pompidou

COUNCIL OF EUROPE
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Co-operation Group to Combat Drug Abuse and Illicit trafficking in Drugs

This handbook is aimed at professionals from drug policy and the related services and in particular the sphere of health care, social welfare and law enforcement agencies.

The work on this handbook is based on the follow-up proposal by the experts from the 8th EXASS Net meeting on "Legal and illegal immigrants: their patterns of consumption and survival strategies" which took place in Berlin on 2 – 4 May 2011 at the invitation of the Drugs Coordinator of the City of Berlin and the Berlin Senate Administration for Health, the Environment and Consumer Protection

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The author

Olga Fedorova has studied cultural science and is a social worker. She is director of the centre for social assistance to families and children of Verh-Isetski District of Ekaterinburg in the Russian Federation. She has written several handbooks on drug prevention and further training of professionals; furthermore she is engaged as consultant and trainer in national and international programmes.

The Pompidou Group

The Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group) is an inter-governmental body formed in 1971. Since 1980 it has carried out its activities within the framework of the Council of Europe. The Pompidou Group's core mission is to contribute to the development of multidisciplinary, innovative, effective and evidence-based drug policies in its member states. It provides a multidisciplinary forum on a wider European level where it is possible for policy-makers, professionals and experts to discuss the exchange of information and ideas on the whole range of drug misuse and trafficking problems. In addition, the Pompidou Group undertakes a bridging role both between EU and non-EU European countries and towards neighbouring countries of the European region. Because of its links with the Council of Europe it also ensures that policy recommendations are consistent with public policy as elaborated in other fields of Council work, such as public health, social cohesion and penal policy, with particular emphasis on ethical issues and respect of Human Rights.

The opinions expressed in this publication are those of then author and do not necessarily reflect those of the Council of Europe or the Pompidou Group.

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Foreword by the Secretary General of the Council of Europe

In the summer of 2010, I asked an independent “Group of Eminent Persons” to prepare a report on the challenges arising from the resurgence of intolerance and discrimination in Europe. The report analyses the threats and proposes responses to living together in open European societies.

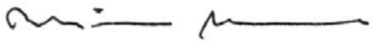
The result was the report on “Living together - Combining diversity and freedom in 21st-century Europe”. In the report, educators are identified as the first category of society which have the capacity to change the way people in Europe think about each other, and so enable them to live together better.

In dealing with drug users it is indispensable to note cultural specificities, norms and values of the clients in the process of planning and implementing treatment and social rehabilitation. It is essential to develop dialogue with ethnic migrants, taking into account their cultural identity. A key to successful integration of this vulnerable group into the system of social welfare and health care lies in the trans-cultural competences of professionals and institutions that deal with regular and irregular drug using migrants.

This handbook is developed to assist policy managers and professionals from health care and social welfare in upgrading their level of competency to deal with populations from other cultures and improving the situation of ethnic migrants, including irregular ones.

The handbook is intended to become a guide-book for professionals, a reliable source of support and practical tips when organising support and supervision for people with drug problems from other cultures and will also assist organisations and professionals in increasing their level of trans-cultural competence.

I hope you enjoy the reading, and even more the implementation, of the tools proposed.



Thorbjørn Jagland

Introduction

Trends in demographic development in many countries demonstrate that ethnic migrants in the ensuing years are likely to become one of the more significant target groups that require a specialized approach in dealing with drug and addiction problems. In a more globalised world, migration and cultural diversity are developing in an international context and have a transnational character with far-reaching national implications. This situation poses challenges both for local population and migrants. It is rather difficult for migrants from other cultures to integrate into the new society. Migration becomes an arduous challenge, and not many people can withstand that. In some cases migration aggravates already existing drug and alcohol problems, in others it becomes a trigger to starting drug use. In addition to regular migration, people increasingly move to other countries illegally and become what is termed today “irregular migrants”.

In many countries there exists a well-functioning system of social welfare, treatment and rehabilitation for drug users. However, effective system of support to drug users who are ethnic migrants, especially irregular ones, that would take into account their social, psychological and cultural specificities is not in place. But how can we provide services of high quality, if we do not take into account the differences of those who we try to help? Many differences of migrants have sustainable cultural and behavioural patterns: ways of using drugs, attitude towards drug treatment, a choice of treatment modality etc. The diversity of types of migrants, their ethnic origin, various motives for migration, numerous reasons for taking drugs and alcohol – this all serves to emphasize that there is no universal formula in dealing with ethnic groups of drug users.

In dealing with ethnic groups of drug users it is necessary to note cultural specificities, norms and values of the clients in the process of planning and implementing treatment and social rehabilitation; and to develop some forms of dialogue with ethnic migrants, taking into account their cultural identity. A key to successful integration of this vulnerable group into the system of social welfare and health care lies in transcultural competence of professionals and institutions that deal with regular and irregular drug using migrants. Thus, the primary task is to develop specialized services aimed at meeting special needs of various ethnic groups of drug and alcohol users, with a high level of cultural competence.

The author of this handbook has an aim to assist professionals from health care and social welfare in upgrading the system of transculturally competent services for populations from other cultures and improving the situation of ethnic migrants, including irregular ones.

Practical importance of this handbook lies in the fact that the presented materials and recommendations have a wide practical trend that allows for their use in creating transculturally competent organizations and facilitating the development of professionals into transculturally competent ones.

This handbook is designed for professionals from the drug policy field and the related services and in particular the sphere of health care, social welfare and law enforcement agencies.
The handbook consists of introduction and seven chapters. The first chapter reviews different risk factors related to the movement of ethnic migrants into another country that may lead to difficult life situations, including the use of drugs.

In the second chapter, the author describes the geographic mobility of migrants and the process of acculturation after their arrival in a new country. The author also draws the attention of readers to the need of helping migrants to go through the integration process as a most successful strategy of adaptation and integration for groups of ethnic minorities.

In the third chapter, the author dwells upon the transcultural competence and emphasizes its importance for the work with ethnic migrants. The author points out to the fact that professionals need to be transculturally competent when providing services to clients with diverse values, beliefs and lifestyles.

In the fourth chapter, the author stresses the importance of applying various cultural approaches in dealing with drug users from other cultures, proceeding from their values, traditions, norms of conduct, social and economic development of the native country of the migrant. The author also turns to various parameters of cultures and cultural differences, the knowledge of which may help professionals to develop their transcultural competence.

In the fifth chapter, the author propagates that the system of supervision for migrants has to be based on the transcultural competence of all the concerned services and professionals working in them. The author also looks upon the key transcultural competences that professionals should have and the role of institutions in developing them.

In the sixth chapter, the author proposes various methodologies to deal with ethnic migrants, including drug-using migrants, which facilitate the provision of high quality transculturally competent support to clients.

The seventh chapter contains the range of organizational and practical measures and recommendations for professionals, aimed at developing the system of rendering transculturally competent services to ethnic migrants.

The author hopes that this handbook will become for professionals a guide-book, a reliable source of support and practical tips when organizing support and supervision for regular and irregular migrants from other cultures and also will assist organizations and professionals in increasing their level of transcultural competence.

1

Ethnic migrants and addiction problems

1.1 Risk factors

Local community often blames foreigners that they sell drugs and increase drug-related problems. These “aliens” are looked upon as a “special” problem because they have their own ideas, values and behaviour that are different from that accepted in this community. And the label of “drug addict” adds to ethnic stereotypes and stigma put on foreigners, which aggravates the difficult situation of ethnic migrants. It is such perception of the hosting country that very often drives individuals to take psychoactive substances. And this is not the only reason that makes ethnic migrants lead such a lifestyle.

And here emerges a justified question: is it really so that the problems of psychoactive substance use, which ethnic minorities have to deal with, are different from similar problems that the local people face? It is rather “yes” than “no”, as migrants have to deal with a lot of problems related to moving to a foreign country, cultural isolation and social adaptation. Consequently, various factors entail certain risk and they have to be given special attention further on.

1.2 «Pre-migration» trauma

Very important is the pre-emigration situation. Some authors point out that "the transition was particularly difficult for migrant refugees"[1]. Migrants suffer from psychological traumas, sustained in the result of hostilities in their country. This fact was noted by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) during its review of qualitative research on new drug trends.[2] Various ethnic groups were given as an example, including drug abusing migrants from Pakistan and the Middle East. Asylum seekers and refugees often show the lowest level of neuropsychological adaptation; they manifest a range of symptoms such as baseless fears, fatigue, irritability etc.

The pre-migration trauma[3] can also be a trauma related to the use of psychoactive substances in the country of origin. Some migrants strive for other countries hoping to get rid of their addictions. Thus, in 2000-2003 most Russians, who had addiction to psychoactive substances, received treatment in private rehabilitation centres in Spain. After the completion of the rehabilitation course or during it some young people decided to stay in the country illegally.

In any case, pre-migration trauma relates to the pre-emigration situation, at the basis of which there is often a feeling of helplessness or insignificance, or lack of possibility to change anything in life.

1.3 Stress when moving from one culture to another

Very often people are not prepared for the changes they have to go through when moving from one country to another. They experience the so-called "cultural shock"4, when facing the problems that they are unable to momentarily resolve; they develop the feeling of helplessness, uselessness, anxiety, lack of self-confidence and stress. Migrants experience a shock from all new things.

1 UNODC (2004), Drug abuse prevention among youth from ethnic and indigenous minorities, New York, p. 10.

2 See EMCDDA (2002), Workgroup review of qualitative research on new drug trends, Lisbon.

3 By «pre-migration» trauma we shall mean a trauma that the individual sustained before migration while still in his country.

4 Cultural shock – is a reaction of the individual, who finds himself in an unfamiliar society, experiences difficulties in communication and consumption, and feels helpless and disoriented. This term has been introduced by K. Oberg, American anthropologist.

K. Oberg points out 6 aspects of the cultural shock[5]:

1. the strain, to which lead the efforts needed to achieve the necessary psychological adaptation;
2. the feeling of loss and deprivation (of friends, status, profession and property);
3. the feeling of being outcast by the representatives of the new culture or their negation;
4. the failure in the roles, role expectations, values, feelings and self-identification;
5. the unexpected anxiety and even repulsion and resentment after realizing cultural differences;
6. the feeling of inferiority because of the inability to “manage” the new environment.

Migrants start to perceive foreign culture as a completely incomprehensible and strange in all its manifestations. The stress aggravates because of the inconsistency of current situation and expectations that migrants would have before arriving in a foreign country. Often pre-emigration situation is associated with social and economic factors and circumstances – the loss of job, the collapse of economy, the increase of crime in combination, as has been mentioned above, with the feeling of helplessness and inability to change or improve anything in life. All hopes were set on emigration, and the main motivator in many cases was not so much the desire to migrate to “that” country as the desire to emigrate from “this country”[6].

The periods of transition are considered critical for an individual as he becomes more vulnerable.[7] “The process of social change when individual moves from one cultural setting to another with an aim to settle down permanently or for a long period of time… is inevitably associated with stress situations”[8]. Such transitions cause significant strain in people even if it is a positive movement towards improving the welfare. Consequently, the process of transition becomes a significant factor increasing the risk of drug abuse.

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5 See Oberg K. Cultural shock: Adjustments to new cultural environments/Practical Anthropology, 7 (1960).

6 Абульханова К.А. Российский менталитет: кросс-культурный и типологический подходы// Российский менталитет: вопросы психологической теории и практики. М., 1997, p. 7-37.

7 See N. Dickinson. Transitions: a review of the literature summary (to be issued by Queensland Health).

8 Bhugra, Dinesh and Peter Jones, “Migration and Mental Illness” in Advances in Psychiatric Treatment (2001), vol. 7, p. 216-223.

1.4 The difficulties of the "post-migration state"

The difficulties of the "post-migration state"[9] relate to a set of risk factors that can also lead to addiction within vulnerable groups and irregular migrants in particular. Such factors as intercultural communication, language barrier, life conditions, work conditions, lack of information about social and health services, family structures –become significant components for either successful or unsuccessful life under new conditions[10].

Intercultural communication, which emerges upon the arrival in a new country, creates certain problems for ethnic migrants in communication with the bearers of culture unknown to them. Rejection of ethnic migrants by hosting populations, who see the root of their many problems particularly in migration, also leads to the emergence of ethno-cultural (ethno-social) barriers. The first generation of migrants in a different country experiences more difficulties in communicating with the hosting population than migrants of the second or third generation. And in the same way, local population finds it more difficult to communicate with the first generation of migrants.

Language barrier becomes one more stress factor that drives this most vulnerable group of people towards the already rejected groups using psychoactive substances. Linguistic problems can lead to the isolation and segregation of migrants. "Not being able to express oneself in the language of the host country means to be cut off from lively everyday communication and opportunities for contact, except with others who speak the same language".[11] Language barriers when migrants turn for help very often result in getting insufficient or sometimes incorrect information, and also in misunderstanding by professionals.

Life conditions are very often different from the conditions they had before migration. Migrants do not always have the opportunity to find a job that would meet their needs, or suitable housing; to receive the necessary medical services or get access to them. Especially difficult is the situation of the first generation of regular and irregular migrants. Some of them end up becoming homeless and unemployed. When migrants face social or health problems they prefer not to seek help. Some of them, due to religious or political beliefs, simply do not understand the system of social welfare or do not trust various social and medical institutions. Awareness of the society is different in different cultures. In some cultures it is normal to seek professional advice, in others – it is not. In some countries the treatment can be unsatisfactory, and people do not make any effort to seek help, as they would do in case of a physical disease. Additional difficulties emerge due to tensions within the family. Some family members easily assimilate to the new culture and, more often this is the second generation of migrants. Whereas the first generation cannot overcome the barriers they created by failing to adapt to

9 The post-migration state is a condition that ethnic migrants develop when they live in the hosting country. The subjects of post-migration relations in hosting countries are ethnic diasporas or communities that include arriving migrants and that are represented by competent and socially authoritative leaders, local community, representatives of public authorities and federal policy at the local level.

10 Lutz R., Schatz E. Drug prevention for asylum seekers, refugees and undocumented migrants / Overcoming Barriers: migration, marginalization and access to health and social services. Netherlands, 2007, p. 81. The authors believe that risk factors also include the trauma of migration and the prevalence of addiction. In this paper the above mentioned factors are also considered with reference to pre-migration situation and cultural shock when moving from one culture to another.

11 Ibid., p. 81.

the new culture. This entails interpersonal conflicts within family.
Migration becomes an ordeal that many people cannot survive. For example, the authors of "Israel: immigration, immigrants, drugs" estimate that 46% of Russian-speaking drug addicts started to take drugs (heroin) after migration, increasing the numbers of local drug addicts[12]. During post-migration difficulties migrants, when trying to adapt to the new culture, experience the acculturation stress[13]. This condition emerges due to the fact that migrants cannot easily change their behavioural repertoire.

1.5 Qualitative characteristics of migrants

Qualitative characteristics of migrants can also become risk factors: sex, age, qualifications, education, family and property. Let us take, for example, age. The EMCDDA review[14] showed that drug abuse is to a greater degree prevalent among young people than among older people. This fact has been noted in the following populations: migrants from Turkey and countries of Central and Eastern Europe in Austria; migrants from Greece, Spain, Italy, Portugal and Turkey in Belgium; migrants from Turkey and former Yugoslavia in Denmark; Ugric peoples in Finland; Roma in Spain, France and Ireland; migrants from Turkey in Germany; migrants from Morocco and the Antilles in the Netherlands; dark-skinned migrants from Africa in Portugal; migrants from Bangladesh, Pakistan and Africans from the Caribbean in the UK. According to research results from "Drug abuse prevention among youth from ethnic and indigenous minorities",[15] most authors who study teenage drug addiction place young people, who start taking alcohol and drugs only due to their national minority status, in a special risk group.

Those who are less likely to engage in risky behaviours are family couples and especially women who are taking care of hearth and home. Female migrants in family couples who hope to get permanent residence more easily than men build in the new social and cultural reality taking care of the family rather than of their own status[16]. However, there is conflicting data in the research. Female migrants demonstrate "a higher level of anxiety, uncertainty of the future, dissatisfaction with relations with the locals. At the same time they are more oriented towards themselves, rely more on their inner strengths, and are prepared for a wider range of possible activities"[17]. However, we have to understand that this type of migration behaviour is of great importance (See 2.1 Characteristics of geographical mobility of people and typology of migrations).
Qualification and education can become both a positive factor for further adaptation of migrant, if his profession is in demand in the country of migration, and can also lead to experimenting

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12 See Article "Израиль: иммиграция, иммигранты, наркотики" at http://www.narcom.ru/publ/info/650 (Date of visit: 02.08.2011).

13 Berry J.W. The role of psychology in ethnic studies. Canadian Ethnic Studies, 1990, 22, p. 8-21.

14 See EMCDDA (2002), Workgroup review of qualitative research on new drug trends, Lisbon.

15 See UNODC (2004), Drug abuse prevention among youth from ethnic and indigenous minorities, New York.

16 Бритвина И., Киблицкая М. Жизнь мигрантки в моногороде. М., 2004, p. 336.

17 Article "Psychological and sociocultural adaptation" at http://www.balticregion.fi/ (Date of visit: 21.10.2011), p. 4.

with drugs, if the person feels his uselessness and insignificance. At the same time a high level of education more often decreases the level of stress of adaptation to a new culture as such migrants are prepared to take the responsibility for their current circumstances upon themselves. Migrants with a low level of education try to explain their failures by external circumstances and reasons.

1.6 Illegal situation of migrants

Illegal migration is becoming more and more prevalent. According to J. Salt, an expert on migration issues, back in 1998 the number of foreign citizens in the European region reached the figure of over 21 million, which made up about 2.9% of the total European population[18]. In 2005, according to the UN data, there were about 190 million[19] migrants in the world (See Table 1)[20] and many of them were illegal migrants now termed “irregular migrants”.

Table 1: Countries of the world with the highest number of migrants

Country	Number of migrants	Migrants in population (%)
USA	38,354,709	20.2
Russian Federation	12,079,626	6.4
Germany	10,143,626	5.3
France	6,471,029	3.4
Saudi Arabia	6,360,730	3.3
Canada	6,105,722	3.2
India	5,700,147	3.0
UK	5,408,118	2.8
Spain	4,790,074	2.5
Australia	4,097,204	2.2
Total in the world	**190,633,564**	

18 Salt J. Current trends in international migration in Europe. Council of Europe, 2000, p. 9, p. 20.

19 See UN (2005), UN population report 2005. New York: UN Statistics Division.

20 Лебедева Н.М. Теоретические подходы к исследованию взаимных установок и стратегий межкультурного взаимодействия мигрантов и населения России, p. 1.

Every year the number of irregular migrants in different countries is growing. For example, the analysis of facts from 25 police districts in 1997–2000 in the Netherlands identified 112,000–163,000 irregular migrants[21]. In Spain in 2005, according to specialists' estimates there were over 1 million irregular migrants[22]. "The existing estimates of the number of irregular migrants for a country vary significantly. In the US, on the average, in 2007 there lived 4–5 million irregular migrants which is roughly 1.5% of the total US population. In Italy – 0.5–1 million people. In Greece – 300,000 or 3% of the population. It is estimated that in the countries of Northern and Western Europe irregular migrants make up around 50% of the total number of legal migrants. The least number of irregular migrants lives in Scandinavian countries, Canada and Australia"[23].

Every year the situation aggravates. At present it is not possible to measure the total number of irregular migrants. Whereas it is them who are in the most difficult situation, Illegal status significantly limits the opportunities of migrants to adapt to new cultures. Migrants acquire this status upon the illegal entry to the country or very often after the expiry of their visa when they do not want to leave the country. Illegal entry occurs "either due to the fact that there are no administrative mechanisms to manage the entry of migrants, or because they are not on the list of those who are allowed to enter the recipient country. That is why they are registered and defined as unexpected, undocumented, unauthorized, illegal or unlawful"[24]. Acquiring the "illegal status" can also occur due to illegal stay or illegal work in the hosting country.

Often irregular migrants take drugs and alcohol. Some of them start taking drugs and become addicted before their migration. In some cases migrants even move to another country illegally because the drugs are of poor quality and of higher price at home. Others hope to avoid punishment in their country when drug addicted can be incarcerated even for the mere use of psychoactive substances or possession of small quantities of drugs. Injecting drug users can also consider migration as last hope and arrive with a desire to start rehabilitation. However, in most countries to join a treatment programme they would need official registration and medical insurance. Without money they can only receive urgent medical aid. Consequently, many of them fail and become street drug users. Some of them complete rehabilitation programmes successfully but soon go back to taking drugs. Few drug users return to their country of origin as they may have lost their documents, have no money for the trip home or can stay in the hosting country due to a relation with a partner. Ethnic migrants are often involved in drug-related criminal activities and organized crime.

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21 See Presentation "Estimates on the numbers of illegal and smuggled immigrants in Europe" AT Workshop 1.6 8th International Metropolis Conference, Michael Jandl, http://mighealth.net/eu/images/5/5b/Icmpd.pdf (Date of visit: 21.10.2011).

22 Международная трудовая миграция: политика принимающих стран: монография/ под общей редакцией И.Ч. Шушкевича. – Волгоград, 2005, p. 100.

23 See Кислицына М. Методы государственного регулирования трудовой миграции/ Энергия промышленного роста/ Журнал №11, ноябрь 2007. http://www.epr-magazine.ru/vlast/opinion/migrant/ (Date of visit: 12.09.2011).

24 Дювель Ф. Пространственная мобильность населения: индикаторы, категории и типологии / Методология и методы изучения миграционных процессов. Междисциплинарное учебное пособие/ Под редакцией Ж. Зайончковской, И. Молодиковой, В. Мукомеля. Москва, 2007, p. 86.

When migrants violate the law, the punishment can be dramatically different in different countries. In some countries such violation entails arrest and following deportation for the ethnic drug user, in other countries he would be cautioned, and in some other countries the fact that the migrant is illegal would not entail any consequences. Migration laws can also create barriers to successful re-integration of drug-abusing migrants after treatment. Restrictions with certain jobs, lack of permanent residence or risk of deportation after treatment can nullify any therapeutic achievement.

Irregular migrants try to avoid any contacts with state agencies. “The most serious problem of addressing mobile drug users is their mistrust and their unwillingness to contact anyone from official institutions”[25]. Taking into account that many migrants live and work illegally, their mistrust also turns to NGOs. They fear that social and medical services are closely related to law enforcement. The situation is aggravated by the fact that the activities of the law enforcement are directed more and more at this target group. Thus, many foreign drug users try to stick together and do not allow anyone closer, even the social workers: they are hiding from police, from citizens, from the staff of social and health services.

All, that has been mentioned above, speaks of the need to take into account the specificity of irregular migrants and the difficult situation they find themselves in when they migrate to other countries. Consequently, professionals should look for a special approach to irregular migrants, including those who abuse drugs and alcohol.

25 Drug Use and Mobility in Central Europe. Correlation, European Network, p. 17.


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Characteristics of migrants and their adaptation strategies under new conditions

2.1 Characteristics of geographical mobility of people and typology of migrations

Professionals dealing with ethnic migrants should take into account various characteristics of migrants from other countries and types of their migration as this information will facilitate more effective and individualized support and assistance.

Geographical mobility can be classified on the basis of various parameters that can be quite numerous[26]. F. Duvell singles out 14 indicators of geographical mobility of people.[27] However, for further analysis fewer characteristic can be used and namely: duration of stay, place, purpose,

26 Under geographical mobility we shall understand movements of migrants beyond their residence of origin.

27 Дювель Ф.Пространственная мобильность населения: индикаторы, категории и типологии. / Методология и методы изучения миграционных процессов. Междисциплинарное учебное пособие. Москва, 2007, p. 71-96.

character of decision-making, characteristics of migrants, legal status and cultural distance. Based on these characteristics, below is the typology of migrations that can help professionals dealing with ethnic groups of drug users to better understand the behaviour of their clients and their needs.

Characteristicsof geographical mobility	**The typology of migrations based on the characteristics of geographical mobility**
Duration of stay	Migration can be permanent (irreversible), temporary, seasonal, pendular. F. Duvell considers this indicator as the main variable. Proceeding from this characteristic, the behaviour of migrants can differ dramatically as there are significant differences among these types of migration. Consequently, each type of migration "requires a different approach because of the differences in commitment to the 'old country' culture".* In case of a long stay there can appear the second and third generations of migrants, and they would have substantial differences both from the population of the hosting country and the population of their country of origin.
Place	During migration there can be a change in the type of settlement: rural-urban, rural-rural, urban-urban and urban-rural migration. Professionals should take into account the type of settlement as the psychological specificities of the emigrant from a rural area differ from the one from an urban area. Migration in relation to administrative border (internal, external, transit, cross-border) and final destination (vector and pendular) should also be taken into account. People leave for some place with an intention to return and then move again (that forms the pendular cycle) and do this with some periodicity; consequently, the frequency with which ethnic groups of drug users leave and return is of practical interest to professionals.

* UNAIDS (2000), Migrant populations and HIV/AIDS: the development and implementation of programmes: theory, methodology and practice, p. 10.

Purpose	Migrations can differ in their purpose: • labour migration, • career migration, • family reunion, • family creation, • education migration, • forced migration. It depends on the purpose of migration whether migrants intend to stay in this country or return to their country of origin or move to another country.
Character of decision-making	Migration can be self-selected or forced. Professionals must clarify this situation with migrants because the choice of working method will depend on this.
Qualitative characteristics of migrants	When dealing with ethnic migrants the following characteristics should be taken into account: sex, age, qualification, education, family, property, socio-cultural (racial, ethnic, linguistic, religious). Migrants can differ significantly from the hosting country or have similar features. This data obtained from ethnic groups of drug users will help to better understand the behaviour of the clients and build interaction according to their needs.
Legal status	The status of regular or irregular migrants plays a significant role when organizing work with migrants who use psychoactive substances. Legal status affects the access to social and health services as well as the willingness of migrants to make contacts with officials and public services.
Cultural distance	The degree of similarity or difference of cultural specificities of migrants with the hosting population is an important factor when making contact and further dealing with the client. "It is considered that the degree of difference of values between the country of origin and the hosting country is directly proportional to the number of difficulties that individuals live through in the process of adaptation".* Professionals should note the quality and quantity of differences in basic values among the cultures.

* Article "Psychological and sociocultural adaptation" at *http://www.balticregion.fi/* (Date of visit: 21.10.2011), p. 4.

Of course, when interacting with migrants one should take into account the above mentioned characteristics and types of migration related to them. This would help to understand their specificity, realize their principal difference from each other and move from the perception of migrants as a universal concept. Taking into account the reasons and circumstances of migration can help to extend the range of approaches used in dealing with ethnic groups of drug users and make it more effective.

2.2 Socio-cultural adaptation of ethnic migrants

According to J. Berry, at the basis of migration there lie 2 principal tasks[28]:

- migrants should decide what to do with their cultural identity under the new cultural conditions: retain it or abandon;
- migrants should understand their attitude towards the new culture which they will face after migration.

These tasks are resolved in the process of acculturation[29]. Below are the 4 acculturation strategies:

1. ***Separation strategy*** relates to the desire of ethnic migrants to retain their cultural traditions and lifestyles characteristic of their country of origin. They have minimal contacts with representatives of a new culture. Such migrants very often aggregate into certain communities of people of single ethnic origin.
2. ***Marginalization strategy*** presupposes the renunciation of some cultural roots and at the same time inability to take root in another culture and accept new norms, values and settings. Marginalization of some ethnic migrants is a serious challenge for many countries: “their state is of ‘an alien in an alien country’”[30].
3. ***Assimilation strategy*** presupposes the willingness to overcome cultural distance at the expense of partial or full renunciation of former cultural identity. Migrants try to quickly learn the language, change their behaviour, food habits, looks etc. They start to actively communicate with the hosting population. Their state in this case is of “an alien in his own country”.
4. ***Integration strategy*** includes the combination of an ability to retain the former cultural identity and at the same time the acceptance of the new culture. Such migrants feel quite comfortably in both cultural environments. Their state can be described as of “a friend in his own country”.

28 See Berry, J.W., Poortinga, Y.H., & Dasen, P.R. (1992), Cross-Cultural Psychology: Research and Application, New York.

29 Under acculturation we shall understand the process of cultural change after migration.

30 See Article by A.D. Reznik at *http://www.narcom.ru/publ/info/650* (Date of visit: 10.10.2011).

To analyze the state of ethnic migrants one can read the works of V. Frankl[31]. He describes the presupposed states of people depending on whether they were successful or failed, and to what degree they managed to realize themselves in life. These states can be adapted to ethnic migrants using psychoactive substances.

Implementation

1	4
Failure	Success
2	3

Despair

Scheme 1. The zones of states

In Zone 1, a zone of "Failure and Implementation", are the people who know what they want from this life, the "survivors" in their previous country. They are ready to move towards their goal, overcoming any difficulties. Despite the fact that they have not yet achieved success, they can be the winners in any endeavour. Most likely, professionals from social and health services will see very few such migrants.

In Zone 2, a zone of "Failure and Despair", people are characterized by the collapse of aim in life and system of values. Migration related hopes for dignified future and stable life collapse. Unsuccessful adaptation and lack of meaning in life drive many ethnic migrants to depression and inability to exit from it without the recourse to drugs and alcohol. This is the group that needs most support from social and health services. The state of migrants can be very unstable: apathy and hatred for everything that is happening and surrounds them.

In Zone 3, a zone of "Despair and Success", are migrants who achieved something in the new country. More often this is the middle class: doctors, teachers, office workers. Despite the affluence, this category has a low level of psychological comfort. Their customary lifestyle has been destroyed, many had to change their profession, sphere of activity and their status has also been changed. They may have the state of meaninglessness of their existence. In the concept of V. Frankl, the loss of meaning in life leads to the "existential vacuum", that, in turn, contributes to the development of the "noogenic neurosis"[32] – a type of neurosis caused by the loss of meaning. For migrants from Zone 3, psychoactive substances often are a universal means that allows to bring the states of the "existential vacuum" and the "noogenic neurosis" to a minimum.

31 See Frankl, V.E. (1968), Psychotherapy and Existentialism, New York.

32 These terms have been introduced by V. Frankl.

In Zone 4, a zone of “Implementation and Success”, are those migrants that successfully adapt to new socio-cultural conditions. This is the category which is very unlikely to come into contact with professionals from social and health services. These are scientists, businessmen, politicians etc.

According to K.A. Albuhanova, on the basis of their attitude towards themselves and the state, all migrants can be divided into 4 types: realist, runaway, romantic, determinist.

Type 1 – “Realist”. This is a relatively problem-free category of migrants. Though some representatives (a small part) of this group before their migration had an experience of drug or alcohol use, but after their arrival into the new country they give up their harmful habits as they understand that this can undermine their plans. However, at some moment of time they may “give in” when faced with difficulties related to inter-family relations or the change of their social status.

Type 2 – “Runaway”. In this case all hope of migrants originally related to emigration: it was important to emigrate from “this” country, not important “where” – to which country. These are the migrants who “failed” in their country or had to “run away” from it due to various reasons. The attitude of mistrust and suspicion towards their country often transfers to the new country, including the institutions that deal both with irregular and drug addicted migrants. Consequently, this group unites disappointed migrants who think their migration was a mistake. They want neither to learn the hosting country language, nor find a job, nor learn a new profession. They gradually degrade. For many of them the escape is a response to difficulties they faced after arrival in the new country. Drugs or alcohol can be chosen as a means to escape from the “harsh” reality of migration, from the problems they faced after their migration. However, it should be noted that many representatives from this group started to abuse drugs before the emigration from their country.

Type 3 – “Romantic”. The period before emigration is characterized by a romantic and idealized attitude towards the other country, where everything is going to be fine, where all personal and social problems are going to be resolved. It is the new country that is associated with receiving promising education, affluence, provision for the old age and cure of drug addiction. The hosting country is viewed upon as “paternalising, supporting and caring” of migrants. However, migration related losses and deprivations result in disappointment. Perhaps, hardship would be overcome more easily, if there was meaning behind this all. Consequently, most migrants from this category start to use drugs either in search for the meaning or the escape from the reality and disappointment.

Type 4 – “Determinist”[33]. This is a type of migrants who do not experience great difficulties when adapting to the new culture and country; their adaptation happens quite rapidly and easily. Single cases of “Determinists” who have problems with drugs or alcohol can be encountered.

If we combine all that has been said above into one scheme, then acculturation strategies, zones of states and types of migrants can be brought together[34]. It is evident that problems with drug abuse can be of 2 types: runaway and romantic, who are in a certain state because of the pre- and post-migration situation.

	Acculturation strategies	**Zones of states**	**Types of emigrants**
1.	Separation strategy	Failure – Implementation	Realist
2.	Marginalization strategy	Failure – Despair	Runaway
3.	Assimilation strategy	Despair – Success	Romantic
4.	Integration strategy	Implementation – Success	Determinist

The above obtained results can help professionals dealing with ethnic migrants to choose appropriate lines of conduct with clients, proceeding from the type of migration and acculturation after their arrival in the new country, and plan further work with them. Professionals should help migrants to undergo the process of integration as this acculturation strategy is most successful for groups of ethnic minorities. Integration strategy presupposes the readiness of the society to adapt its social institutions to the needs of ethnic groups. Overcoming the acculturation stress is not a problem of an individual but rather of all those who are involved in the general migration process: from local population to various services and organizations responsible for inclusion of migrants into the new culture, the new society. The migrants supervision system has to be based upon the transcultural competence of all services involved in the process and professionals working in them.

33 Albuhanova considers Type 4 in application to migrants with a clear wish for immigration, integration and adaptation into a new cultural context with the determination to succeed. Albuhanova sites religiously motivated immigration to Israel as an example.

34 A.D. Reznik considers immigration as a triune process. See his article at *http://www.narcom.ru/publ/info/650* (Date of visit: 10.10.2011).

3

Transcultural competence in dealing with drug users

3.1 The meaning of transcultural competence

In case of an influx of migrants the development of a strategy of interaction with representatives from diverse cultures becomes very important. Migrants come from a different culture, language, lifestyle, principles, and behaviour. Migrants have their own ideas of what is acceptable and other mechanisms of social control. “The rules according to which individuals form their behaviour and their experience in the surrounding reality correspond to existing in this community or group cultural patterns. The notions of the world and the standards of behaviour that are realized in everyday actions are conditioned by culture, native for their bearers”[35]. Each culture is about certain structures of everyday life: certain skills and specific models of interaction. Cultural behaviour develops through events and situations of everyday life. By filling in the new social space, migrants bring in their lifestyles, values, needs, and change the social structure. Consequently, when coming in contact with ethnic migrants, professionals should take into account the specificity and context of each ethnic group.

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35 Крылов А.А. Психология: Учебник./Под редакцией Крылова А.А./ М., 1998, p. 11.

For this, professionals need to have certain socio-cultural skills, be competent in cultural differences of various ethnic groups. Personal experience of migrants, their life history or specific life situations can also be important. Despite the fact that migrants may come from a certain culture, this does not mean that they always follow their cultural patterns. For example, a Muslim can eat pork. And here professionals should carefully listen to personal experience of the individual, to his personal story. Kleinman and Benson advise the busiest professionals to find time to talk to clients (and, where necessary, members of their family), which is more important for them in living through the illness and treatment. Professionals can use this information when making decisions regarding further treatment.[36]

Focus on the client as an individual, not a stereotype.

Every individual creates his own life-world based on biographical experience, personal values and norms, socio-cultural prerequisites. Moreover, life-world of the individual reflects the specificity of real life practice of this subject. Thus, the key to successful integration of ethnic migrants into the society and the existing system of social welfare and health lie within transcultural competence of social institutions and professionals who work in them.

Transcultural competence is "the ability to notice and understand individual life-worlds in a specific situation and in various contexts, and to infer appropriate ways of action from this".*

* Dagmar Domenig, Transcultural competence in the Swiss health care system/ Overcoming Barriers: migration, marginalization and access to health and social services. Netherlands, 2007, p. 29.

Transcultural competence in social welfare and health presupposes the ability of professionals and the system on the whole to ensure the assistance to clients with various values, beliefs and styles of behaviour, including the opportunity to change the way the assistance is provided depending on the social, cultural and linguistic needs of individuals.[37]

Transcultural competence is an ability to work effectively and sensitively within various cultural contexts. The US Department of Health and Human Services defines it as "a set of values, behaviours, attitudes, and practices within a system that enables people to work effectively across cultures" and says the term "refers to the ability to honour and respect the beliefs, language, interpersonal styles, and behaviours of individuals and families receiving services, as well as staff who are providing such services".[38]

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36 See Kleinman A, Benson P. (2006), "Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It." PLos Med 3(10): e294.

37 Крылов А.А. Психология: Учебник./Под редакцией Крылова А.А./ М., 1998, p. 11.

38 See Article "Cultural Competence in Mental Health Care" *http://www.nami.org/Content/NavigationMenu/Find_Support/Multicultural_Support/Cultural_Competence/Cultural_Competence.htm* (Date of visit: 29.10.11).

3.2 The need for transcultural competence

Every year the number of ethnic migrants, including those who are substance users, within Europe and neighbouring regions, grows, and an ever-increasing number of professionals from social welfare and health have to deal with the issues of support and supervision of this group. However, a phrase “we don’t make any difference” can be often heard from professionals dealing with migrants from diverse cultures. And in many cases it turns out that they simply do not take into account the needs of these target groups nor have sufficient skills for dealing with ethnic migrants. Knowing the language of clients does not always ensure that high quality support is provided. Many social and health services have insufficient cultural sensitivity and, consequently, do not reach the target groups of migrants.

Whereas dealing with people from diverse cultures requires flexibility and respect for different opinions, purpose in cultural respect, as well as understanding the attitude towards health which is affected by culture. The ability to work transculturally is indeed a very important skill when dealing with ethnic clients. Finding themselves in a new habitat, migrants start to experience great stress that makes them resort to what is known and habitual for them. People turn more to their cultural and ethnic traditions in bad times rather than when they feel well. Awareness of cultural specificities of clients allows professionals to see the full picture and improve the quality of social and medical assistance. Cultural sensitivity for provision of competent assistance to clients from other cultures is critical in their work.[39]

“Language by itself is not the only barrier in reaching certain migrant groups. Understanding their cultural background, social conventions and values is at least equally important if not more so”.*

* A line from Espen Freng, a participant of the 8th EXASS Net meeting, Germany, 2-4 May 2011.

Consequently, transcultural competence is an essential component in dealing with ethnic migrants. By developing cultural competence professionals can respond to diverse situations and emerging problems. Transcultural skills such as willingness to listen to patients, provide appropriate care for their health and appropriate treatment for their diseases according to cultural specificities of migrants, understand how culture affects behaviour, all contribute to the provision of high quality assistance to ethnic groups of substance users both with respect and effect.

39 Cultural sensitivity is understanding and tolerance towards any culture and lifestyle.

4

Different cultural approaches to dealing with drug users

4.1 Cultural concepts on drugs and drug use

Some authors point out to the need to recognize mutual influence, on the one hand, of culture, and, on the other, of psychoactive substances[40]. “Culture affects the traditional uses of alcohol, tobacco and other drugs, as well as the norms or social practices governing the use of specific substances within that culture”[41]. Consequently, different behavioural and social consequences of using similar drugs by ethnic migrants and local populations can be associated with the difference of culture and drug traditions of different countries.

People know drugs for thousands of years. Drug use has a long history among various cultures. People used different drugs to feel and see the world differently. People from diverse cultures took drugs for different purposes: to conduct religious rites, to restore strength, to change consciousness, to relieve pain or unpleasant feelings. Around 2700 BC cannabis was

40 See Eugene R. Oetting and others. Primary socialization theory: culture, ethnicity and cultural identification – the links between culture and substance use, IV/ Substance Use and Misuse, vol. 33, No.10 (1998).

41 UNODC (2004), Drug abuse prevention among youth from ethnic and indigenous minorities, New York, p. 9.

already in use in China as an infusion: under the orders from Emperor Shena Nung it was taken as a medicine for gout and absent-mindedness. People from the Stone Age knew opium, hashish and cocaine, and very often used them when preparing for battles. Pictures of people chewing coca leaves were discovered on the walls of ancient burial places of Indians from the Central and South America. Different cultures developed social rituals and rules related to the use of drugs as a way to exert their control over society.

Research of ancient cultures points out to evident similarities in the use of drugs. Nevertheless, it should be kept in mind that the fact of drug use in one culture does not give us the right to think that in other cultures at the same time people knew this drug and used it. Consequently, the experience and the length of drug use in different cultures are different.

As before, in the use of drugs by people from diverse cultures there are both similarities and differences. For example in the Pacific Islands, kava is drunk as a means of making contact with the supernatural, to welcome visitors to the community and to cure illnesses. Some Native American Indians use a mushroom that causes dream-like states as a way of getting in touch with the Great Spirit. Germany, France and some other countries use alcohol to celebrate special events like birthdays and weddings.

Other countries have their own history of alcohol use and their own attitude towards it. The culture of use in Russia presupposes alcohol not only as an element of significant events, but also as a mandatory part when celebrating various things in a small group.

The culture of alcohol use is affected by cultural specificities of the country. For example, from the perspective of alcohol use in everyday life in Finland there are 3 significant factors affecting the habits of alcohol use: milk, coffee and sauna[42]. Since Finland is a milk country, consequently, milk (and thick sour milk in particular) is a traditional drink during meals, for adults, too. Alcohol containing beverages (beer and wine) have been used as drinks during meals very little, though their use is growing. At the moment Finns still prefer to drink water over their meals, not so much alcohol. Coffee consumption in Finland per capita is greater than in any other country, it is often drunk in such situations where in other countries people would drink some alcoholic drink. The sauna is a traditional element of Finnish culture. At the moment every sixth alcohol drink, and mainly it is beer, relates to the sauna.

The attitude of culture towards the use can also be different. While working with migrant groups and youth from diverse cultural backgrounds, it is important to understand that drug use is different in each group. Drug abuse among certain groups is taboo while in others it is not, and in some cases it can lead to ostracizing or rejecting the drug user from the family. Reasons for this are that:

- Drug use is often sanctioned harshly in families of migrant people.
- Drug use can result in exclusion of the adolescent from the family.
- Drug use is interpreted as a moral “weakness” of the individual as opposed to the group or family, which often results in harsher treatment on the adolescent.[43]

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42 See Jussi Simpura and Teela Pakkasvirta. Stakes – the National Research and Development Centre for Welfare and Health, Alcoholism Research Unit, Helsinki. Report at a seminar, organized by the Institute of Finland in St. Petersburg 02-09-1999. *http://www.narcom.ru/ideas/socio/24.html*

43 Njal Petter Svensson (2003), Outreach work with young people, young drug users and young people at risk: emphasis on secondary prevention, Strasbourg, p. 49.

Consequently, significant cultural differences of migrant drug users from local drug users should be taken into account. The nature of the differences may tackle practically all spheres of life of migrants – from their age, health and family status to the preferences in drug use and statistics of crimes committed. Many differences may have the character of sustainable cultural and behavioural patterns among the foreign-language migrants (methods of drug use, attitudes towards drug treatment, choice of treatment modality etc.) and have to be taken into account in the process of planning and provision of treatment and social rehabilitation.

Every existing group of drug users from different cultures needs approaches and treatment methods sensitive to its specificities. "Culture may influence many aspects of mental health, including how individuals from a given culture communicate and manifest their symptoms, their style of coping, their family and community supports, and their willingness to seek treatment".[44] Ethnicity of migrants is a factor of paramount importance for what is being termed "transcultural narcology"[45] as it addresses specific characteristics of the microenvironment under conditions of which the personality is formed[46].

4.2 Understanding the different cultural contexts in which different ethnic groups of drug users live

As a result of geographical mobility migrants find themselves in a stress situation and start to orientate especially towards the representatives of their native ethnos. Thus their behaviour becomes more expressed in a cultural context and more orientated towards universal cultural elements of the ethnos to which they belong. Consequently, professionals dealing with ethnic groups of drug users should take into account their cultural diversity.

Every culture carries its own logics and ideas of the world. Things important for people from one culture can be absolutely immaterial to people from other cultures.

44 Mental Health in a Changing World: The Impact of Culture and Diversity / World Mental Health Day, October 10, 2007, p. 1-1.

45 "Transcultural narcology" refers to the study of drug and alcohol abuse and associated treatments in relation to different social and ethno-cultural norms. The term was taken from "Mental Health in a Changing World: The Impact of Culture and Diversity / World Mental Health Day", October 10, 2007.

46 See Mildavsky, Daniel. "Transcultural Psychiatry for Clinical Practice," PSYCHIATRIC TIMES, June 2004, Vol. XXI, Issue 7.

To understand how culture and behaviour in them differ from each other, we should turn to the basic parameters, identified by G. Hofstede: individualism – collectivism; power distance; uncertainty avoidance and masculinity – femininity)[47]. These characteristics of cultures are of paramount importance to intercultural communication.

Individualism – collectivism. In individualistic cultures (Germany, Australia, the UK, Canada, the US, the Netherlands) the distance between people is greater than in collectivistic ones. Basic values of individualistic cultures are: freedom of person, individuality, independence, respect for human rights, high value of human life, personal initiative. Individual aims are more important than the ones of the group, "I" is more important than "We". Children start to earn money and leave the house of their parents earlier. Individual career depends on personal qualities and achievements. Relations are characterized by independence and equality. Such people are often easier to change residence, are faster to adapt to new cultures.

In collectivistic cultures (Oriental society, Latin America, Spain, Portugal, Greece, Austria, Japan, China) the interests of the family, tribe and clan are placed above the ones of individuals: "We" is more important than "I". Opinion of the family is very important. Individual interests are often sacrificed in favour of group interests. Career mainly depends on connections and the skill to form relations and then on the personal qualities and abilities. Relations among the members of the group are based on mutual help and subordination which often leads to interdependence. Basic values are self-sacrifice, attachment to native places, respect for elders, observing the hierarchy. Dealing with migrants from collectivistic cultures outreach workers should take into account [48]:

- Orientation of migrants towards group membership and figures of authority within the group; consequently, approach to the leader of the group should be found;
- Belonging to collectivists or individualists; if the outreach worker is an individualist, he should not come to a meeting alone as he may seem an unimportant person to a collectivist; in collectivistic cultures people often accompany each other;
- Age; professional should be better of the same age as the target group or older; collectivists like to show respect for an older person of authority; it is not recommended that the outreach worker is younger than his target group;
- Gender; men should consult other men on sensitive issues, not women especially younger ones;
- Style of clothes; especially female outreach workers should exert moderation; they should not be dressed garishly and provocatively.

Professionals dealing with migrants should also take into account that members of individualistic cultures are less restraint in manifesting intergroup discrimination than collectivistic ones. Nevertheless, when there is a conflict or enmity or tensions between ethnic groups, then members of collectivistic cultures demonstrate greater intergroup discrimination than members of individualistic cultures [49].

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47 See Hofstede Geert H. Culture's consequences: Comparing values, behaviors, institutions and organizations across nations. 2nd ed. Sage Publications, 2001.

48 Организация комплексной профилактики ВИЧ-инфекции, ИППП и вирусных гепатитов среди трудовых мигрантов. Москва, 2008, p. 23.

49 Triandis H. (1988), Collectivism vs. Individualism. In G.Verma & C. Bagley (Eds.) Cross-cultural studies of personality, attitudes, and cognition. London: Macmillan, p. 60-95.

The division into individualism and collectivism should not be taken literally as in every culture there may be collectivists and individualists. However, every culture has its prevalence.

Power distance. The distance between people in power and those who are not differs in different cultures. Greater distance means that citizens from lower social tiers perceive the power authority of the upper ones as a due thing (for example, Malaysia, Philippines, Panama, Argentina, Spain). Lesser distance means aim for democracy in relations and equality in power (Denmark, Austria, Israel, Canada, Australia). In countries with a greater power distance relations are based on subordination, obedience, reverence towards elders; inequality is demonstrative. In countries with lesser power distance of special value are education, ideas, personal merits and initiative, not the status.

Uncertainty avoidance indicates the desire to avoid uncertain situations. In cultures with a greater degree of such avoidance people strive for certainty and stability, all sorts of unforeseen circumstances cause inconvenience and generate anxiety (Japan, Iran, Greece, Portugal, Uruguay). People from cultures characterized by striving for certainty, prefer stability, like traditions, are afraid to take risks, do not like changes. In cultures with lesser degree of this parameter people do not experience stress because of uncertainty or variability of the situation (Singapore, Hong Kong, Jamaica). Thus, in cultures tolerant of uncertainty, any risk or change of residence and job are appreciated, there is no sentimental attachment to native places. Mainly pragmatic considerations prevail: living where there is a vista, where career is possible.

Migrants from cultures avoiding uncertainty would not feel comfortably when moving to a different country. Their relations with strangers are characterized by more coldness and formality. To come in contact with them, professionals would need to make certain efforts but, on the other hand, if the outreach worker becomes friendly with such a migrant their relations would develop towards more warmth and stability. Migrants from cultures tolerant towards uncertainty are easier to adapt to a new environment. What is different from the usual, arouses curiosity. When communicating with migrants from such cultures it is easier to start conversations with them; during their first contact they can tell about their family, age and other details which may be helpful to professionals.

Masculinity – femininity illustrates the tendency in the society towards maintaining “masculine” or “feminine” stereotypes. Masculine culture is oriented towards material success, achievements, tough competition (Japan, Austria, Germany, Italy, Mexico, Republic of South Africa, the US, Switzerland, Greece). Such countries are associated with ambition, the power of money, the power of will. In such cultures men are active, women are passive. Feminine culture aims at the quality of life, interpersonal relations, gender equality (the Netherlands, Scandinavian countries). In feminine culture warm relations and empathy for the weak are appreciated.

Many cultures in these parameters stay somewhere in the middle. For example, in Anglo-Saxon and Russian cultures warm relations and empathy, on the one hand, and the leadership of men, on the other, are appreciated.
Certainly, Hofstede's approach to classification of cultures entails many questions as in one and the same culture there can be both characteristics. However, the parameters that have been pointed out, give some indication to professionals when finding bearing in the process of intercultural communication and understanding the behaviour of ethnic migrants under new conditions.

In intercultural communication for professionals, dealing with ethnic migrants, their ability for intercultural reflection (that is a skill to correctly interpret the client's behaviour from the position of norms and values of his culture) plays an important role.

In various cultural contexts styles of non-verbal communication differ, too. And this should be taken into account as the comparison of styles can facilitate the improvement of relations and resolution of conflict situations. Some elements of non-verbal communication are worthy of note[50].

Space:

Staying closer than the culturally comfortable distance can be understood as aggression or intimacy, depending on the situation; staying farther away may convey disinterest. In individualistic cultures the distance between people is greater than in collectivistic ones. For example, British people have a greater distance between people than Russians. Lack of need for close contact is typical of Japan and Korea.

Touch:

Some cultures are more "touch-oriented" than other and touching one another may be interpreted either as conveying a connection or it can cause discomfort and negative reactions. Collectivistic cultures are high-contact ones: touch and hugs are acceptable (Turkey, Greece, countries from Latin America, Arabic countries etc.). In the UK and the US tactile communication is rarely used.

Handshake:

Firm handshakes may be considered sincere and forthright in some cultures but may be seen as aggressive in others. A gentle handshake may be seen as a peaceful gesture or as a lack of commitment or interest. In many cultures, handshakes across gender are not acceptable.

Silence:

Individuals of some cultures tend to feel discomfort when a group in which they have joined is silent; others may find this to be most acceptable and to show reflection and respect. Not allowing for silence may be considered rude in some cultures. Armenians, whose culture is more expressive, behave more emotionally and freely, they speak louder.

50 Mental Health in a Changing World: The Impact of Culture and Diversity / World Mental Health Day, October 10, 2007, p. 2-2 – 2-3.

Eye contact:

Making eye contact may indicate interest and forthrightness in some cultures; in others, avoiding eye contact is a sign of respect. For example, in the Northern Caucasus and Central Asia there are limitations to eye contact: women do not look men into the eyes, younger men when speaking to older men do not look up.

Smile and laughter:

There are different meanings to smiles and laughter, including pleasure or happiness, surprise, embarrassment, anger, confusion, apology, or even sadness, depending on the culture.

Gestures with hands, arms and feet:

Gestures may have many different meanings, depending on the culture. Standing with hands on one's hips may be seen as a very defiant posture; hands in the pockets can be considered impolite; pointing fingers may be considered impolite; showing the sole of the foot or shoe may be highly offensive in some cultures.

"Interpretation of behaviour of people from other cultures should be based on recognition and understanding of cultural differences. Own behaviour in intercultural communication should also take them into account, otherwise, serious communicative failures are possible. Mistakes relating to the violation of cultural norms are regarded quite painfully and may have serious consequences"[51].

Cultural diversity is the present and future of the society. It creates many difficulties and challenges for professionals dealing with ethnic groups of drug users: social, health and law enforcement workers. The task for social welfare and health, including all levels of government, heads of services and professionals is to work in such a way as to make sure that communities with cultural and linguistic diversity are provided with services that are prepared to meet the needs of clients from other cultures.

To resolve this task it is necessary to improve transcultural competence. Knowledge of cultural traditions, including the value system of ethnic groups, plays an important role in the process of communication and deserves serious attention from professionals dealing with migrants, including drug users. However, transcultural competence is more than just awareness of cultural differences. "It is a set of behaviours, attitudes and policies that work together to improve the capacity of the health system to integrate culture into the delivery of health services. This in turn can improve results of interventions and programmes, as well as having the potential to reduce drug consumption»[52].

51 Ларина Т.В. Категория вежливости и стиль коммуникации: сопоставление английских и русских лингво-культурных традиций. — М.: Рукописные памятники Древней Руси, 2009, p. 3.

52 Building cultural competency in the alcohol and other drug (AOD) sector. June, 2010. See at *www.druginfo.adf.org.au* (Date of visit: 09.09.2011).

Building transcultural competences

5.1 Performing the work with transcultural competence in mind

The success of any attempt to increase transcultural competence in the sectors of public health, social services and among their partners depends upon a multifactor approach which includes 4 levels of transcultural competence:

- **systemic,**
- **organizational,**
- **professional,**
- **individual.**

"Conviction to implement culturally sensitive and appropriate communications is a higher order issue than knowledge or skills and should be considered across systemic, organizational, professional and individual competencies"[53].

53 National health and medical research council (2005), Increasing cultural competency for healthier living and environments: Discussion Paper, p. 4

At the systemic level transcultural competence is built and supported through effective policy, procedures, monitoring mechanisms and appropriate resources. In its turn the system has to support the organization. The system performs absolutely different functions, for example[54]:

- views transcultural competence as part of its core business;
- identifies and defines skills needed for transcultural competence, and helps organizations and professionals to evaluate and achieve them;
- supports transculturally competent scientific research and fact finding, with transcultural competence in mind, and disseminates this information to increase knowledge and improve monitoring;
- supports systemic approach towards transcultural competence, within which on-going client support and access to various services are provided.

The success in the work with drug users from other cultures depends on the ability and readiness at the systematic and organizational levels to support the practices, based on transcultural competence. The levels of responsibility and interconnection between these levels also have to be defined.

At the organizational level the skills and necessary resources are available and are at disposal, and transcultural competence is viewed upon as part of core business. The organization supports the individual. For example, the organization:

- identifies that transcultural competence is integral to its core business;
- builds relations with participation-appropriate groups of general public, organizations of public health and social welfare and multi-cultural services, dealing with ethnic migrants, to improve their transcultural competence and processes;
- understands that clients come from diverse cultures and with a varying degree of acculturation;
- tries to involve in this work representatives of population, including bilingual stuff and volunteers from ethnic migrants, including the ones with drug abuse experience;
- utilizes in its work and supports the evidence-based approach and provides clients with appropriate resources and time for long-term and continuous changes. The organization receives appropriate knowledge and information through evaluation and monitoring programmes.

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54 The levels of transcultural competence are also presented in the article "Building cultural competency in the alcohol and other drug (AOD) sector". June, 2010. See at *www.druginfo.adf.org.au*

At the professional level, transcultural competence is an important aspect of education and professional development. The profession supports the individual. For example, the profession:

- develops and facilitates the dissemination of norms, related to transcultural competence, to guide and support the work of professionals;
- includes transcultural competence at the level of general and specialized education for the professional development of specialists;
- supports and promotes specific skills more than stereotypes, and understands, that the information about ethnical groups can be used to provide the context for interaction.

At the individual level, the professional dealing with people who have problems with drugs:

- understands that some clients from other cultures may need the support of their families and ethnic group during their participation in the programmes of rehabilitation and supervision;
- understands how cultural, linguistic and migration differences may influence the direction in which the programmes are developing;
- uses self-reflection to take into account the influence of individual cultural identity on practice.

By using personal knowledge, beliefs and abilities, the professional maintains the feedback with the profession, organization and systemic levels.

5.2 The role of institutions in building key competences

Every year the need to provide ethnic migrants with social and medical services with a high level of cultural competence is growing. Nevertheless, even in those countries that are tolerant and respectful of cultural diversity it is very difficult to find services that are effectively tuned up to take into account various cultural needs of their clients. And one of the reasons is the difficulty to implement transcultural organization. However, for professionals to have key transcultural competences and be able to provide services with transcultural specificities of their clients in mind, it is important that the institution itself is transculturally competent.

Consequently, there is a question: how to develop and support transcultural competence of the organization? In her work, Dagmar Domenig proposes some measures recommended for the development of transcultural organization[55]:

55 Dagmar Domenig, Transcultural competence in the Swiss health care system/ Overcoming Barriers: migration, marginalization and access to health and social services. Netherlands, 2007, p. 32-34.

1. Transcultural commitment at management level. Transcultural development of an organization must be initiated by top-level management and happen with regard to transcultural aspects when resolving various migration-specific issues. The organization should also have practitioners who provide services for ethnic migrants and who know how to organize this process.
2. Migration-specific actual and nominal analysis. Based on the real situation, the top management of the organization should make a step-by-step guide, including aims, tasks, activities, results to implement transcultural development of the organization. This guidance should be comprehensive and clear in its aims with regard to both this institution and those who deal with ethnic migrants.
3. Migration specialists. Transcultural competence is a task for and at all levels. Thus, not only top management should be transculturally competent but also professionals involved in all projects and processes related to transcultural situation.
4. Resources for the transcultural development of an organization. Surely, the work in this sphere requires certain financial and human resources. Human resources are not only the staff who work with migrants but also the trainers who train professionals, interpreters and other related professionals.
5. Promoting specialists who have personally experienced migration. Employing migrants greatly enhances transcultural competence of an organization. It is these professionals who have more chance to make contact and start fruitful work with most hard-to-reach groups of drug-consuming migrants. You can also support volunteers who have the experience of drug use or relatives with such problems who at the same time can be a valuable resource for the transcultural development of the organization.
6. Creating an interpreting service. In order to cater for all migrants an organization has to have such professionals among its staff. Interpreters should also have some knowledge and skills in the sphere of transcultural competence. It is necessary for the interpreters and other bilingual personnel to freely use two languages taking into account social and medical terms and concepts, and receive professional training that would include the skills and ethics of interpretation. And this is really important as the members of their families and their friends are not an adequate substitute for the interpreters, because they usually do not have such skills and capacities.

   Some professionals believe that it is easier for clients to adapt in the hosting country if they start to quickly learn the new language. That’s why “professionals do not always provide an opportunity for migrants to speak their language”[56]. Perhaps, in the subsequent work (not at the first stage) with clients it is possible to use such a method. However, during the first stage of contact, when migrants can be scared off by any wrong move, it is still worthwhile to use the services of interpreter. It is also very important that the interpreter is of the same nationality as the client for who he has to mediate. “A lot depends on the mentality. To be able to understand each other you have to think the same language» – states Artem, a Russian-speaking migrant from Russia, who lives in Berlin[57].

56 Edgar Wiehler, from VISTA NGO/ the MisFit Project, Berlin.

57 A participant from a self help group for Russian-speaking drug users of the “Nu, pogodi!” (Just you wait) project in Berlin.

7. A migration-specific adaptation of organizational processes. Organizational processes within institutions should be examined in relation to the aspect of migration, besides, they have to be based on the results, related to recent changes.

8. A migration-specific adaptation of documents. Strategies, guidelines, standards, concepts concerning social and medical rehabilitation of clients, have to be adapted in a migration-specific way. Consequently, any organization dealing with ethnic migrants has to be prepared to provide various materials in different languages for its ethnic clients and, above all things, for members of predominant language group in this area.

9. Further training in transcultural competence. To create sufficient base support for the transcultural development of an organization further internal training for all staff is required. Such training facilitates transcultural competence of the staff and provides ethnic clients with qualified and culturally sensitive personnel. Intercultural interaction training will prepare professionals for a constructive inter-ethnic and inter-confessional dialogue, excluding ethno-cultural ignorance and hidden xenophobia and intolerance. It is important during the training to teach correct interpretation of behaviour demonstrated by individuals or groups from other cultures for constructive inter-ethnic interaction. However, it is going to be much better if the culturally competent training starts at the very beginning of professional career or within this organization so that the understanding of cultural diversity by professionals was inconspicuously incorporated in their developing skills.

   Experience shows that once workers have been trained in transcultural competence positive changes in attitudes become visible, and, first of all, their attitude towards migrants changes. What is interesting is that clients, after the training of staff, also notice such changes in the staff that worked with them. This shows that there has to be a continuous development of the staff: How do I perform? What do I do? How can I improve?

10. Transcultural group processes. When complex situations arise in dealing with ethnic clients, it is necessary to discuss such cases under the supervision of relevant specialists or those in charge of issues relating to migration. Supervision as a form of support presupposes that “the worker is not only focused on his difficulties in dealing with the client but also shares with the supervisor some responsibility for this work. A good supervisor can explain how to use resources more effectively, plan work and keep in check the feeling of dissatisfaction with personal behavioural patterns”[58]. Such format of work will help to see the pitfalls.

11. Promoting healthy literacy among migrants. The competence of migrants must be stimulated, first of all, to give them an opportunity to take a proactive role in their treatment. “We have to not only empathize but also assist the development of our clients” – says Edgar Wiehler

12. Cooperation with migrant communities. To decrease the intensity of manifestation of negative intergroup processes and reduce the strength of opposition of various ethnic group members there has to be some work done to include migrants in joint activities with local population. It is advisable to start with heads of diasporas and communities. Social training for these people on transcultural interaction is also needed and it should be aimed at developing skills of intercultural dialogue.

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58 Рекомендации по организации программ социального сопровождения для уязвимых групп. Практическое пособие для социальных работников. Алматы, 2007, p. 75.

13. Cooperation and networking in migration. When cooperation and networking between external departments, migration projects and experts is increased, resources can be combined. A closely cooperating network of appropriate services with transcultural competence that pursue common goals is the most effective way in reaching out to drug users from various cultural backgrounds[59]. Such system has to ensure a most effective way to social re-integration of clients. "Key for such a system to succeed is a choice of offers through which clients can navigate their way according to their situation and needs"[60].

14. Cooperating with and promoting science and research. Recommendations from the scientific community have to be implemented by management of institutions. Within the activities of an institution there have to be research projects aimed at improving transcultural competence. Developing tools, methods and approaches for culturally acceptable social activities jointly with the research has to become one of the primary tasks for the local organizations dealing with ethnic migrants.

These measures will facilitate the development of a transcultural organization, key migration-specific competences of professionals and improvement of the system of rapid response to cultural diversity.
To be able to provide effective assistance to ethnic migrants, a transcultural organization or service has to observe certain principles[61]:

Principle 1:	Recognize the importance of culture and respect diversity
Principle 2:	Maintain current profile of the cultural composition of the community
Principle 3:	Recruit disaster workers who are representative of the community or service area
Principle 4:	Provide ongoing cultural competence training to disaster mental health staff
Principle 5:	Ensure that services are accessible, appropriate, and equitable
Principle 6:	Recognize the role of help-seeking behaviours, customs and traditions, and natural support networks
Principle 7:	Involve as "cultural brokers" community leaders and organizations representing diverse cultural groups
Principle 8:	Ensure that services and information are culturally and linguistically competent
Principle 9:	Assess and evaluate the programme's level of cultural competence

59 Report from the 8th "EXASS Net meeting", Germany, 2-4 May 2011.

60 Ibid.

61 These principles have been developed by the Centre for Mental Health Services of the U.S. Substance Abuse Mental Health Services Administration. Mental Health in a Changing World: The impact of Culture and Diversity./ Mental Health Day. October 10, 2007, p. 4-9.

The assistance, provided by this service, has to be adapted to the conditions of such cultural diversity of the community where it finds itself; that means it has to be:

- culturally acceptable – taking into account the cultural identity of the client;
- comprehensive – to provide clients with maximum support on spot – from social measures to specialized medical services;
- open towards the needs of clients from other cultural backgrounds.

Organizations dealing with ethnic migrants have to without fail use in their work approaches and programmes with cultural specificities in mind[62]. And, first of all, because a person has the right that his cultural experience and interests are taken into account. It is of vital importance that culturally specific approaches allow to identify the internal potential of the client, based on his cultural values and beliefs. When viewing the cultural issues without proper seriousness, professionals may overlook customs and traditions that could make a positive contribution in treating ethnic drug users. Awareness of cultural specificities is also important to understand the relations inside a certain cultural group and influence that the cultural environment has over the client's behaviour during treatment and consultations; to determine availability or lack of possible support on behalf of the community and client's family.

When setting up various transculturally competent organizations, one should bear in mind that they have to be diverse in terms of "who they are, what they do and whom they serve"[63]. In this case transculturally competent organizations are able to respond to the needs of various target groups from other cultures and view the diversity in such a way as not to differentiate and divide, but focus attention on the individuality of people and an opportunity to unite them.

62 Народонаселение мира в 2008 году. Вопросы культуры, гендерного равенства и прав человека: достижение общего понимания. See at *http://www.unfpa.org/webdav/site/global/shared/documents/publications/2008/swp08_rus.pdf* (Date of visit: 30.10.2011), p. 17-19.

63 Dagmar Domenig, Transcultural competence in the Swiss health care system/ Overcoming Barriers: migration, marginalization and access to health and social services. Netherlands, 2007, p. 31.

5.3 Description of key transcultural competences of professionals

For professionals from the spheres of social welfare and public health it is important to be competent both in professional issues and the issues of various cultures. Transcultural competence of professionals is a pre-requisite for setting up and functioning of effective service to deal with various ethnic groups of drug users.

Transcultural competence of professionals presupposes a high quality use of key competences[64]. The term “competence” acquires the meaning of “know how”. Professionals dealing with ethnic migrants, including drug using migrants, must have certain cultural knowledge and skills in the sphere of transcultural competence. According to Wright and Leonhardt[65] they should:

- value diversity;
- have a developed capacity for cultural self-appraisal;
- note the behaviour in interactions of people from diverse cultures;
- be able to adapt to cultural diversity;
- have knowledge of various cultural issues.

Transcultural competence in this case can be viewed as a means that professionals require:

- To recognize cultural differences;
- To be aware of one’s own attitudes and values;
- To act accordingly in diverse cultural contexts;
- To initiate and support cultural learning processes in the field of outreach work and other services targeting migrants from other cultures.

Transcultural competence implies a specific social component which enhances cultural aspects in multiethnic societies and is related to:

- Individual attributes of the staff of social and medical services, including outreach workers;
- Social environment and social conditions.

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64 N.I. Almazova defines competences as knowledge and skills in a certain sphere of human activity, and competency as a high quality use of competences. See Алмазова Н.И. Когнитивные аспекты формирования межкультурной компетентности при обучении иностранному языку в неязыковом вузе. Автореферат дис. на соиск. Ученой степени доктора педагогических наук. Санкт-Петербург, 2003.

65 See Wright, Harry H. and Tami V. Leonhardt (1998), “Service Approaches for Infants, Toddlers, and Preschoolers: Implications for Systems of Care” in Promoting Cultural Competence in Children’s Mental Health Services, Mario Hernandez and Mareasa R. Isaacs, Ed. Paul H. Brookes Publishing Co., Maryland. This was earlier mentioned by Cross, T., Bazron, B., Dennis, K., and Isaacs, M. in “Toward a Culturally Competent System of Care”, Volume 1. Washington, D.C.: Georgetown University, 1989.

The process of developing transcultural competence entails consideration of social needs of all ethnic groups in transcultural space. There also emerges a need to assess the quality of social services, aimed at the “exchange”, and a social policy, aimed at achieving such an “exchange”.

Professionals should have such transcultural competences:

- Know the culture of ethnic groups that make up the population at a given territory, including beliefs, moral values, norms of conduct etc.;
- Be aware of the interconnection between cultural, individual and functional development of individual;
- Understand social culture-specific phenomena such as cultural assimilation, types and problems of migrants, drug abuse;
- Understand the importance of interdisciplinary approach when working with ethnic groups of drug users;
- Be able to determine the role which the family, social networks and social systems can play in the process of treatment and recovery of clients;
- Identify cultural and other specificities of clients and note them in the process of choosing and providing assistance to them;
- Evaluate culture-specific problems of clients;
- Be able to devise a culture-specific supervision or treatment plan for migrants.

In order to achieve transcultural competence, professionals should also have the following capacities and skills[66]:

- Empathy: the willingness and aspiration to understand young people from diverse cultural and social backgrounds and the ability and possibility to accept them and put yourself in their situation; the ability to empathize with the emotional state of migrants without loosing the notion that this is an external character of this feeling and readiness to sympathise with ethnic migrants subject to social exclusion and stigmatisation. Olga,a participant of the “Nu, pogodi!” self help group for Russian-speaking migrants notes: “You can feel when you are understood”.
- Respect: the ability to see clients as they are, being aware of unique individuality of migrants and accepting them as they are. “He treated me as a person” – says Yuri, a migrant from Russia, now living in Berlin[67]. In his opinion, it was the attitude of the professional that triggered his recovery. Interestingly, when professionals show respect towards their clients receive respect from clients in return. And it also becomes a stimulus for people dealing with migrants from other cultures. Sometimes clients do not show change just because we forget to appropriately treat people who find themselves in a difficult life situation. “Edgar was the first who spoke to me as a person” – Edgar Wiehler, an initiator of a self help group for migrants, recalls a line from one of his clients[68]. “First of all, basic human values are important”.

66 Njal Petter Svensson (2003), Outreach work with young people, young drug users and young people at risk: emphasis on secondary prevention. Strasbourg, p. 50.

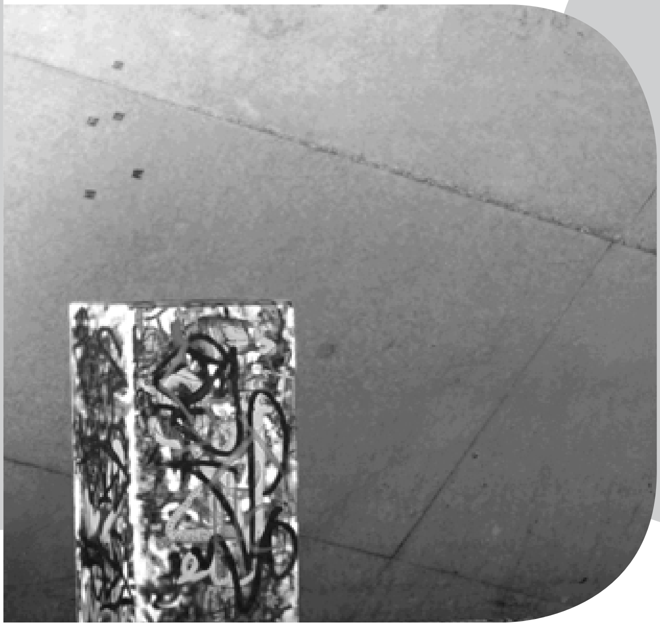
67 Lines from participants of the “Nu, pogodi!” (Just you wait) self help group.

68 Edgar Wieler, Ibid.

- Developing a professional attitude and a detached role in relation to work should be the result of a critical process of self-reflection that leads to viewing and analyzing knowledge and actions of professionals. This is going to help workers, dealing with migrants, to avoid emotional burning out.
- Managing the situation of uncertainty: misunderstanding, alienation and ambivalence require that professionals exercise tolerance and continuity in dealing with migrants.
- Ability to communicate: when communicating with people from diverse cultural backgrounds professionals should focus on trying to understand several things about migrants at one time such as their culture of behaviour, networks, values, activities, lifestyles etc. This also involves special attention to non-verbal communication and gestures to develop a better space for cultural communication.
- Ability to keep boundaries. Speaking about migrants, Edgar Wiehler emphasizes: “I am not only kind Edgar but I am also demanding. There has to be a boundary of professionalism”. Victor, a migrant from Russia who now lives in Berlin recalls his experience: “A young girl – psychologist – used to work with me. I really could not work at myself during our consultations, as we used to giggle all the time. It was not so much her age that was wrong but rather the way she treated me”.
- The renunciation of clichés that stereotype people who belong to diverse cultures. There is no typical member of this or that culture: no typical German, Englishman, Russian or Arab for that matter.

The capacities and skills that have been considered above are competences that are indispensable when interacting with ethnic migrants in transcultural space, including ethnic groups of drug users. Acquiring transcultural competences and their improvement and use in practice by professionals will promote the level of service for clients of social and medical services and providing them with support of high quality and effectiveness. Culturally competent staff is fundamental to ensure culturally competent services and organizations dealing with ethnic groups of drug users.

Of course, developing such competences by professionals at such a short time is just impossible. It is vital that professionals realize the importance of such knowledge and skills and move in that direction. The changes in the staff will be appreciated by the migrants.



6

Methodologies to develop transcultural competences

6.1 Making contact with drug users

Making contact is one of the most difficult aspects in dealing with ethnic groups of drug users, as there are many dimensions that need to be taken into account. This is, first of all, everything that is related to culture. Of course, culture for migrants is one of the main stress components when adapting to a new environment. However, culture can also be a resource both for migrants and professionals dealing with them. Culture gives migrants the sense of belonging. Culture is cement that can unite people with common values in a different country and help to survive in a difficult situation.

For professionals when migrants belong to some certain culture is a prompt when and how they should be working to achieve success with this particular client.

> Please remember:
> culture is not only a barrier but also a RESOURSE

For many cultures it is immanent to experience mistrust towards people from other cultures. Thus, confident relations should be developed:

► Speak one language; make sure you understand each other; use simple, direct phrases; when dealing with migrants one should keep in mind that they may understand communication differently;
► Learn greetings for other people and most typical non-verbal signs that are acceptable in the culture of a particular group of migrants to avoid mistakes and negative attitude towards yourself;
► Make sure you let your clients know that information they are providing is confidential and will not be disclosed to law enforcement agencies;
► When necessary, use the "cultural broker"; it is easier for him to make contact as he should have the same cultural identity as the members of this cultural community; "no one is going to understand you better than people of the same nationality" notes Viktor, a Russian speaking migrant, who now lives in Berlin and participates in a self help group for migrants.
► Discuss with clients the possibility to involve their families, and if this is possible, what information and what amount of it should be shared with the families;
► Demonstrate kind and sincere attitude towards clients.

"Making contact is a process of building trust, and you need to show you are worthy of their trust".*

* UNODC (2004), HIV prevention among young injecting drug users, New York, p. 43.

For professionals from social and medical fields to facilitate making contact, some steps should be taken:

1. Identify the target group. For this you should collect as much information about migrants: their country of origin, cultural values, behavioural specificities typical of these ethnic groups, consumption patterns etc. However, they are unlikely to come to social or medical agency for help on their own accord. Professionals have to identify locations where clients gather and spend their time.

2. Identify key community figures within the group or community. Ask them to become your partners. It is easier for them to identify the needs of your target group. Trust they won may help you to reach the group.

3. Identify key organizations of the community, should there be any. Churches, ethnic clubs, schools, other types of organizations, public organizations.

4. Choose an "appropriate" worker. The specialist has to have transcultural skills, including the language of the target group, and to be capable of giving information in an appropriate form. Outreach workers with high levels of transcultural competencies are most suitable candidates for dealing with most vulnerable populations. Outreach work is a very effective approach in making contact with ethnic migrants, identifying their needs and assessing the quality of services provided to them.

5. Make the right choice for the venue and the time. Go when they gather and spend time: in the street, at the disco, in a bar, in the community. Best of all are little units organized in popular parts of the city and working late hours or round the clock.

6. Take into account the needs of migrants from other cultures. You have to have something that you can offer this target group with all its cultural specificities and preferences.

7. Ensure the availability of service. If, when making contact, you offer some services you need to make sure they are provided to clients. Otherwise, clients will not trust you.

It is very unlikely that clients are open with you and make contact. Very often migrants are confused or afraid to seek help. This may be due to misunderstanding the role and mission of the services and organizations, pressure from families, friends, members of the same culture, pressure from criminal gangs. Professionals should take this into account and remember that building trust requires time.

6.2. Building confidence with drug users

When ethnic migrants find themselves in a new cultural environment, they start to experience a range of negative feeling and emotions, including the feeling of insecurity. This condition is aggravated in drug users who live in the hosting country illegally. One of the tasks for professionals from migration-specific field is to take timely measures to boost self-esteem and develop confidence in migrants. Surely, most effective steps in that direction are an individual approach to every client and a set of measures geared towards resolving problems of an individual migrant. Among the working elements there should be the following:

1. Identifying drug-using migrants who experience the feeling of insecurity. Professionals need to identify migrants from other cultures with elevated levels of anxiety, low self-esteem, the feeling of insecurity and non-developed skills of control over behaviour and emotions.

2. Individual work with drug-using migrants from other cultures. When communicating individually, professionals should build interaction with migrants through the use of tools of emotional acceptance, and be geared towards the problems and needs of migrants. It is especially important for professionals to support clients through constant emphasis on positive changes, thus, giving them the sense of confidence. The skill to empathize with clients and actively participate in their life is an integral element of professional activities of specialists. Individual work has to take into account and be based on the strengths of clients.

3. Group work with ethnic groups of drug users can also increase the level of confidence in clients. The use of group work with some elements of a “role play” based on various problematic situations will help migrants to develop constructive methods of coping with them and develop the skill to control negative emotional feelings. A very effective mechanism is the initiation and setting up of self help groups for migrants supervised by professionals. It is such groups that can help migrants to activate their inner resources and boost confidence in their abilities. Self help groups for migrants can be different in terms of composition. For example[69]:

69 Lines from participants of the “Nu, pogodi!” (Just you wait!) self help group for Russian-speaking drug addicted migrants.

- ► they can bring together migrants who have undergone the same kind of treatment; Goga, a participant from a self help group, notes: “Most of the people who came to the group had been in their time on therapy, that’s why we understood each other better”;
- ► they can bring together migrants with similar “cultural contexts”; “I visited several times a self group with mostly Germans in it. I was neither a stranger nor a part of the group. So soon I quit” – says Yuri. “We once discussed in a German group some future activity. We debated for about 2 hours about things we, Russians, could have agreed upon in a matter of minutes” – says Victor.
- ► they can bring together migrants who speak and “feel” in the same language; “It is better to speak your native language, thus I can express my feelings better. And I better understand what others are saying” – says Andrei.

4. Creating conditions for drug-using ethnic migrants to set up various self-help groups and NGOs. The activities of self-help groups is yet another unique mechanism of providing effective support for ethnic migrants, including drug users, and developing a sense of confidence: in themselves, in their power, in the feasibility of recovery. Self-help becomes an integral part of treating problems with emotions, behaviour, psychic disorders and stress. Many people find that self-help groups are invaluable resource for recovery and rehabilitation. Self-help group participants share experience, provide understanding and support for each other and help to find new ways of copying with problems. Active participation in group work allows them to feel more confident and facilitate the activation of their own resources. Responsibility for the work of the group results in elevating the status of ethnic drug users. Self-help groups provide empowerment, practical exchange of skills and experience and allow for personal growth and positive changes. NGOs are also set up by migrants who have problems that cannot be resolved individually. However, many of them after resolving their personal problems continue to work in NGOs, thus helping new migrants to overcome difficult life situations and develop a sense of confidence in themselves and their future.

5. Dealing with the environment. Here we should mention, in the first place, the immediate environment: relatives, friends, leaders and significant people from their community. When communicating with relatives and friends of drug users, one can obtain supplementary information about them, their strengths that professionals can base upon to develop in migrants a sense of confidence and to look for resources that contribute to resolving difficult situations in their lives. The support from the community can also become an additional stimulus to help insecure people to overcome their anxieties.

6. The search for alternatives for drug users from various ethnic backgrounds. This can be a possibility for participation in prevention programmes as volunteers or full-time workers for the organization. Drug prevention programmes, including harm reduction programmes, benefit greatly when they hire people with drug use experience or involve volunteers from ethnic backgrounds with such experience. On the one hand, the organization benefits as skills and experience of drug users are important for it as a basis to develop effective programmes. On the other hand, this has a positive effect on

drug users themselves. The organization sends across a message to other users and the society as a whole that it considers them important members of the society who have valuable skills and knowledge. By working legally in the organization the drug using ethnic migrants start to achieve aims that they so far considered unachievable and that helps to develop the sense of confidence in their strengths. For the employer, involvement of drug users provides an opportunity to obtain valuable information about the needs of target groups, about their patterns of behaviour and use, about most popular types of drugs and their cost etc. Drug users are valuable experts on the issues of drug use and migration. Such workers have significant experience that they are capable of sharing with other workers of the organization; they have original strategies for solving problems. It is these strategies that are sometimes most important for clients of services and contribute to the success of harm reduction projects. Socially important jobs for drug users are an important factor to boost their self-esteem and confidence in their powers and abilities: people who believe in their power and the opportunity to receive support are to a greater degree likely to choose safe behaviour, to protect their health and rights. Participating in prevention programmes as volunteers or workers of the organization help to develop a feeling of belonging and satisfaction from the fact tat they help the community.

Only some elements that are aimed at developing a sense of confidence in clients have been mentioned above. Such elements are to be had by any professional who deals with vulnerable groups. In each case clients should have an individual programme for rehabilitation and supervision developed for them but taking into account measures that boost self-esteem and confidence in their powers. Some professionals underestimate the importance of this work. However, steps in this direction will only facilitate the recovery of clients and their prolonged remission in future.

6.3 Providing adequate information and referral services

“To receive assistance clients need to know what kinds of assistance are available at the moment and what should be done to receive it in full”[70]. Professionals who deal with ethnic migrants on information and referral issues need to know how to correctly inform clients and refer them to the appropriate service or organization.

70 Рекомендации по организации программ социального сопровождения для уязвимых групп. Практическое пособие для социальных работников. Алматы, 2007, р. 60.

When providing services, professionals should observe the rights of clients to:

- **privacy and confidentiality;**
- **careful, unbiased attitude and respect;**
- **self-determination and independence of choice;**
- **medical and social services of appropriate quality.**

This work on information and referrals is meant to “connect” clients with appropriate “resource centres” that are usually outside the service. In this case the relations between social workers and clients are limited, as the task for social workers is only to identify the needs of clients and refer them to service providers. However, in dealing with vulnerable clients, professionals need to beware of possible difficulties that may arise: when making contact, when communicating or when referring them to other services.

Problems with the law may prevent migrants from getting the services, as clients would try to stay away from various services. Professionals should identify reasons why clients refuse to ask for assistance and verify their objectiveness.

Professionals, acting independently or in a team, must have all information about where and when clients can receive the necessary assistance (job, stay overnight, insurance etc.), and also coordinate the process of providing and getting assistance. If possible, clients should have a choice of available and authorized people and organizations that provide social services. Professionals should discuss with clients advantages and disadvantages of every possible option and, if clients are willing, assist them in choosing a specific person or organization. “For me it is very important to be realistic and honest towards our clients” – says Michaela Klose, a specialist of the Café Olga in Berlin.[71]

Referral system has to run smoothly, and this can be facilitated by written contractual obligations (cooperation agreement, memorandum of understanding, agreement etc.). Referrals have to be correct and easy to understand. Use direct address and words with a positive meaning.

It is important to motivate clients for further referral to services, develop in them a commitment to assistance. The term “commitment” is understood as “informed and diligent participation of clients in providing assistance for themselves” (“Clinical guidelines of University of Columbia”). Thus, one of the tasks for the professionals is to help clients become aware of and understand the need to “come closer to the care system for drug users”.

It is helpful to have a list of services in print (calling cards, booklets etc.) with telephones. “This is a very important psychological aspect aimed at making clients return: they came with empty hands and left with information”[72].

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71 Café Olga – a contact café for drug addicted female sex workers with special offers for women from Eastern Europe.

72 Рекомендации по организации программ социального сопровождения для уязвимых групп. Практическое пособие для социальных работников. Алматы, 2007, p. 32.

It is better if the organization has a current database of organizations (a directory of services). This database has to include the following information:

1. **name of the organization;**
2. **its address and how-to-get-by-transport scheme;**
3. **telephones;**
4. **contact details for the director and coordinators (at minimum);**
5. **opening times;**
6. **requirements for clients: appointment conditions and necessary documents (sex, age, address, documents, certificates etc.);**
7. **description of the range of services.**

Negotiations with other organizations should, preferably, be conducted in presence of clients – this will facilitate trust.

The most favourable is the situation when professionals and clients speak the same language. However, such opportunity is not always there. Interpreters have to play an important role in providing adequate services on information and referrals. Using interpreters and translators is essential. It is not always correct to involve members of the clients' families as interpreters, as confidentiality may be compromised and members of families may have access to sensitive information. And the "interpreting process is beset with potential pitfalls, which can only be avoided if both professionals and interpreters receive training in this area" in the sphere of transcultural competence[73]. The use of a lay interpreter may compromise the relations between professionals and clients.

Professionals need not only refer clients to other services but also have feedback to see if clients actually used the proposed services.

6.4 Adjusting treatment and counselling settings

Recovery of clients to a significant extent depends on their willingness and ability to accept the conditions of counselling and treatment. In different cultures drug abuse and its treatment is regarded differently: in some cultures people are more inclined to refer to professionals and receive assistance from them, in others this happens less often. In some countries treatment may be absolutely unsatisfactory and, when finding themselves in a different country, people do not exert many efforts to seek help. In other countries, as has been mentioned earlier, the use of drugs is regarded as disgrace both for people and their families that is why migrants prefer not to seek help at all in order to keep their drug addiction secret. In some countries psychological problems and addiction are considered a personal matter, for example, in Russian culture, counselling and treatment facilities are suspected to exercise control on behalf of the sate.

73 See Mental Health in a Changing World: *The Impact of Culture and Diversity/ See World Mental Health Day, October 10, 2007, p. 2-9.*

Culture – beliefs, norms, values and language of people – plays an important role in how people regard drug addiction, whether they seek help or not, what kind of help they are seeking, what kind of support they have, what treatment in their case can work. For effective work with ethnic groups of drug users, professionals from social and health sectors have to understand and respect cultural differences and bear in mind that in health care institutions culture affects how people:

- **identify ailment and report it;**
- **explain reasons for drug abuse and psychological problems;**
- **regard doctors, psychologists, and other medical workers;**
- **use treatment and respond to it.**

"I was kicked out of therapy" – says Mihail, a migrant from the former USSR. "Our psychologist asked me to talk to the mirror. But how can I talk to the mirror? I am not that ill. I asked him to show me; he thought I was making fun of him".

"I could not understand therapy. It did not matter to them – whether I was 15 or 40. I was kicked out" – says Yuri, a participant of the "Nu, pogodi!" (Just you wait) self help group for Russian-speaking migrants.

Victor, also a participant of a self help group, joins the conversation: "I was not ready to accept assistance from our psychologist. She was trying to explain to me what life is. A person who does not have a clue of what life really is! I just did not understand her".

Staying in a medical facility can be a difficult and frightening experience for clients. Workers who understand the client's cultural background and needs, i.e. culturally sensitive personnel, can make life in hospital easier and recovery faster.

It is especially important to adopt an integrative approach to health when dealing with people from diverse ethnic backgrounds. In an integrative view of health the political, the economical, the moral, and the medical are inextricably linked[74]. To understand social, cultural, moral and religious aspects of clients, James and Prilleltenski propose a structure that encompasses several dimensions[75]:

- Philosophic dimension: the vision of the good life, the good person and the good society in life. For example, in some cultures the notion of "a good person" cannot be applied to a drug user. In a "good family" family problems are never discussed outside the family, moreover, they are not discussed with professionals from social or medical institutions.

- Contextual dimension: the actual state of affairs in which people live. Here of importance is the willingness to understand what the social, economic, cultural and political conditions of a specific culture and community are, and how these factors affect treatment and drug use.

- Dimension of social and cultural norms: the notions of clients' behaviour in this or that situation; for example, greater distance between doctors and clients during conversation may be regarded by some cultures as lack of interest in the problems of clients.

- Dimension of religious norms: the redemptive view of suffering. Many religious groups believe that suffering strengthens their bond with the Divine and prefer not to seek help from doctors.

- Dimension of moral norms: the perception of what it means to be a "good person" and a "good family". "Good behaviour" of a female Muslim, when she is not allowed to look a male doctor in the eyes during their conversation, can be mistakenly regarded as unwillingness to communicate with medical personnel.

In providing services for diverse cultures, professionals from social and medical sectors have to bear these aspects in mind.

If medical staff has skills and capacities to make contact and identify culture specific behaviour, treatment of clients will be successful. Doctors have to understand that clients' behaviour in counselling and treatment may depend on their cultural specificities. When dealing with ethnic groups of drug users, professionals have to be flexible and show respect for other points of view and not exert pressure upon clients when they express their opinion.

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74 See Kleinman A, Benson P (2006). "Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It." PLos Med 3(10): e294.

75 To the work of James and Prilleltenski "Cultural Diversity and Mental Health: Toward integrative Practice" refer the authors of materials in "Mental Health in a Changing World: *The Impact of Culture and Diversity"/ See World Mental Health Day, October 10, 2007,* p. 2-1 – 2-2.

“To be culturally sensitive” a doctor/ psychologist “must understand his/her own world views and those of other cultures”[76]. In counselling, the task for professionals is to learn from clients what is important for them in their drug addiction and treatment. This information should be used when making decisions regarding treatment and further rehabilitation of clients. This orientation becomes “part of the practitioner’s sense of self, and interpersonal skills become an important part of the practitioner’s clinical resources”[77].

- When counselling and providing medical services to clients from various ethnic backgrounds, transculturally competent professionals have to bear in mind the following[78]:
- to use in their work magazines, brochures, posters, videos and other materials and media that reflect the cultures and ethnic backgrounds of clients;
- to use food during treatment and insure that food ingredients are acceptable in the cultural and ethnic backgrounds of clients;
- to use key words in the language of clients and gestures for more effective communication with them during treatment;
- to use bilingual or multilingual staff or trained interpreters/ translators;
- to remember that limited linguistic proficiency does not reflect the level of intellectual functioning of clients;
- to write notices or other information to clients in their language of origin;
- to avoid imposing values that may conflict or be inconsistent with those of other cultures;
- to recognize the right of clients to final decision when choosing treatment modalities, as various cultures use various types of therapy and interventions, and their response to treatment may be culture specific;
- to adapt prevention approaches to cultural specificities of ethnic groups;
- to pass information (with their previous consent) to the people who are important to clients, for example, their family and members of their community.

Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs and behaviours, including tailoring delivery to meet patients’ social, cultural, and linguistic needs (Betancourt et al., 2002).

These provisions may help professionals improve their transcultural competence as well as their understanding of and sensitivity to important problems of ethnic groups. If professionals are sensitive to specificities of other cultures, efforts of professionals will be rewarded.

76 Mental Health in a Changing World: *The Impact of Culture and Diversity/ See World Mental Health Day, October 10, 2007,* p. 2-4.

77 See Kleinman A, Benson P (2006). “Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It.” PLos Med 3(10): e294.

78 Mental Health in a Changing World: *The Impact of Culture and Diversity/ See World Mental Health Day, October 10, 2007,* p. 3-5 – 3-8.

6.5 Developing specific outreach competences for different ethnic groups of drug users

Outreach work is one of very important ways to interact with hard-to-reach groups of people and to provide support to them. Drug users and migrants are important target groups for outreach workers. Outreach work with drug using ethnic migrants, cannot be successful without developing transcultural competences in outreach workers. Cultural competences in the work of outreach workers facilitate contacts and relations with ethnic groups of drug users. The strengths of outreach workers in dealing with ethnic groups of drug users lies in the fact that they work outside organizations which makes it possible to decrease the distance with migrants and facilitates close relations with them. With their closeness to ethnic drug users, outreach workers are especially valuable observation posts that monitor on-going changes and evaluate clients' needs for help.

Outreach workers:

- work on public arenas: streets, metro, bus terminals and railway stations, shopping centres, parks, petrol stations, main squares etc;
- go to public places uninvited; of course, invitation is possible in case of making a preliminary contact to migrants;
- work not in their own territory; and it is ethnic migrants, including drug users, who decide whether they will admit them to the arena or not; because this is the territory where they were not invited;
- "earn" the right to contact: ethnic migrants themselves decide to what degree they want contact; if they do not trust outreach workers they can turn around and leave; outreach workers have to earn the right to communication;
- accept conditions for communication that are set out by ethnic drug users – how, when and where their interaction will happen, it is the target group who decides;
- interact with migrants' families (if there are such) and important institutions, including ethnic communities.

When performing outreach work, professionals very often face migrants who have never been in contact with or have not been able to use the opportunities of the rehabilitation space due to their cultural specificities, values and views. For migrants "outreach work becomes shaped as the treatment apparatus' prolonged arm, with a work form that is based on individual explanation models"[79]. "Outreach work also represents a possible contact and security net for people who have temporarily dropped out of treatment or rehabilitation programmes"[80].

Experience of outreach work with ethnic drug users shows that they are ready for interaction, when such communication is based on acceptance of their cultural environment, values and beliefs. When dealing with drug environment, outreach workers have to apply a comprehensive approach to migrants, taking into account their cultural factors and life situations. One should not consider drug abuse separately from other things. It has to be viewed in the context of cultural environment and related to problems that it expresses and a consequence of which

79 Njal Petter Svensson (2003), Outreach work with young people, young drug users and young people at risk: emphasis on secondary prevention, Strasbourg, p. 20.

80 Ibid., p. 7.

it is. What is good about outreach work is that its main principle is to meet people on their own terms. Understanding the importance of cultural standards and specificities of clients by outreach workers is a basis for establishing the necessary level of trust.

Outreach workers have to have certain personal and professional qualities. They have to show respect for cultural diversity. Without recognizing various cultures and races, outreach workers cannot gain recognition. “They should be open, free of prejudices and stereotypes, and have a non-judgmental position towards drug use. They should be caring, understanding and sensitive. They need to have respect for injecting drug users, and for their confidentiality… They should have dedication and commitment to the cause”[81].

It is desirable that outreach workers are available round the clock. This work has to be done both in the day and night time. Despite the fact that drug use is not very visible in the daytime, the structures of rehabilitation space are available. In the evenings and in the night time the situation aggravates. One way to be available round the clock is to use a mobile phone. One can invite a mobile operator to participate in the project or try to agree on a discount.

Outreach work is good not only because professionals work in the streets and try to reach people “in the field” but also because outreach workers make personal contacts with clients. This helps to develop warmer and more trustful relations with ethnic drug users. A Swiss study found out that “…the users of Italian descent seem to attach more to certain persons than to institutions. They prefer more familiar relations to counsellors”[82]. The transformation of professional relations (distance, goal oriented, impersonal) towards empathic and friendly ones leads to a faster development of trust.

Outreach workers have to be represented by both men and women, as some client prefer to communicate with and trust the workers of their own sex. For example, men from Eastern countries cannot have equal contact with female outreach workers.

When providing services in diverse cultures, to avoid misunderstanding during contact with migrants, professionals should bear in mind several principles of verbal and non-verbal communication. First of all, it is communication with clients in a simple language – without complicated terminology. Another important factor for successful communication is to use the native language of clients. Non-verbal communication when used appropriately can also become a key to successful contact. About fifty per cent of information in communication is understood through the use of non-verbal communication: mimics, gestures, interpersonal distance, tactile contacts, plastics, eye contacts etc. These norms are adopted in childhood and manifest throughout life automatically, sometimes becoming a culprit of misunderstanding and even open conflicts between members of diverse ethnic groups. Outreach workers should keep in mind that in different cultures the elements of non-verbal language may be perceived and regarded differently[83].

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81 UNODC (2004), HIV prevention among young injecting drug users, New York, p. 30.

82 Juergen Weimer, Presentation at a Transatlantic executive training on drug policy, organized by the Pompidou Group and the Syracuse University, 19 – 23 September 2011.

83 For more information on the elements of non-verbal communication of ethnic migrants see Chapter 4. Different cultural approaches to dealing with drug users and in particular paragraph 4.2 Understanding the different cultural contexts in which different ethnic groups of drug users live.

Active drug users from various ethnic backgrounds or people who used to be drug users can be employed as outreach workers[84]. Their advantage lies in the fact that they are the bearers of values of the same culture and have their personal experience of drug use, besides, they can speak the same language. One more important aspect is that they are capable of transferring their knowledge and skills to other outreach workers. Though there may be certain difficulties with involving such people: for example, irregular migrants may be in conflict with the law and this has to be borne in mind.

Practice shows that not all migrants prefer contact with outreach workers from the same ethnic background. Some clients prefer to make contact with professionals from local or different cultural background. This may guarantee a greater distance and cultural neutrality which in turn may increase the degree of anonymity for clients; in some cases this may help to overcome the barrier of shame. In any case, professionals have to offer an alternative to clients and allow them to make their choice.
When dealing with groups of drug users from diverse ethnic backgrounds, outreach workers have to keep in mind some recommendations:

- recognize their cultural diversity but avoid stereotypes and remember that each person is unique.
- work with ethnic groups of drug users on their terms because “the nature of outreach work is to meet people on their own terms”[85].
- co-operate with outreach workers/ volunteers/ interpreters who know the language of migrants you are planning to make contact with. It is not a task for migrants to provide an interpreter. Migrants cannot be made responsible if outreach workers do not understand them;
- learn some elements of verbal and non-verbal communication that are acceptable in cultures of migrants, especially the ones that affect attitudes of people towards each other and that facilitate interactions with them;
- co-operate with outreach workers from other institutions who work with this target group. A network of transculturally competent outreach workers will facilitate a better understanding of the target group and a faster response to their needs.

84 See the use of “peer-to-peer” method in preventing drug abuse. UNODC, New York, 2003, – p. 63 *http://www.un.org/ru/ecosoc/unodc/publications.shtml* (Date of visit: 20.09.2011).

85 Njal Petter Svensson (2003), Outreach work with young people, young drug users and young people at risk: emphasis on secondary prevention, Strasbourg, p. 9.

When setting up various programmes for ethnic migrants which require cultural sensitivity one should be very careful about their development and implementation. UNFPA has developed a document, titled "Guide to working from within: 24 tips for culturally sensitive programming", which contains tips for professionals[86]:

1. **INVEST TIME IN KNOWING THE CULTURE IN WHICH YOU ARE OPERATING.** Understanding how values, practices and beliefs affect human behaviour is fundamental to the design of effective programs. Nowhere is this understanding more important than in the area of power relations between men and women.
2. **HEAR WHAT THE COMMUNITY HAS TO SAY.** Before designing a project, find out from community members what they hope to achieve. Soliciting their views on different aspects of a project, from the overall strategy to specific advocacy messages, can foster local acceptance and instil a sense of ownership.
3. **DEMONSTRATE RESPECT.** Make an effort to show that you understand and respect the roles and functions of community leaders and groups, avoiding attitudes or language that may be perceived as patronizing.
4. **SHOW PATIENCE. A** great deal of dialogue and awareness-raising may be needed to persuade others to accept new ways of thinking, especially ones that challenge beliefs closely tied to individual and social identity. Invest as much time as necessary to clarify issues and address any doubts. If questions are not resolved, they may resurface later and derail progress.
5. **GAIN THE SUPPORT OF LOCAL POWER STRUCTURES.** Winning over those who wield power in a community, whether they be NGOs, women's groups, religious leaders or tribal elders, can be a crucial first step in gaining acceptance at the grass roots. Make sure your first encounter sends a positive message.
6. **BE INCLUSIVE.** The best way to dispel mistrust is through a transparent process of consultation and negotiation involving all parties.
7. **PROVIDE SOLID EVIDENCE.** Using evidence-based data, show what program interventions can achieve, such as saving lives. In addition to advocacy, such information can be used to clarify misconceptions and obtain support from policy makers and local power structures, including religious leaders. Credible evidence is especially important when the issues under discussion are controversial.
8. **RELY ON THE OBJECTIVITY OF SCIENCE.** Addressing culturally sensitive issues in the context of [mental] health can help diffuse the strong emotions that may be associated with them. A technical or scientific perspective can make discussion and acceptance of such issues easier.
9. **AVOID VALUE JUDGEMENTS.** Don't make judgments about people's behaviour or beliefs. Rather, put your own values aside as you explore other people's thoughts and dreams, and how they think they can best achieve them.
10. **USE LANGUAGE SENSITIVELY.** Be cautious in using words or concepts that may offend. Frame issues in the broader context of health and healthy families and communities.

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86 The tips were taken from *http://www.unfpa.org/public/cache/offonce/home/publications/pid/1410* (Date of visit: 15.10.2011). This material has been adapted for professionals who deal with ethnic migrants.

11. **WORK THROUGH LOCAL ALLIES.** Rely on local partners that have the legitimacy and capacity to influence and mobilize a community. Such partners have the added advantage of knowing what local people are likely to accept.
12. **ASSUME THE ROLE OF FACILITATOR.** Don't presume to have all the answers. Give up control and listen to others express their views, share their experiences and form their own ideas and plans. In an environment charged with ethnic or religious differences, assuming the role of facilitator sends a message of neutrality.
13. **HONOR COMMITMENTS.** Doing what you say you will do is a powerful way to build confidence and trust.
14. **KNOW YOUR ADVERSARIES.** Understanding the thinking of those who oppose your views can be key to successful negotiations. Analyze the rationale on which they base their arguments and be ready to engage in an ongoing and constructive dialogue.
15. **FIND COMMON GROUND.** Even with seemingly monolithic institutions there are different schools of thought. Look for areas of common interest that can provide entry points for working with non-traditional partners.
16. **ACCENTUATE THE POSITIVE.** When addressing harmful traditional practices, emphasize that both harmful and positive practices are found in all societies. This can help diffuse tensions around the challenging issues.
17. **USE ADVOCACY TO EFFECT CHANGE.** Well-planned advocacy campaigns are particularly important when project goals are likely to provoke religious or cultural controversy.
18. **CREATE OPPORTUNITIES FOR WOMEN.** Give women the opportunity to [express themselves] and demonstrate their capabilities. This can help diminish false, culture-based beliefs about stereotypical gender roles.
19. **BUILD COMMUNITY CAPACITY.** Reinforce a sense of ownership and ensure sustainability by strengthening the skills of community members, including health-care providers and peer educators.
20. **REACH OUT THROUGH POPULAR CULTURE.** In many parts of the world, music and dance are popular cultural expressions. Use them to communicate new ideas, and be sure to involve young people in the creative process.
21. **LET PEOPLE DO WHAT THEY DO BEST.** Often, an appropriate role for traditional or religious leaders is mobilizing communities or helping to reshape public opinion. Seek their engagement in these areas.
22. **NURTURE PARTNERSHIPS.** Cultivating relationships requires an investment of energy, patience, and time. Don't allow them to disappear just because [work] has ended. Sustaining partnership beyond a single [consultation] allows trust to mature, increasing the chances for positive results over the long term.
23. **CELEBRATE ACHIEVEMENTS.** Bringing accomplishments to the attention of others and publicizing success can create a sense of pride and reinforce community involvement.
24. **NEVER GIVE UP.** Changing attitudes and behaviours can be an excruciatingly slow process, especially in closed societies. Don't expect to accomplish everything at once. Even small changes are significant, and may be more enduring over the long term.

When dealing with migrants, outreach workers need to keep these recommendations in mind. Nevertheless, they have to be followed, based on your own experience and knowledge, as well as the specificities of work with drug users. For example, Item 24 “Never give up”, indeed, emphasizes the importance of even small steps clients make towards their recovery. However, you have to always remember that these have to be their own movements and development. If you see clients are unwilling to change, if they “stay in the same place” for a very long time, and you have exhausted all possible resources, then you have to learn to say no to such clients. Michaela Klose notes: “Social workers and other helping professionals are in my opinion as weak sometimes as any other. It has to be allowed to say ”no”, if a client does not want to change or acts always and continuously in a bad, hurting behaviour”[87].

Following Item 4 “Show patience”, professionals need to understand that some borders or limits are important when dealing with drug users. Michaela Klose mentions: “To show patience at the beginning of a dialogue is very important, I agree, but drug addicts, over all borders, need a psychological frame, borders/limits. Otherwise, you will be after a few years working with addicts burned-out or over-identified which has the consequence that the client will not change. Change always hurts more or less, and in my experience and opinion you can’t change an addict being all the time quiet and patient”.

Thus, transculturally competent workers have to be flexible: not just blindly follow recommendations but understand in which cases they are feasible and in which they have to be modified according to the situation.

Dealing with migrants, outreach worker has to understand that it is not always possible to help clients. Clients may just not use what they are offered. And this is their choice. Migrants have to be informed that they should not expect continuous assistance and support from the state. “They have to learn to be responsible for themselves and their behaviour”.[88]

87 Comments by Michaela Klose, a manager of the Café Olga project (Berlin).

88 A line from Edgar Wiehler, ibid..

6.6 The specificities of dealing with irregular drug using migrants

At the moment integration of irregular drug-using migrants into the system of social welfare and health care is one of the biggest challenges, especially when it is related to the problem of addiction. The situation with irregular migrants, who are guaranteed only the right to emergency care by the state, remains unresolved. “Even when a state offers harm reduction, a mixture of preventive and curative health care, undocumented migrants are excluded from both local and national programmes”[89]. Access to services of health care and social welfare is problematic for irregular migrants in many countries. Most often, to bridge this gap in the system of health care and social welfare various programmes of supplementary funding are developed.

Never the less, even when such programmes exist, irregular migrants rarely seek help in social welfare and health care institutions. Professionals who provide support to undocumented drug-using migrants mention the following reasons for low use of their services by clients[90]:

- Lack of or low motivation;
- Fear of deportation;
- Fear that the staff of social or medical institution calls the police;
- Insufficient knowledge of services and assistance that they are entitled to;
- Lack of medical insurance;
- Language barrier;
- Formal difficulties;
- Short period of stay in the country;
- Financial difficulties;
- Denial of the disease.

These are not all the reasons. For example, irregular migrants especially from the former USSR and Asian countries are insufficiently aware of harm reduction and low threshold services and do not understand their real aims and methods, consequently, they are not ready to participate in these or other programmes. Many interventions fail to achieve recognition among ethnic groups due to cultural differences. To many people Western ideas seem suspicious, alien or threatening.

89 Joost den Otter, Ancella Voets, The right to health / Overcoming Barriers: migration, marginalization and access to health and social services. Netherlands, 2007, p. 71.

90 Drug Use and Mobility in Central Europe. Correlation, European Network, p. 27.

The situation is also aggravated by the fact that irregular migrants find themselves in a highly dependent situation as compared to their surroundings. They are more often than other groups subject to exploitation, maltreatment and all sorts of abuse: forced prostitution, criminal activities, work without any protection of their rights, blackmail etc.

Another challenge in dealing with irregular migrants is that professionals have to face some form of illegality around them. In some countries assistance to irregular migrants is deemed unacceptable, and it is quite difficult to find justification to what professionals are doing in terms of public opinion and the law[91]. In this case professionals have to abide by certain principles: to make contact with irregular migrants either in accordance with the aims of the organization (when providing social or medical assistance) or accidently; but in any case, the principle task for professionals is to provide support and assistance to clients on the basis of professional ethics.

Practice shows that there are difficulties when hiring volunteers and professionals from diverse ethnic backgrounds – on the one hand, because of little interest in dealing with drug users and irregular migrants and, on the other hand, because of controversial views of drug use.

All the above-mentioned facts only make the work with migrants from other cultures, who illegally stay in a foreign country, difficult. To devise activities with irregular drug-using migrants it is necessary to develop for them specialized but transculturally competent services they need: needle exchange programmes, injection rooms, overnight accommodation, laundry, assistance in prisons, interpretation services; "Services-under-one-roof", including food, overnight accommodation, professional medical and social assistance etc.

When providing support to irregular migrants and dealing with them, one should look for such a solution to their problems that allows them to survive in an ethically acceptable way. A signed contract may help them feel more protected against law enforcement agencies.

Understanding the difficulty and complicity of work with irregular migrants, one should develop a protective system not only for clients but also for professionals. Organizations that provide assistance to irregular migrants should have clear instructions for their staff, including rules of conduct in these or other situations and their working methods. Administrations should also provide additional (legal) opportunities to professionals, for example, insurance. Making contracts with clients may become an additional guarantee for professionals, as it will help to rule out all controversies in dealing with irregular migrants.

91 See Article "Ethical Guidelines" *http://picum.org/en/resources/ethical-guidelines/* (Date of visit: 22.10.2011).

7

Guidelines for good practice

Demographic trends in the world suggest that ethnic migrants in future might become the biggest target groups. So it is important to lay the basis for transculturally competent services to ethnic migrants. For this, a number of organizational and practical measures aimed at developing such a system need to be taken[92]:To develop transcultural competence at the systemic, organizational, professional and personal levels.

1 **To have a management strategy for culturally and linguistically adapted organizations with aims, plans, procedures and staff responsible for their implementation.**

92 In part this material was taken from the following sources: 1) Juergen Weimer, Presentation at a Transatlantic executive training on drug policy, organized by the Pompidou Group and the Syracuse University, 19 – 23 September 2011; 2) Health in a Changing World: *The Impact of Culture and Diversity/ See World Mental Health Day, October 10, 2007.*

2. **To develop a strategy to hire, retain and promote transculturally competent staff. And hire staff from diverse ethnic backgrounds as an important pre-requisite for building services that could successfully reach ethnic groups.**

3. **To organize on-going training and education for administrators, professionals and auxiliary personnel with a view to improve their transcultural competence.**

4. **To transform some institutions into competence developing centres for transcultural work with drug users.**

5. **To develop services for special needs of various ethnic and migrant groups.**

6. **To set up and maintain an effective network among professionals in order to provide appropriate assistance to ethnic drug users.**

7. **To set up and maintain a network between the care system and communities of ethnic migrants.**

8. **To involve communities and users in planning and determining policy, providing and evaluating services to meet the needs of ethnic communities.**

9. **To initiate and promote among various ethnic groups methodologies that demonstrated their effectiveness when dealing with drug-using ethnic migrants: low threshold services, interpretation/ translation services, self-help groups etc.**

10. **To perform on-going organizational self-assessment and monitoring of transcultural competence of services and professionals with a view to track the quality of services provided to ethnic clients; and to prepare annual reports.**

These measures may help to improve the system of transculturally competent services for ethnic migrants and their situation.

Glossary of terms

Acculturation – is a phenomenon that emerges when a group of individuals from different cultures come into direct and on-going contact, the result of which is the change of elements from original culture of one or both groups (Berry, 1990).

Acculturation – is the modification of the culture of a group or an individual as a result of contact with a different culture (American Heritage Dictionary).

Competence – is a specific ability, necessary for effective execution of a specific action in a specific field, including narrowly-specialized knowledge, special subject skills, ways of thinking, and also understanding the responsibility for one's actions (John Raven, Professor of Edinburgh University).

Cultural brokering – is the act of bridging, linking or mediating between groups or persons of different cultural backgrounds with a view to stop the conflict or change the situation (Jezewski, 1990). A cultural broker is defined as a go-between, the one who advocates on behalf of another individual or a group (Jezewski & Sotnik, 2001).

Cultural competence in health care describes the capacity of the system to provide assistance to patients with different values, beliefs and life styles, including modification of modalities of treatment depending on social, cultural and linguistic needs of patients (Betancourt et al., 2002).

Cultural sensitivity – is the understanding and tolerance of all cultures and lifestyles. It is crucial in the delivery of competent care. (Foundations of Nursing, Transcultural Healthcare). Drugs – are substances like alcohol, tobacco, narcotics, volatile substances – inhalants and some medicines with psychoactive action (Richard Ives, Olga Fedorova, 2004).

Culture – is a complex whole which includes knowledge, beliefs, arts, morals, laws, customs and any other capability and habit acquired by a human as a member of society (E. Taylor and C. Seymour-Smith, 1986).

Culture – is the collective programming of the human mind that distinguishes the members of one human group from those of another (Geert Hofstede).

Immigrant – is a person who leaves one country to settle permanently in another country (Mental Health in a Changing World: The Impact of Culture and Diversity, 2007).

Immigration of population – moving into the country for permanent or temporary residence by citizens from other countries (*http://slovari.yandex.ru/~книги/БСЭ/Иммиграция%20населения/*)

Migrant – is any person who lives temporarily or permanently in a country where he or she was not born, and has acquired some significant social ties to this country (Mental Health in a Changing World: The Impact of Culture and Diversity, 2007).

Outreach work – as a rule, under “outreach” is meant an activity, aimed at making contact with clients in environments familiar to them – in the streets, at home, in clubs and at other places (EMCDDA, 1999).

Rehabilitation space – is a network of treatment, prevention and rehabilitation institutions, departments, services and public initiatives aimed at providing medical, social and psychological assistance to clients with addictive behaviour and in dangerous and unfavourable social conditions.

Supervision – is a close interpersonal interaction the main aim of which is that one person (supervisor) meets another person (supervisee) and tries to help him to do his activity more effectively (Loganbill C., Hardy E., and Delworth U., 1982).
Transcultural competence – is an ability to notice and understand the life world of an individual in a specific situation and in various contexts, and also a skill to make logical conclusions about corresponding actions in them (Dagmar Domenig, 2007).

“Transcultural narcology” – is a term referring to the study of drug and alcohol abuse and associated treatments in relation to social and ethno-cultural norms (Mental Health in a Changing World: The Impact of Culture and Diversity/ World Mental Health Day, October 10, 2007).

Emigration (from Latin emigro – emigrate, migrate) – self-selected or forced migration to another country for permanent or temporary (for a long time) residence (http://slovari.yandex.ru/~книги/Гуманитарный%20словарь/Эмиграция/).

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