

Young refugees and asylum seekers in Greater London: vulnerability to problematic drug use

A summary of the final report

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Key Messages

Young refugees and asylum seekers' vulnerability to problematic drug use

Many young refugees and asylum seekers experience traumatic incidents prior to their arrival in the UK, including persecution, the death of - or separation from - members of their families, beatings, rape and torture. In many cases, the journey to the UK is long, difficult and dangerous. Arrival is a relief, but can lead to a new set of stresses.

This report details how the lives of young refugees and asylum seekers in the UK are likely to be characterised by circumstances - summarised below - which have been identified as risk factors for the development of problematic drug use.

Education

Young people with a strong desire to learn and positive experiences of education are less likely to develop drug-related problems. Some young refugees and asylum seekers face barriers to accessing or achieving in education, however, and the role that education can play in protecting young people from drug-related problems is therefore diminished.

Health

The link between mental health problems and drug use is well-documented and many young refugees and asylum seekers report depression, loneliness, and isolation.

Crime

There is no evidence for a higher rate of criminality amongst refugees and asylum seekers than the rest of the UK population, and it may be that, as refugees and asylum seekers are also members of Black and minority ethnic communities in the UK, they are more likely to be victims of racially-motivated crime.

Employment

Unemployment is a risk factor for problematic drug use, but there are tensions between government policy to increase the employment rates of disadvantaged groups, and the refusal to allow asylum seekers to work legitimately. Refugees are highly under-represented in the labour market. The situation of most young refugees and asylum seekers who are employed (illegally in the case of the latter) is that they work long hours, for little money, in a restricted number of occupations.

Housing

The provision of decent accommodation for refugees and asylum seekers is frequently inadequate: many live in accommodation that is of poor quality, often overcrowded and supposedly 'temporary.' Some young people are housed in hostels with problematic drug or alcohol users, experience racism in the accommodation in which they are placed, or rely on strangers for a home. In addition, some of those who live with members of their families already in the UK report problems due to overcrowding and because not all members of the household welcome the new arrival.

Homelessness and problematic drug use are closely linked, and of particular concern is that some young refugees and asylum seekers have been, or risk becoming, homeless in the UK.

Previous and current drug use

Very few of the young refugees and asylum seekers interviewed for this project were problematic drug users. Cannabis use amongst them was not uncommon, but only a small number were involved in heroin or crack cocaine use, and even fewer in selling drugs. However, the presence of the known risk factors, documented throughout this report, indicates that they are highly vulnerable to future problematic drug use and a systematic approach to meeting the identified needs amongst this population is required. Few interviewees displayed an awareness of drug services.

The family

A close and supportive family can function as a protective factor against problematic drug use amongst young people. Young refugees and asylum seekers without families in the UK are therefore particularly vulnerable to a number of risks closely associated with problematic drug use.

Social networks

Many refugees and asylum seekers experience difficulties making friends because opportunities for creating social networks are limited by language, cultural differences, racism, and exclusion from education and employment opportunities. The limited opportunities for assimilation may protect some from adopting local drug-using patterns, but an awareness of drug use in their immediate environment and the influence of 'Western values' makes these young people vulnerable to drug use.

The environment

The lives of young refugees and asylum seekers, especially unaccompanied minors, are frequently characterised by social and economic exclusion that have been shown to be risk factors for problematic drug use amongst young people.

Background to the project

This project, which was a partnership between the Greater London Alcohol and Drug Alliance (GLADA), and the Centre for Ethnicity and Health at the University of Central Lancashire (UCLan), was funded by the Home Office through its Confiscated Assets Fund (CAF).

The project's aims were:

- To increase knowledge and understanding amongst participating refugee and asylum-seeking community organisations, and amongst those responsible for planning and delivering services to refugees and asylum seekers, of the risks of problematic drug use amongst young members of these communities.
- To provide capacity building amongst the participating refugee and asylum-seeking community organisations to ensure the successful completion of this project, and also to increase their role in the planning and delivery of health, education and social welfare services.
- To establish information-sharing networks across participating refugee and asylum-seeking communities.
- To include service planners, providers and other key stakeholders in the project from the outset in working with the participating refugee and asylum-seeking community organisations, in order to further develop services that are sensitive to, and, meet identified needs.

- To open up communication channels and develop partnerships between refugee and asylum-seeking community organisations, groups advocating for refugee and asylum seekers, representative bodies, Drug Action Teams (DATs), the Greater London Authority (GLA), GLADA and others, in order to facilitate further capacity building at regional and local level.
- To increase the access of people from the participating refugee and asylum-seeking community organisations to accredited training.

To achieve these aims, the project incorporated a community engagement approach.

In 2003, the number of individuals seeking asylum in the UK was 61,050, a fall of 41% on the previous year (Home Office, 2004 [provisional data]).

In 2003, 24,925 asylum seekers in Greater London were accessing subsistence-only or accommodation support from the National Asylum Seeking Service (NASS) (Home Office, 2004 [provisional data]). 1,320 unaccompanied minors applied for asylum in the second half of 2003 (Home Office, 2004 [provisional data]).

Estimates of the number of unaccompanied minors living in the UK at any one time range from 3,500 - 10,000. The majority are boys, most of which are aged between 16 and 17.

In mid-April 2004, a total of 3,751 unaccompanied minors were being cared for by local authorities in Greater London. Of these, almost one-third were aged 15 and under (LASC, 2004).

Race equality and diversity are part of the Government's broader agenda to build a strong civil society, in which people of all races and backgrounds are valued and participate on equal terms.

However, the rapid and ongoing changes to asylum and immigration policy over the last ten years have had significant implications for asylum seekers and refugees, including the differential treatment of the two groups in many policy areas, which are mapped throughout this report.

The risk factors for the development of problematic drug use amongst young people are well-documented, and can be categorised as problems in nine areas: education, health, crime, employment, housing, drug use, family, social networks and the environment.

It is important to note that the presence of a single or even multiple risk factors in a young person's life does not automatically predict problematic drug use. Nevertheless, the greater the number of risk factors present, the greater the likelihood of drug use and subsequent problematic use.

Methods

The project consisted of four discrete - but interconnected - elements: research by community organisations, a stakeholder group, a literature review and a policy mapping exercise.

Six **community organisations** were selected to take part in the project. Each was required to recruit a number of young people who could be trained and supported to undertake research into the vulnerability of young refugees and asylum seekers to problematic drug use, with a particular focus on unaccompanied minors. Data were collected from young Nepali, Afghans, Zimbabweans and other Africans, Turkish Kurdish, and Iraqis.

In addition to engaging a range of key statutory and voluntary organisations in the project, the role of the **stakeholder group** was to receive feedback on the progress of the project and to assist with the dissemination and implementation of findings from the project as it progressed.

The **literature review** aimed to summarise key information on the risk and protective factors for problematic drug use, with a focus on the experiences of young refugees and asylum seekers.

The purpose of the **mapping exercise** was to develop a map of the main policies and strategies that (theoretically) assist in the design and construction of a safety net for young people - specifically refugees and asylum seekers - who may be vulnerable to drug use. This exercise was supplemented by interviews with individuals who have experience of implementing these policies.

The data collected from the literature review, mapping exercise and by the community organisations were collated and analysed thematically, according to nine policy areas (education, health, crime, employment, housing, drug use, family, social networks and the environment), problems which have been identified as risk factors for problematic drug use.

Young refugees and asylum seekers in London

The sample consisted of young people born in Nepal (7), Afghanistan (16), Zimbabwe (11), other African countries (11), Iraq (11) and Turkey (11). Interviewees were aged between 16 and 25 and had been in the UK from six months to 13 years (most for under three years).

The majority of interviewees had left their country of origin because of persecution and/or war. Many had close relatives who had been killed or imprisoned by the regimes from which they fled, and some had experienced imprisonment, torture or harassment themselves. Some of the young interviewees came to the UK to be reunited with families already in this country, whilst some of those from African countries and from Turkey cited poverty as a reason for leaving their home countries.

Almost half of the young interviewees arrived alone in the UK. Some, especially Afghans and Nepalis, were assisted on their journeys by agents but, other than the Zimbabweans, many had long, hazardous journeys.

Experiences on arrival in the UK varied: although the young people from Nepal and Turkey had generally positive experiences, some of those from other countries did not. Some Afghan interviewees highlighted unhelpful and negative attitudes from the staff of organisations at the point of arrival, and some Zimbabwean interviewees recalled prison-like detention centres.

Education

Risk factors for problematic drug use associated with education include exclusion from school, truanting and low school grades.

The role of education may be pivotal in fulfilling a number of functions in the lives of refugees and asylum seekers. Education is important not only as an arena for learning but also as a route to integration, and is a means of alleviating boredom and structuring life, and a route towards future employment opportunities.

The Education Act 1996 places Local Education Authorities (LEAs) under a duty to provide education for all school-age children in their area, appropriate to their age, ability, aptitude, and to any Special Educational Needs (including language support) they may have. This duty on LEAs extends to all children residing in an their area, whether permanently or temporarily, and irrespective of a child's immigration status. However, a significant impact of asylum policy on the delivery of education policy is that many refugee and asylum-seeking children are not attending school.

Key issues raised by service providers in terms of access to education concerned providing appropriate and continuing support for young people within the school system. For those over the statutory school age, concerns were expressed about the appropriate provision of English for Speakers of Other Languages (ESOL) courses, and access to them. For those seeking employment, interviewees noted that employers may be unwilling to employ refugees and/or did not recognise their previous experience nor qualifications.

Experiences of education prior to arrival in the UK varied greatly between the different groups interviewed for this project, although apart from most of the young Africans, the majority of interviewees had been in education in their country of origin.

Many of the young interviewees expressed a great desire to enter education, and of those who had done so, many reported positive experiences. However, some faced a number of barriers to accessing education appropriate to their needs and even when accessed, their needs and aspirations were not always sufficiently met because of inadequate and inappropriate educational facilities, and, in some cases, negative experiences.

Health

The presence of a mental health problem can pose a risk for problematic drug use. Factors such as poverty, stress, deprivation and limited access to primary healthcare may combine to create special healthcare needs amongst refugees and asylum seekers, with children and young people particularly at risk. A number of studies have suggested a link between ill health, Post-Traumatic Stress Disorder and the development of licit and illicit drug use for the purposes of self-medication.

Asylum seekers and refugees are legally entitled to access primary and secondary healthcare services from the National Health Service, and there are many policy initiatives to ensure that they do so.

Health service providers reported that whilst services were available, they were not always accessed, usually because refugees and asylum seekers were unaware that they are entitled to them. Where specific health teams targeting refugees and asylum seekers had been established, they had been successful in attracting and retaining patients.

The mental health of asylum seekers and refugees was a major concern for many service providers interviewed for this project. Although it was reported that problems encountered in providing mental health services were being overcome (such as the development of culturally appropriate responses), concern was expressed in relation to the networking of services to provide for the range of needs of this client group.

Young refugees and asylum seekers may have a variety of physical health needs prior to arriving in the UK due to inadequate access to healthcare in their home countries and/or whilst in transit to the UK. They may face difficulties meeting these needs because of barriers to health service access, including to GPs.

Many young refugees and asylum seekers interviewed for this project reported multiple health stressors and traumas including war, physical harm, intimidation, deprivation, malnutrition, and bereavement. Unaccompanied minors are particularly vulnerable to subsequent mental ill health, as they have incurred the additional stressor of separation from family members. Whilst some young people demonstrate an ability to adjust and function in their everyday life in the UK, others display characteristics of mental distress.

Crime

The association between juvenile delinquency, anti-social behaviour and conduct disorders and the development of drug use is well-documented. A significant risk factor for problematic drug use related to crime is offending at a young age.

There is no evidence for a higher rate of criminality amongst refugees and asylum seekers than the rest of the UK population. There is very little specific attention paid by crime policy to refugees and asylum seekers, other than the latter working illegally and remaining in the UK illegally.

There is a lack of research on crimes perpetrated by young refugees and asylum seekers, but the service providers interviewed for this project reported that the contact with the criminal justice system by these young people was low. However, it was also noted that this population's susceptibility to crime was high, given a need for belonging (leading to involvement in gang culture), economic necessity, and naivety in terms of becoming involved in illegal activity.

Excluding drug use and offences connected to immigration status (such as working illegally), most of the young refugees and asylum seekers interviewed for this project were not engaged in any criminal activity. A few disclosed minor offences, three had sold drugs, and some of the Turkish Kurdish interviewees were members of street gangs.

Employment

The risk factors for problematic drug use related to employment are unemployment and/or working as a sex worker. Amongst young people who have legally or illegally entered the UK, there are those who are vulnerable to coercion into sex work, some of whom may have been trafficked into the country specifically for this purpose.

UK policy prevents asylum seekers from accessing the labour market prior to a positive decision on their application.

Despite an employment policy that specifically aims to increase all communities' participation in the labour market and which values the role of employment as a mechanism for refugee integration, refugees are highly under-represented in the labour market. Reasons for this include employers' confusion over whether or not they can legally employ refugees and, in a climate of the hostility towards migrant labour, a fear of negative publicity by doing so.

Service providers reported a variety of barriers to employment by refugees and asylum seekers, including funding difficulties that blocked access to further education and training; employers' lack of understanding of a potential employees' refugee status leading to an unwillingness to employ them; and employers' lack of recognition of qualifications and experience gained in another country.

A number of the young people interviewed for this project spoke of having ill-paid jobs and working long hours. Many of those working were in jobs ill-matched to their qualifications. Some who were employed did not have permission to work in the UK because of the status of their asylum application, yet needed an income to support themselves and, in some cases, their families, because they were not receiving state benefits. Most of these were not asked for official documentation by their employers. That some interviewees worked illegally makes them vulnerable to financial and other forms of exploitation.

Housing

The risk factors for problematic drug use related to housing are homelessness, running away from home, and/or being looked after by a local authority or foster parents.

The dispersal of asylum seekers away from London and the South East was motivated in significant part by the Government's desire to reduce pressure on local housing and public services. A particular implication of this policy is that those who choose to live in London rather than to be dispersed do not receive financial support for housing costs.

The housing needs of refugees and those with Leave to Remain status should be addressed by mainstream housing policy. Of course, the shortage of affordable housing in many parts of the UK - especially in London - means that not all those who need a home in the social sector can readily access one.

Many homeless families with children in London are in temporary accommodation whilst they wait to be rehoused. This includes those who are granted full refugee status and then join the mainstream queue for housing.

Service providers reported that it was not uncommon for asylum seekers to return to London after dispersal, or to refuse to be dispersed and become homeless. Accessing housing can be problematic for this population and there were instances where housing departments had proved to be unhelpful in terms of working with refugees. However, some successes were reported from multi-agency projects established to address the needs of young refugees and asylum seekers living in hostels.

Accommodation provided for young asylum seekers and unaccompanied minors includes semi-independent housing, hostels and bed and breakfast hotels, or unsupported social or private housing. Some asylum seekers are dispersed away from the area where they first present, and there is a large variation across local authorities in the adequacy of the support packages they subsequently receive. There is evidence that some of those who have been dispersed are returning to London, but those who do so may lose access to support systems other than basic entitlements to health and education services.

The young refugees and asylum seekers interviewed for this project reported many problems accessing accommodation and further problems when they had done so. Although some had fairly positive experiences of seeking help from services in relation to their housing, most had not. The high cost of housing in London, especially in the private sector, is also a problem.

Previous and current drug use

Early onset of drug use is a risk factor for later problematic drug use.

Within the Government's overall Drug Strategy there is a Diversity Strategy which aims to ensure that under-represented groups - including Black and minority ethnic groups - have access to drug prevention education and treatment.

Although UK drug policy barely addresses refugees and asylum seekers, its effectiveness or otherwise in relation to these groups is contingent upon a range of other issues, addressed throughout this report and which increase their vulnerability to problematic drug use.

Representatives of services providing support for refugees and asylum seekers who may be experiencing problems with drugs report that there is often reticence to seek help, as drug use is strongly condemned in some communities. The development of culturally appropriate services was reported to be problematic.

Concern was expressed by service providers that an embryonic drug-using career can escalate once an individual has entered the UK, with a rapid increase in the amount and the range of drugs used. It was also noted that drug use amongst refugees and asylum seekers may be associated with self-medication and that inexperience with drugs was often reflected in poor injecting practice and other harmful drug-using behaviour.

The extent and nature of drug use amongst all refugees and asylum seekers is difficult to ascertain because the groups are diverse and most have seldom been interviewed for research projects. Many asylum seekers are unwilling to disclose problematic drug or to seek help for it because they fear that this will negatively affect their asylum application, and, in any case, problematic use may not develop until several years after resettlement in another country

Some refugees and asylum seekers have used drugs prior to arriving in the UK: some have been given drugs to control their behaviour whilst fighting during conflicts; others have been given drugs to increase their suffering whilst imprisoned; and others have experimented with a range of licit and illicit substances for recreational purposes.

Young refugees and asylum seekers may use substances that are traditionally used by their ethnic/national group, such as qat (khat) or paan and restrictions on the use of these substances in their home country may no longer apply in the country of resettlement. Once in the UK, an additional risk is that they may become part of an environment which 'normalises' the use of some drugs for recreational purposes amongst young people: assimilation may include the adoption of local drug-using patterns.

Drug use amongst the young refugees and asylum seekers interviewed for this project appeared largely unproblematic. Most had never used drugs, and had very strong reasons for not doing so, usually related to health or religion.

About one-third had used drugs in the UK - mainly cannabis - but few were currently using. Only a small number were using heroin and crack cocaine and even fewer were involved in selling drugs. Where interviewees discussed the reasons why they and/or other refugees and asylum seekers used drugs, several were cited repeatedly: boredom; peer pressure; emotional suffering and problems; depression; and the availability and use of drugs in their local environment. Few interviewees displayed an awareness of drug services.

Family

There are many risk factors for problematic drug use related to the family, including family disruption, conflict, and breakdown.

The principle that the family is a critical influence on a child's life and that this should, where possible, provide the environment in which a child grows up, is reflected in government policy across a wide range of departments.

The government's policies for family reunion allow some with refugee status to be joined in the UK by their spouses and children, but the parents and siblings of a minor who has been recognised as a refugee are not entitled to family reunion unless there are compelling, compassionate circumstances. For asylum seekers, there is no right to family reunion.

A refugee who wishes to have family members join them must provide evidence that they can support and accommodate them.

A number of projects were identified which provided family-type functions for both children and their parents, including addressing their mental health, child care development needs, social network support, and befriending. However, it was reported by service providers that putting people in touch with agencies and groups constantly needed to be re-evaluated and promoted, and that support for community organisations was sometimes lacking.

Refugee children who remain with or are rapidly reunited with their families show less emotional distress and better adjustment than children who survive the refugee process alone.

Many of the young refugees and asylum seekers interviewed for this project were separated from their families. Some had lost all contact with their families and many were worried about those still in their home countries. Some of the young people knew that close family members (including their parents) had been killed. Many spoke emotionally about the separation from their parents and families.

Social networks

Peer relationships have an important impact on young people's vulnerability to drug use.

There are specific government policies relevant to establishing social networks for refugees. As with some other policies, however, there is a distinction made in policy terms between what is available for asylum seekers and what is provided for refugees, the latter of whom are recognised as requiring additional support to enable them to integrate.

Policies aimed at building social networks amongst young people interact with a number of other policy areas. Key features are the *Peer Education and Support Programme*, mentoring, citizenship and participation. In addition, the Home Office recognises that voluntary and community organisations have an important role in providing support for refugees to enable them to integrate.

The role of community organisations was stressed as important by all service providers, not only for providing support in the broadest sense, but also culturally appropriate support within a community who have common heritage and experiences.

Social support and contact with 'similar others' is important for maintaining mental health and well-being. Refugee and asylum seekers' social support may largely be provided through contact with other refugees and asylum seekers and with their community organisations.

Young refugees and asylum seekers who have been placed in unsupported housing and hostel accommodation may be particularly isolated from members of their own communities, and from the appropriate cultural and religious activities. Integration into local communities may be difficult through dispersal policies that place refugees and asylum seekers in areas of social deprivation, where there is a risk of hostility towards them. Unsatisfactory care arrangements may lead to young people forming relationships that exploit their vulnerability.

Whilst some of the young people interviewed for this project had developed a range of social networks since arriving in the UK, others' networks were firmly centred on members and organisations of their own community, and some reported that they had no friends. Many interviewees reported difficulties in making friends in the UK, frequently citing cultural differences as a barrier: the challenge to cultural traditions and whether or not to adapt was much discussed by the sample.

Environment

The risk factors for problematic drug use related to the environment are social deprivation, and community and neighbourhood disorganisation. Young heroin users under nineteen years of age in England and Wales are characterised by social and economic exclusion.

The vast majority of asylum seekers and a significant proportion of refugees experience a level of poverty that places them at the margins of society. The *National strategy action plan for neighbourhood renewal* provides the overarching policy instrument for addressing deprivation nationally, and represents a comprehensive framework for action in the next decade and beyond.

Following the disturbances in Burnley, Oldham and Bradford in the summer of 2001, the Home Secretary set up a Ministerial Group on Public Order and Community Cohesion to examine and consider how national policies might be used to promote better community cohesion, based upon shared values and a celebration of diversity.

Most of the young people interviewed for this project talked about their environment in terms of how safe they felt, how included or accepted they were, and their sense of belonging. The majority expressed concerns that they were 'outsiders.' Those who felt 'safe' and 'free' in the UK often reported this in relative terms: they felt safer here than they had done in their home countries. However, many interviewees perceived their environments as risky or dangerous places, usually expressing this in terms of their experiences of racism.

Recommendations

This report concludes with some recommendations for service development from the young asylum seekers and refugees who were interviewed for this project, the community organisations who managed that element of the project, and the professionals involved in this project (service providers, the stakeholder group, and members of the Centre for Ethnicity and Health).

Some recommendations for policy and service development

It is hoped that this report will initiate a process involving further discussion amongst policy makers. The results of this process should generate practical recommendations in order that policies and services can more effectively address the issue of the risk of problematic drug use amongst young refugees and asylum seekers.

This section begins with the recommendations made by the young asylum seekers and refugees who were interviewed for this project, continues with those made by the six community organisations who managed that element of the project, and ends with recommendations made by the other stakeholders involved in this project (service providers, the stakeholder group, and members of the Centre for Ethnicity and Health).

Young refugee and asylum seekers' recommendations

The young refugees and asylum seekers interviewed for this project were asked 'What could be done to improve the situation of refugees and asylum seekers living in the UK?' and this section summarises their responses in their own words.

Allow asylum seekers to work

'At least they could give an opportunity for the asylum seekers and refugees to work. I don't think everyone wants to claim benefits.'

'If UK government could help the people of developing countries by giving work permit, they could be able to settle their life properly...'

'When people leave their own countries coming here, they don't expect to be given some form of money because they would be telling themselves that they would work to feed themselves. The boredom is the one thing that makes asylum seekers turn to drugs.'

Speed up the process of asylum-seeking

'I wish they could do something about this long process of decision-making from the Home Office, for all refugees and asylum seekers, because everything in your life is based on that. This waiting seems infinite. It feels as if you are in prison without the metal bars. You can't go on holiday abroad, you can't work, can't go to college.'

'... there are people like my friend, who haven't got any kind of status. I was myself in that situation for three years... there isn't any form of security for people who come over here.'

'The way they react to people who appeal. They shouldn't ignore them.'

'I want to know if I can stay in this country. I will provide everything for myself, just like I have since I was 18. GLA cannot do anything for me now if I don't get accepted.'

Listen to and believe asylum seekers

'... most importantly, listen to my problems, and that I am telling the truth when I say how old I am, that is my real age.'

'I want one thing, and that is they have to gather all this research and reconsider Afghans' situations. There is still war in Afghanistan, and they should believe what we tell them. If we tell them that there is war and we are not safe, we are not lying and the British government knows this. They just have to believe us.'

'... listen to people's problems, especially if they are new arrivals.'

Provide information for asylum seekers in different languages

'I would appreciate if London Authority could build up an information centre so that we could go there and get any information from there with variety of language facility.'

'Their services, I was very unfamiliar with the system when I first arrived to the UK. There is no source of information available for new arrivals. The only way I got my way around was through friends and people I knew. I would be grateful if they have information available in different languages so people would know where to go for different problems.'

'... the first thing is language. I mean, I can speak read and write English, but there are people who can't. There isn't any kind of real information for them... I mean, not only with drug services, but in Housing, Jobcentres, DSS [Department of Social Security], NASS [National Asylum Support Service] or whatever... Yes, they have a poster saying that for this language contact this number, but when you contact them they can't speak your language, they won't understand you.'

Give aid to help home nations develop their infrastructures

'I think I will go back to my own country if it will be peace and I wish the developed countries like Great Britain help the developing countries to bring peace.'

'... if they could help our countries in development, then I think we can be able to settle in our own country.'

Develop supportive, culturally appropriate services

'We need a lot more support at the beginning of our stay in this country. You see, you feel scared, and you want someone to come and put their hand around you, like a role model or old figure type person. If you don't get them, then you look for other things to do on the streets, because you are sad, depressed, bored and you been through a lot.'

'When we came in, no-one really advised. They should have an Iraqi telling us what's happening, and when there is an English person we can't really communicate very well.'

'A bit more emotional support. A lot of asylum seekers are not fakes, they have been through war, famine, nearly losing their lives, risking their lives to get to this country, and to be abused and to experience racism is disgraceful. Services provided... should be publicised more so that more people would know about it.'

Ensure consistency across all London services for asylum seekers

'To give one proper guideline for each council, and also this guide should be the same for all councils in London. They should have a straight guideline for the level of support given for young people...'

Provide community centres

'I could suggest, like we have a lot of community centres, they could get active with the youth... I think GLA should support the youth and the community centres with financial side of it as well... I know a lot of kids who have psychological problems, and they don't know where to turn, or they can't speak because they are shy. Like, if the Turkish Kurdish youth have some kind of help like therapy, counselling or even seeing a specialist psychiatrist, to help their life to progress... We can have a better future for us.'

'The things could be improved by start listening to the people who come here fearing for their lives and try and build maybe a community centre for Zimbabweans and South Africans, because their culture is similar. I think the authorities should try and fund this so that people could have a place where they meet and maybe do what they were used to do back home. Here there is not much to do, that's why many young people turn to alcohol and drugs.'

'I think if there was a community centre where people from Zimbabwe and South Africa would meet because they share the same culture - if the authorities would try and find this, maybe people would get time to do what they were used to do at home. As for now, people think no-one is interested in their culture.'

'The asylum seekers need community centres at least, where they can spend time at and communicating with other people and start building up friendships, or maybe help them to learn to speak English.'

'We asylum seekers are told not to work and do anything, but they don't create things for us to do, like maybe youth centres made especially for us.'

Encourage positive media coverage of asylum seekers

'... maybe some positive media or advertising about the refugees and asylum seekers. All people hear is how much they're costing, and bad things. It's no wonder people don't want them here. People need to be educated.'

Tackle racial abuse and discrimination

'I want people to stop being racist. I want Iraq to be peace. Don't put Iraqi people in bad places, they have done nothing to you lot... They need a good place to live, they need more money and a better future. Don't put them in bad areas... I don't want police to be racist because I'm Iraqi. I don't want to be in trouble.'

Improve drug services

'There should be help in the speaking language of every nationality in drug dependence centres. And there should be an easier way to introduce addictive people to programs, and help them with finding a solution with their problems, and give more options about what rehabs are about, and how you could get to them, and how it could help you.'

'First of all, the government makes a lot of money out of drugs...it is not difficult for them to stop drugs coming in to the UK. And if they don't want to do that, at least provide some proper form of help for the people who are addicted or who need help.'

Steer young refugees and asylum seekers away from gang culture, drug use and criminal activity

'... find a way to stop all those youngsters who are falling for the same trap that I did, it would save lives for future generations...Because people at that age think they have to be in a gang and take drugs; it's like a fashion. You smoke Marlboro, you wear Nike trainers and you smoke weed for example... Especially, the ethnic minority teenagers, the second generations, they live in two cultures. This makes it easier for them to fall in the trap that I fell for because they have the pressure to learn two different cultures at once, which can cause a lot of stress, and may lead them to fall for friendships which may lead them to be a part of drugs, gangs etc... I also think that punishment for drug dealers should be much more than what it is now.'

'I am hoping that a research like this would bring the GLA to realise that they would have to do more to help the asylum seekers, especially the younger ones who are going through bad experiences... make it an echo for the coming youth to see what they should be doing and what they should not be doing.'

Community organisations' recommendations

Each of the community organisations involved in this project produced a final report on the data collected in their community, and their recommendations are collated and are summarised in this section.

Targeted drugs prevention and education

Overall, problematic substance use is not yet apparent amongst refugee and asylum seeking communities. However, as shown in this report, these populations are experiencing many of the risk factors that make them vulnerable to problematic drug use. A drugs education and prevention campaign is needed that addresses these risk factors in terms of the experiences of refugees and asylum seekers in a holistic way, and involving inter-agency partnerships.

Drug and alcohol awareness is low amongst refugee and asylum seeking communities. More targeted information is needed.

Training and capacity building for community organisations

Community organisations need training and capacity building to enable them to build constructive partnerships with service planners and providers around substance use, and to enhance their ability to provide a wide range of services and activities to their own communities.

Interventions need to be delivered in such a way that the target communities are actively engaged in their design and delivery.

Parents and carers

Parents and carers have specific needs that are different from the needs of young people, and these should be considered.

Relationship with the police

The police must work to build the confidence and trust of refugee and asylum seeking communities.

Further research

Further research is needed to broaden out the baseline findings from the work of the community organisations who were involved in this project to other refugee and asylum seeking communities.

Action on risk factors

Action is needed in each of the nine policy areas covered by this report (sections 5 -13) in order to address the issues that are placing refugees and asylum seekers at risk of problematic drug use.

Language support is a key issue across all policy areas.

Streamline the asylum-seeking process

The asylum-seeking process is a source of stress and clearer, streamlined processes should be developed. Whilst, for some, the outcome of engagement in the asylum process is a wider network of social support, this is not forthcoming for others.

Stakeholders' recommendations

This section lists the recommendations made by other stakeholders involved in this project (service providers, the stakeholder group, and members of the Centre for Ethnicity and Health).

Acknowledge the problem

There is a need for a pan-London response to many of the issues outlined in sections 9–13 of this report. In addition to this, the main service delivery agencies need to acknowledge the potential for problematic drug use among refugees and asylum seekers as an issue for concern. There is a role for the GLA to ensure that the policy implications arising from this study are widely disseminated, to continue highlighting the issues and lobbying for change.

Develop support systems

Generally, the systems supporting asylum seekers and refugees are haphazard. It seems to be a matter of chance whether or not an individual has access to the correct systems, and the experiences of those who do receive help is varied and inconsistent. More formal and rigorous support systems need to be developed.

Consider the role of agents

For many asylum seekers, the role of the agent is pivotal. These agents arrange passage to the UK, and, in some cases, assist with the asylum application, accommodation and employment. The agents' work is usually far from satisfactory, and, in some cases, endangers asylum seekers. Even where agents do a good job, it is unlikely that the UK government could copy this provision, as asylum seekers' relationships with agents are formed in the country of origin. However, the development of some sort of system - possibly involving licensing or accreditation of agents - could be explored.

Staff training

The experiences of refugees and asylum seekers are unique and challenging. Mainstream agencies who are likely to come into contact with this population need to be trained to deal with them sensitively and competently, in order to ensure that screening, assessing, referring and sign-posting is successfully conducted at an early stage. Training should include values and attitudes, as well as specific knowledge and skills.

The role of community organisations

Community organisations in contact with refugees and asylum seekers may give drug use a low priority, and need to be capacity built and supported in order to play an effective role in drugs prevention and education. This role could include the provision of support and guidance in the risk factor areas detailed in sections 5-13 of this report; screening identification of those at risk of problematic drug use; the provision of engagement and diversionary activities for young people generally, but especially those at risk of problematic drug use; and referral to the appropriate drug services where necessary.

Mental ill health

In terms of refugees and asylum seekers, mental ill health needs to be broadly defined rather than restricted to clinically-diagnosed conditions. Many young refugees and asylum seekers report that they are lonely, depressed and isolated, and may have undergone traumatic incidents, including the death of family members. The risk of self-medication to deal with these experiences is high, and strategies to mitigate this need to be developed. The ability of staff in a wide range of settings to recognise and respond to mental health issues needs to be enhanced.

Employment

The greatest barrier to work for asylum seekers is that they are denied work permits. Many work illegally to support themselves and their families, however, and are therefore open to exploitation including low pay and long hours, and a lack of employment rights. The denial of work permits to asylum seekers should be reconsidered. Employers should be challenged and supported to recognise refugees' qualifications, experience and skills and to value their contributions to the workplace.

Housing

The availability of decent, affordable accommodation in London is not only a problem for asylum seekers, but their lives are especially characterised by overcrowded and poor quality housing. Asylum seekers should be given some degree of choice over where they live: some may want to be housed with other asylum seekers, whereas others may see this as ghettoisation.

Education

Many asylum-seeking children are not currently receiving a satisfactory education and some are not attending school at all. At the time of writing, there are ongoing and politically contentious plans to educate asylum-seeking children in accommodation centres. This measure could have both positive and negative impacts: for example, with carefully chosen teachers and curricula, the educational achievements of this group could be enhanced, but contact with the world outside the accommodation centre would be severely curtailed. This issue needs resolving.

Racism

Incidents of racism towards refugees and asylum seekers are of particular concern, and the current tone of media and public debate on this population may be a contributory factor to the high prevalence of racism they experience. This must be addressed.

Further research

Although very few of the young refugees and asylum seekers interviewed for this project were problematic drug users, the presence of the known risk factors, documented throughout this report, indicates that they are highly vulnerable to future problematic drug use and a systematic needs assessment should be conducted amongst this population.

Following this report, the Government Office for London Drugs Team has commissioned the Centre for Ethnicity and Health to conduct a small research project to examine drug service provision for refugees and asylum seekers. This provision may need to differ according to the stage of settlement in the UK an individual has reached. Results are due in summer, 2004.