

Westafrican Refugees in Berlin: Görlitzer Park Consumption patterns, Legal Situation and Harm Reduction

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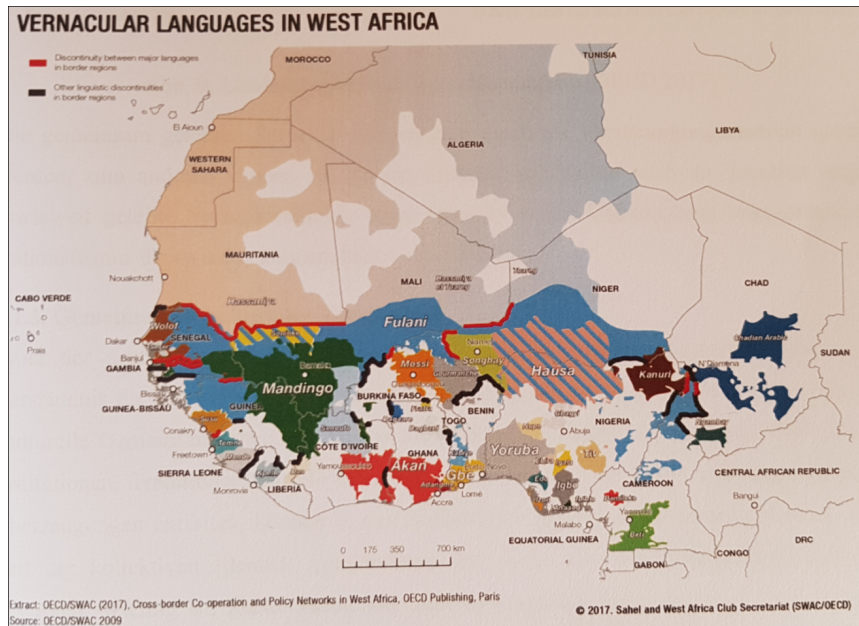
Data West Africa

Asylum Applications in GERMANY (Jan-April 2019/BAMF)

The Gambia: 423 applications/306 denials/
asylum 23

Senegal: 158 applications/69 denials/
asylum 4

Subsidiary protection (both countries): 0



Fixpunkt e.V. in Berlin

Founded: 1989
active citywide



Equipment and design:

Fixpunkt-Mobiles: on-site, outreach at the scene
low-threshold facilities in the scene environment: contact points, consumption rooms, employment
Model projects and pilot projects (SONAR, PaSuMi, FipC)

Thematic focuses:

Health promotion with a focus on Infection protection/prophylaxis (HIV, viral hepatitis)
Low-threshold drug and addiction assistance with a focus on "public space"

Görlitzer Park



- Community place,
- diverse visitors,
- using conflicts,: marginalized and major societies
- Stigmatizing in media (unsafe, „black dealers“)
- Place of support & informational exchange



Fixpunkt @ Görlitzer Park



Contact +
counseling

Medicine

Streetwork/
Outreach

Navigation:
Language/culture
Mediation

Network (legal
support, medicine,
social and asylum
affairs)

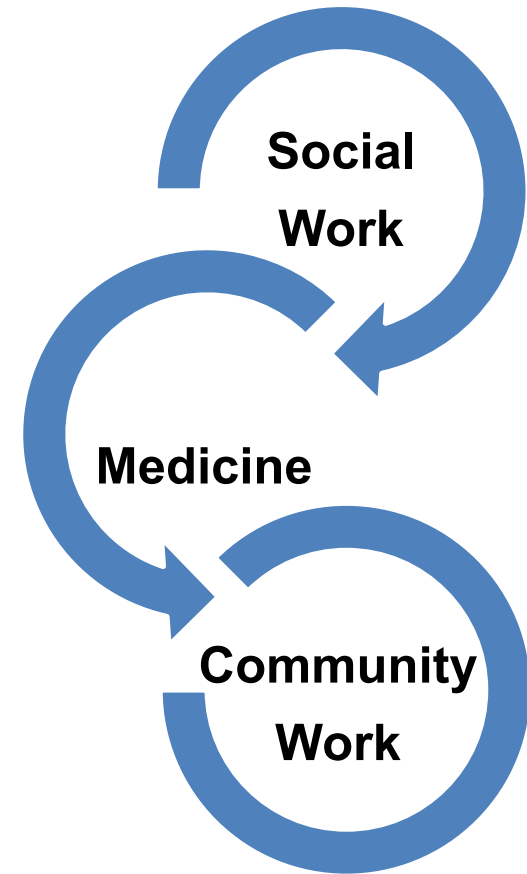
Peer &
Communitywork



project network Görlitzer Park

workspaces

Interdisciplinarity:
Prerequisite for successful work!



Social WorkOrientation:

- local/spatial,
- survival aids,
- legal situation

Medicine

- Information and advice
- Diagnostics (also HIV and hepatitis)
- Treatment of minor diseases
- Placement of severely and chronically ill people in the care system

Communitywork ("peer involvement")

- Integration/participation of community members
- Promotion of social togetherness
- Exit the "scene everyday life" at a certain point

**Situation
of
Psychoactive
substances
consumption**

There is **no** explicit
data available in
context of
consumption and
migration or flight

- Depending on their geographical locations and categories, migrants consume different kind of drugs, either legal or illegal.
Example: Guinea-Bissau, Guinea- Conakry, Nigeria and Ghana are the most group drinking and consuming harmful drugs or substances including everything.
- While Gambians, are well known of smoking Marijuana, also few among them consume other drugs, such as Ecstasy, Amphetamines and some others as well as alcohol
- Those groups or individuals who drink alcohol and mix it with other substances, like Cocaine are the most aggressive and mentally handicaped in the park or community.



Change of consumption patterns

Example Gambia:

At the beginning or back home many of the Gambians consume cannabis. Few among them consume other substances such as ecstasy, amphetamines and alcohol after coming to Europe/Germany.

- Abusive consumption as a coping strategy to cope with the consequences of flight and “journey” as well as isolation.
- ***“People are traumatized full of stresses from the asylum process and no paper to work, that’s why many people are consuming drugs in order to relief those pains and stresses”.***
- Awareness about harms, physically and mentally damages is very low
- Push factors into illicit drug market: failed dreams and expectations. Isolation, long waiting asylum process, no access to work, at the end being rejected.
- Majority of the SSAs had arrived in Germany via Italy and were in possession of a residence permit, while some were in the middle of the asylum process in Germany too.

**Correlation
between
new drugs
consumption and
migratory
traumatic events**

- Over half of SSA in Görlitzer Park is young aged (18-34) years.
- group is most likely to use or continue using psychoactive drugs in Europe.
- Caution: because of their psychological and physical trauma or experienced, cultural differences and their reasons of migration.
- They might have lower rates of substance use than their host communities, but some maybe more vulnerable to substances misuse for reasons, such as trauma, unemployment and poverty, un-documentation, loss of family and social support.
- drug use to cope with trauma, boredom, uncertainty and frustration around immigration status.

The most important setting factors seem to be; boredom and uncertainty about their application for refugee status that characterizes life for asylum seekers in their new home countries. Boredom and unemployment, together perhaps with undiagnosed mental diseases, may cause many of them, not only to continue patterns of drug use brought from their home countries, but also to intensify them.

Functionalities of Drug Consumption

- Most of the people come to our service with medical complaints, like drugs that can relief pains and relax themselves.
- Very often we observe a psychosomatic clinical picture which is connected with the vulnerable and difficult life situation. The lack of perspective and loneliness also play a role.
- In this respect, we consider the consumption of psychoactive substances, including alcohol as self-medication.

Example: one month medical case study in the park: 71 cases were recorded.

- 9 were treated because of back pain complaint,
- 9 because of common cold symptoms,
- 8 because of Gastritis/ Heartburn,
- 8 because of dermatological diseases (mostly eczema, dry skin),
- 8 because of wound care (wounds cause by bike accidents, violent conflicts, tight footwear).
- Other common, reasons for treatment were toothaches, headaches, dizziness of unknown origin and asthmatic/ COPD-associated symptoms.



Challenges and resources

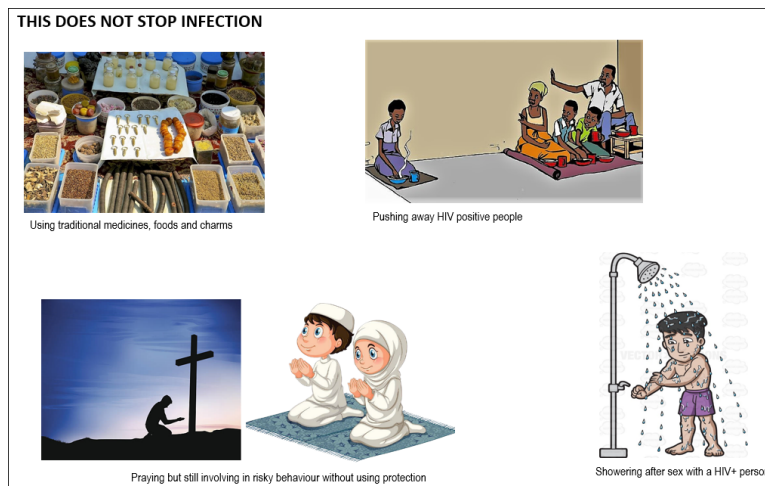
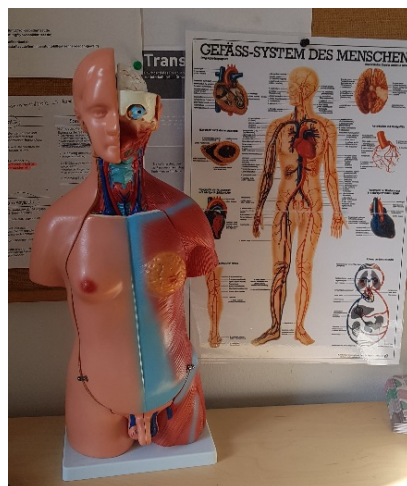
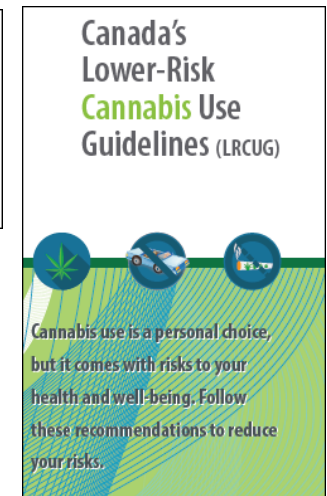
The risk factors to their no right conditions and drug consumption pattern are:

- Being single/ no family and guidance
- Coming from alcohol/ cannabis culture
- Boredom/ unemployment/ without document
- Trauma experiences on the journey/ difficulties
- Poverty/ homelessness
- Poor knowledge about the care system, harm reduction and treatment services

Protective factors could be:

- Being documented
- Integration into the new society in terms of language, employment or other activities
- Good physical and mental condition
- Early identification of mental health needs and availability of psychosocial services
- And reunification with their families

Intervention: Harm Reduction in practice



- Objective theatre
- Music & more
- sports

Recommendations

- Health first – fulfill the right to health for everybody
- Schedule more time
- continuous presence in the public space, good accessibility
- Language and cultural mediation in-team
- Relationship work - personal navigation to social and medical offers
- assistance in the implementation of the law and access to legal advice
- network in the immediate vicinity and for specialist and problem-specific assistance
- Access to emergency sleeping places and accommodation
- Support/Involvement of migrant self-organizations

contact



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