EASTERN EUROPEAN DRUG USERS IN THE NETHERLANDS

Experiences with and life stories from Eastern European Drug Users in The Netherlands

Nathalie Roos
Ineke Baas

MAINline
DRUGS AND HEALTH

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Written by Nathalie Roos and co-written by- and under supervision of Ineke Baas, programme leader Training, Expertise and Communication at the Mainline Foundation.

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MAINline

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The sun is just up and it smells awful

UTRECHT - Sebastian Miroslav looks surprised when he suddenly sees Dennis Aukema and Verena de Boer at his bedside. The 31-year-old man from Poland just woke up. He is lying on an improvised bed in Park Bloeyendael: it exists of cardboard and a sleeping bag. Nothing more.

Next to him dirty socks, a plastic bag with clothes, empty cans of beer and a heroin injection needle. He smells awful. The sun is just up. Traffic, people on their way to work, is roaring by. Dennis and Verena put Miroslav at ease. They tell him that they are not there to report him. They just want to know how he is and what they can do for him. That means nothing really because he has no rights. They can only tell him to go to the 'Catherijnehuis' for a cup of coffee. Verena gives Miroslav a slice of her own breakfast cake. He takes the bait. And the cigarette. Dennis and Verena are field workers from 'Centrum Maliebaan'. Two times a week, early mornings, they try to make contact with addicts and homeless people in the city of Utrecht. To win their trust. In the hope that, eventually, they can provide them with the necessary care. Nowadays, the two of them meet with more and more Eastern Europeans with financial problems. With the result that: they are forced to sleep outdoors. Once homeless, it goes from bad to worse. They become addicted to alcohol and, sometimes, cocaine and heroin. The two employees of Centrum Maliebaan know almost all the places in the city where the homeless sleep. Porches and bushes and in particular bushes along the canal are popular places. As well as the Wilhelmina Park. Last year the boats in the canal where a popular place to sleep. Dennis: "You can see from the cheap empty beer cans that they're homeless. Almost everyone drinks. No Heineken, that's too expensive." Miroslav is one of them. He lost his wife and two children in a car accident. He came to The Netherlands to make a new start. The first months he worked as an electrician. Then he lost his job and started using drugs and alcohol. For months now he has been sleeping in the open air. 'I can't go back to Poland, I'm a junky', he says, in broken Dutch, with desperation in his eyes. The sleeping Miroslav is the last person Dennis and Verena see this morning. The 'catch' at the end of their quest is four young Estonians, of whom two girls 20 years old, and four Polish people, including Miroslav Sebastian. The two Estonian women speak a few words of English. They say they are on holiday. In transit to Portugal, but they have no money. Therefore, they sleep in the open air. Verena and Dennis will see what they can arrange for the girls. Verena: 'Two girls in Utrecht sleeping outdoors. That's too dangerous." In a popular sleeping place, the partially demolished old Lubro bakery, we're too late. What remains is the usual sight: empty beer cans, sleeping bags and clothes. The, probably, Romanians are already gone.

(Source: Algemeen Dagblad 10 September 2009)

Samenvatting

Stichting Mainline heeft in de afgelopen jaren steeds vaker signalen gekregen over middelengebruikers in Nederland met een Centraal- of Oost-Europese achtergrond.

Met dit onderzoek is geprobeerd om zicht te krijgen op de gezondheidssituatie van Oost-Europese middelengebruikers en in hoeverre de gezondheidsproblemen samenhangen met het middelengebruik. Ook is onderzocht hoe de leefomstandigheden van Oost-Europeanen in Nederland zijn en van welke voorzieningen deze doelgroep gebruik maakt.

Doelgroep van dit onderzoek zijn mensen afkomstig uit Oost-Europa binnen en buiten de EU, die in Nederland middelen (alcohol en drugs) gebruiken. De nadruk ligt op Oost-Europeanen die in een stedelijke omgeving verblijven.

Om een beeld te krijgen van bovengenoemde issues, is een literatuurstudie verricht en zijn gesprekken gevoerd met sleutelfiguren. Dit betreft veldwerkers, medewerkers van dag- en nachtopvang, Oost-Europeanen zelf, politie, GGD´en en gemeenten.

In Nederland leeft naar schatting een kwart miljoen mensen van Oost-Europese afkomst. Een groot deel woont in Amsterdam, Rotterdam en Den Haag. Dit betreft de mensen die geregistreerd staan bij desbetreffende gemeenten. Daarnaast is er nog een grote groep niet-geregistreerden. De doelgroep van ons onderzoek behoort vaak tot deze laatste categorie. Uit de literatuurstudie blijkt dat het grootste deel Oost-Europese middelengebruikers in Nederland al een gemarginaliseerde positie had in het land van herkomst. Slechts enkelen starten met het gebruik van middelen nadat ze in Nederland zijn gaan wonen.

Uit politiegegevens van de politie regio Amsterdam-Amstelland, blijkt dat 7.1% van de Oost-Europese verdachten middelen afhankelijk is; zij komen vooral in aanraking met de politie door winkeldiefstal en zakkenrollen, naast rijden onder invloed.

Uit eerder onderzoek van Stichting Mainline met het Trimbos Instituut[1] blijkt dat de gemiddelde leeftijd van Oost-Europese heroïnegebruikers lager is dan van de autochtone groep middelengebruikers. Meer dan de helft is dakloos en slaapt op straat of in een nachtopvang. Uit dit onderzoek blijkt dat er weinig contact is met de verslavingszorg. De Oost-Europese gebruikers lijken open te staan voor hulpverlening, mits deze aansluit bij hun behoeften; voornamelijk hulp bij het vinden van een huis, werk en andere praktische ondersteuning.

Uit de gesprekken met diverse hulpverleners gedurende dit onderzoek, komt naar voren dat ze vaak weinig kunnen betekenen voor Oost-Europese middelengebruikers. Vaak hebben de Oost-Europeanen geen toegang tot de dag- of nachtopvang, omdat ze geregistreerd moeten zijn in de gemeente en een zorgverzekering nodig is. Veel Oost-Europese gebruikers zijn echter onverzekerd voor ziektekosten of ongevallen. Mede hierdoor is er slechts weinig zicht op de omvang van de doelgroep en hun behoeften. In sommige steden ziet de laagdrempelige hulpverlening, zoals dag- en nachtopvang, inloopvoorzieningen en spuitomruil voorzieningen Oost-Europese gebruikers. In deze voorzieningen neemt de druk dan ook toe om dat er een aanzuigende werking uit lijkt te gaan van de weinige voorzieningen die toegankelijk zijn voor Oost-Europeanen en andere niet-geregistreerden.

Medewerkers in de dag- en nachtopvang, inloop- en spuitomruilvoorzieningen worden daarnaast met taalbarrières geconfronteerd. Door taalproblemen is er weinig contact met de Oost-Europeanen en is de kennis over deze groep beperkt. Medewerkers in deze voorzieningen weten niet goed welke hulp ze kunnen bieden of geacht worden te bieden, doordat ze met beperkingen als een pasjessysteem en niet-geregistreerden worden geconfronteerd. Ze kijken naar de gemeente voor een duidelijk beleid.

[1] Heroïnegebruikers en infectieziekten. Risicogedrag en gezondheid onder gemarginaliseerde heroïnegebruikers in Nederland (G. Hoogenboezem, I. Baas, A. de Gee, P. Vossenberg. 2008)

De gemeente Amsterdam hanteert het beleid dat Oost-Europeanen noch recht hebben op opvang, noch op gezondheidszorg[2] in Nederland, en vreest dat een uitbreiding van hulp ongewenste neveneffecten, zoals een aanzuigende werking, kan hebben. Uitzondering op dit beleid is het zogenaamde ketennetwerk in Amsterdam dat individuen met dusdanig ernstige en veelvoudige problematiek afzondelijk indiceert op opvang en zorg.

In de praktijk bieden gemeenten in de vier grote steden beperkt ondersteuning waar het gaat om assisten-tie bij terugkeer naar het land van herkomst. Daarentegen waar het gaat om medische voorzieningen blijven Oost-Europeanen die niet verzekerd zijn, verstoken van zorg.

De gemeente Eindhoven heeft een plan geformuleerd rondom arbeidsmigratie uit Oost-Europa. De gemeente geeft aan dat de migratie economische en bedrijfsmatige voordelen biedt, maar dat hiermee ook problemen gepaard gaan. Zij zien het als hun rol tijdig in te spelen op deze problemen. Op het gebied van de gezondheidszorg wil ook deze gemeente een aanzuigende werking tegengaan en pleit voor landelijke samenwerking en het stimuleren van terugkeer naar het land van herkomst.

Uit de verhalen van de Oost-Europeanen zelf komt naar voren dat huisvesting en werk vaak een probleem vormt. Ze zijn dakloos, wonen in een kraakpand, tent of delen een appartement met meerdere andere Oost-Europeanen.

In eerste instantie wordt werk als een belangrijke motivatie gegeven voor de migratie: bij doorvragen blijkt onder andere ook vrijheid, toegang tot middelen of schulden een rol te spelen. Niet altijd zijn de Oost-Europeanen rechtstreeks naar Nederland gekomen; vaak willen ze wel blijven. Terugkeer naar hun land van herkomst zien ze vaak niet als optie, als ze al een toekomst zien. Ze zijn veelal bezig met overleven.

Het is niet duidelijk in hoeverre deze doelgroep zich bewust is van gezondheidsrisico's en de mogelijkheden t.a.v opvang en zorg.

Naar aanleiding van de onderzoeksresultaten komt Stichting Mainline tot de volgende aanbevelingen aan beleidsmedewerkers en professionals die met Oost-Europeanen werken:

1. Een duidelijk beleid op te stellen voor deze doelgroep,
2. Oost-Europese middelengebruikers toegang te verschaffen tot spuitomruil programma's, gebruikersruimten, gezondheidsvoorlichting en gezondheidszorg;
3. Een systematisch dataverzameling te ontwikkelen voor de gezondheidssituatie van de doelgroep;
4. Vervolgonderzoek te doen op Europees niveau naar interventies die binnen de EU zijn ontwikkeld;
5. De doelgroep te voorzien van informatie over hulpmogelijkheden en de rechten en plichten zij hebben;
6. Oost-Europeanen betrekken bij het ontwikkelen van interventies;
7. Communicatie mogelijkheden te vergroten door te werken met ´mensen van eigen taal en cultuur´;
8. Het informele netwerk van Oost-Europeanen inzetten om de informatie te verspreiden.

[2] Met uitzondering van medisch noodzakelijke zorg indicaties

Abstract

For a number of years now, the Mainline Foundation receives an increasing amount of reports and feedback from outreach workers about the presence of alcohol- and drug users with a Central or Eastern European background in the Netherlands.

With this study we've tried to gain information about the health situation of Eastern European substance users and if these health problems are related with the use of substances. We also wanted to get an impression of the living conditions of the target group in the Netherlands and the initiatives developed so far.

The focus of this study is citizens from Eastern European countries inside and outside the EU, using substances in The Netherlands. The emphasis is put on the presence of users in the urban environment.

For this study we conducted a literature research and held interviews with key agents: outreach workers and shelter personnel, Eastern Europeans, members of the police, the department of public health and representatives of the municipalities.

About a quarter of a million people from Eastern European origin are living in The Netherlands. They live primarily in The Hague, Amsterdam and Rotterdam and are registered migrants. There are also illegal Eastern Europeans staying in The Netherlands. Our target group mainly belongs to the migrants with an illegal status. The literature study shows that probably most of the Eastern European substance users already had a marginalised position in the country of origin. Few start using drugs in the Netherlands.

Data of the regional police Amsterdam-Amstelland shows that 7.1% of all Eastern European suspects are registered as addicted. Eastern Europeans mostly come in contact with the police by shoplifting, pick pocketing and driving under influence.

Previous research by the Mainline Foundation3 and the Trimbos Institute indicates that the mean age of Eastern European heroin users is lower compared to the Dutch heroin users. More than half of them are homeless and sleep in open air or night shelters. This study shows that Eastern Europeans who use heroin hardly appear at addiction care services. From our sporadic contact we can say that this group is has an open attitude towards help and services if it fits their 'needs'. This means that help in finding accommodation, work and other practical assistance is welcome.

The interviews with several healthcare and social care workers show that they often can't be of much help to the Eastern European substance users. Eastern Europeans often don't get access to the day- and night shelter and addiction care, since they need to be registered and health insurances are required. Many Eastern European substance users don't have a health insurance. As well because of this, there isn't much information available of the amount of the target group and their needs. Eastern Europeans are found particularly in easily accessible facilities or are seen by outreach workers. This increases the pressure on these facilities.

Communication problems cause little contact and knowledge of this group. Shelters and addiction care organizations seem to be unaware of their treatment possibilities or their right and duties towards people without a health insurance and registration. They look at the municipalities for a clear policy.

The municipality of Amsterdam has shown a cautious attitude towards the problems concerning Eastern European migrants. Because this group has no legal access to the Dutch health care system, the municipality feels less responsible. The municipality is of the opinion that if more care is given, it might have unmeant consequences, like attracting more Eastern Europeans to Amsterdam or other

[3] Heroin users and Infectious diseases. Risk behavior and health among marginalized heroin users inThe Netherlands. (G. Hoogenboezem, I.Baas, A. de Gee, P. Vossenberg. 2008)

cities in The Netherlands. There is a chain unit, which meets weekly for a casuistry consultation. Casuistic of several severe cases of Eastern Europeans is discussed in this consultation. Very little can be done for them, except for return migration assistance to the country of origin.

The municipality of Eindhoven has made a plan concerning labour migration from Eastern Europe. The municipality acknowledged that the increase of labour migration from Eastern European countries results in global economic and business benefits, but that in addition to economic benefits it also poses problems. The municipality anticipates and responds to the bottlenecks that occur. Concerning health care the municipality of Eindhoven provides national consultations, tries to limit pull factors of Eindhoven with regard to the health care and stimulates returns to the country of origin. No solution about health care is yet found within the existing arrangements.

The stories of the Eastern Europeans make clear that their living- and work situation is often a problem. They are homeless; living in a squat, tent or sharing an apartment with many other Eastern Europeans. At first, labour is mentioned as a reason for migration. Later in the interviews they also mention freedom, accessibility to drugs or depts. They didn't always travel directly to the Netherlands. Often they plan to stay. A return to the country of origin isn't seen as an option by all of the Eastern Europeans, some don't even have a plan for the future. They try to survive.

It is not clear if these people are aware about risks, and the possibilities to look for help.

The Mainline Foundation recommends the following topics to policy makers and professionals working with Eastern Europeans:

1. Develop a clear policy towards the target group;
2. To prevent public nuisance and health risk, Eastern Europeans should have access to needle-exchange programs, consumption rooms, the necessary harm reduction and health care;
3. Establish a systematic data collection on the health care situation within the group;
4. Further research on a European level might make clear what interventions other European countries have come up with to deal with this problem.
5. Information should be available to the target group: where can they go for help, what support should be given at what circumstances? What are their rights and their duties?
6. When interventions have been developed, Eastern Europeans should be involved in working out possible interventions.
7. Municipalities should increase communication possibilities with Eastern Europeans by employing staff original from Eastern Europe who are native speakers with the target group.
8. Outreach workers/ people working with Eastern Europeans should already start to involve native speakers with Eastern European language skills in their communication and dissemination of (health) information.

Introduction

For a number of years now, Mainline receives an increasing amount of reports and feedback from outreach workers about the presence of drug users with a Central or Eastern European background on the streets of Amsterdam. With this report Mainline wishes to address the pressing issue involving this group of drug users who has limited access to any sort of assistance and are expected to have serious health related problems. In recent years the number of Eastern European migrants in The Netherlands has increased significantly. Among them is a large group of drug users. In 'Overcoming Barriers; Migration, Marginalization and access to Health and Social Services' (Domenig et al. 2007: 3) reasons for coming to The Netherlands are said to be the assumption that the old EU countries are more liberal in their treatment of drugs and drug users, fleeing oppression and persecution, economic reasons and the search for a different way of life (Idem.). Many of them have little or no financial resources, are in poor health and, in many cases, have no residence permit or health insurance. These migrants cannot use the social safety net from their migration country. The absence of adequate support and social and medical services in the home country and, sometimes, the threat of imprisonment, can make it very difficult for them to return to their country of origin (Idem.). In this study of Eastern European drug users, Mainline will pay attention to the, often problematic, situation of drug users from Eastern Europe. The research focuses specifically on the situation regarding shelter, substance use and health. The documentation of the needs of this target group will be followed by recommending changes in the current policy and provides practical advice for front-line outreach workers on how to meet the challenges of assisting this target group.

1.1 DEFINING THE GROUP

The focus of this study is citizens from Eastern European countries inside and outside the EU, using illegal substances in The Netherlands. The emphasis is on the presence of users in the urban environment. Outreach social workers identified the group as mainly male drug users. Female drug users and sex workers working on the street outside the regulatory settings of the red light district are also included in the group. The reason we focus in this study on (street) users of Eastern European origin is because their living conditions in The Netherlands are until now only barely described. With sources of shelters and outreach workers we have attempted to lay a sound basis for engaging in a more detailed study of this group. The sex workers organized within the established sex working areas are not included in this study, because this is a different group altogether. In the first place they work, despite possible drug use, under some kind of regulation and are in principle residing in The Netherlands legally. Secondly, the suggested interventions for this group would relate to the continued discussion of this model for legalized sex work, access to health care, etcetera. The situation for organized sex workers seems, despite irregularities, much better documented than the situation of undocumented drug users, living on the streets.

The focus of the study is, though not on undocumented or illegal drug users per se as this covers a number of different ethnicities and legal statuses. The reason we focus on Eastern European drug users is that reports from outreach workers suggests that this specific population is growing. Additionally, the group resembles a somewhat coherent status, as most of the users from this group (Russians, Ukrainians, Moldavians and Belarusians excluded) have rights as European citizens.

Therefore the study examines their rights to health care, legal stay and addiction treatment under EU law.

1.2 EU LAW

Residents of an EU-country can stay longer than three months in another EU-country when they are employed in that country, are registered at a school or when they are financially independent. And all risks have to bee covered by a health insurance. When a person is employed in an EU-country, the

benefits from the same country's social care system as the local residents do (ec.europa.eu). This means that people who don't have a health insurance, can't benefit from the Dutch health care system. People who don't have a legal status in The Netherlands can't get a health insurance here. They must receive urgent medical care, when necessary, though. Urgent medical care is treatment, nursing or examination covered by the basic health insurance. This is health care that focuses on life threatening situations, danger of losing vital functions, but also the health care that is necessary when it involves endangering other people with a contagious disease or aggressive behaviour, caused by a psychiatric disorder (Kraus, S. 2000: 12-17).

1.3 RESEARCH QUESTIONS

This study will include a variety of quantitative material to determine the background, size and social dynamics of the current Eastern European drug user population in Amsterdam, The Netherlands and in a broader European context. In the study of Eastern European users the following research questions have been leading:

- How is the health situation of Eastern European users in The Netherlands?
- Is their health related to drug use?
- Is there risk behaviour?
- What are the living conditions of Eastern European users in The Netherlands?
- What initiatives have been developed so far?
- What should be appropriate initiatives on a municipality and a national level?

From the analysis of the collected data we will present our conclusion and recommendations for developing a policy and 'harm reduction' interventions on the level of health care and social care regarding (homeless) Eastern Europeans who are excessive drug- and alcohol users.

1.4 STRUCTURE OF THE RESEARCH

This research report consists of eight chapters. After a short introduction and a description of our research questions in chapter one and two, chapter three describes the methods used in order to answer the research questions. Chapter four provides a theoretical framework titled 'Eastern European drug users in The Netherlands'. In chapter five an overview is given of the results from interviews with professionals about Eastern European drug users in Dutch cities. Chapter six describes the individual life stories of Eastern European users. Chapter seven presents the conclusion to the research questions, and in the last chapter we will present our recommendations.

In the appendixes additional information is added. The Appendixes aren't translated to English, when the information was provided to us in Dutch.

2 Methodology

For this research we studied literature of migration theories, drugs and infectious diseases and earlier studies of Eastern European migrants in Western European countries. In The Netherlands a lot of research has been conducted on the effects of (permanent) labour migration. There is, however little research done on migration from new member states of the European Union. Research that has been conducted on Eastern European migration primarily focuses on the social position of Eastern European migrants in The Netherlands (De Boom et. al. 2008) or on illegal migration and criminality (Van der Leun 2003).

In order to answer our research questions and provide a sound catalogue of recommendations for new ways to approach the challenges in the practical social work, this report will include interviews with key agents in the social workfield and with Eastern European drug users. These interviews will enable us to gather more information about the group. The interviews will also provide a variety of information about how contacts between outreach workers and members of the group are established. Thus we can recommend new possible strategies to approach the group in order to challenge the general experience of inaccessibility. Among providers of services the report will conduct qualitative interviews with the following key agents:

A. Outreach workers and shelter personnel providing service for Eastern European drug users
B. Eastern European users
C. Members of the civil service such as police enforcement, Amsterdam Department of Public Health and the Prison Authorities
D. Representatives of the municipalities of Amsterdam and Eindhoven; their experiences and future plans

A The purpose of the discussions with outreach workers and shelter personnel is to receive a broad overview as to where and how many Eastern Europeans attend their services, to examine what kind of problems employees experience in their contact with Eastern Europeans and what they need in order to improve their services for Eastern Europeans. During our fieldwork, from May until October 2009, we conducted semi-structured (telephone) interviews with outreach workers, employees of addiction care centres and day & night shelters in various cities in The Netherlands, namely Amsterdam, Leeuwarden, Groningen, Utrecht, Nijmegen, Arnhem, Eindhoven, Den Haag, Rotterdam, Heerlen, Zwolle and Maastricht.

B The interviews with Eastern European users show their perspective on services, their living conditions and alcohol/drug use. We questioned them about their home country, their reasons for migration, where and how they live in The Netherlands, what kind of drugs/alcohol they use and if they have any infectious disease, like STD's, Hepatitis B/C, HIV and/or TB (see appendix 1 for questionnaire). There have been in-depth interviews with two Eastern European residents of a shelter in Rotterdam and with 15 Eastern European visitors from Inloophuis De Kloof (de Regenbooggroep), a shelter for homeless people in Amsterdam. The questionnaire exists of open and semi-open questions, mainly about living conditions and health. The researcher worked in Inloop the Kloof from 2002-2007. During that period more and more visitors came from Eastern European countries. During that time some interviews were held individually and some on a group level. The information gathered doesn't differ much from the current information, so information from the interviews in de Kloof is used to support the new data.

C The interviews with members of the civil service show the problems concerning Eastern European users from the perspective of safety, public nuisance and criminality. We spoke to Chris Aelbrecht, Information specialist Bureau District Recherche Centrum (detective force centre), Amsterdam and Jurgen Cornelis, project leader POV-team project public nuisance givers, Eindhoven,

about Eastern Europeans, safety, criminality and public nuisance. We have been in contact with Marcel Busters from the GGD (Municipal Health Service) Amsterdam and with Lisette Muis from the GGD Utrecht about information on the health situation of Eastern European users, regarding drug/alcohol use and infectious diseases.

D The interviews with the municipalities focus on their experience and what they are planning to do about the problems. We interviewed Carolien Koppen, from the municipality of Amsterdam and Denise van Poppel from the municipality of Eindhoven and asked their opinion and appropriate initiatives to tackle the problems with the Eastern Europeans.

In June 2009 Mainline, together with Trimbos-instituut[4] and Stichting De Regenboog Groep[5], organised an expert meeting about the subject of Eastern European users in The Netherlands. In October 2009 Mainline organised a (net)work group of professionals. This work group is meant to collect and share data on problems of homeless and substance using Eastern Europeans.

Furthermore we used research data of the CBS (Central Bureau of Statistics), the Amsterdam police, the GGD Utrecht and the municipality of Eindhoven for answers to our research questions. For this research we hardly made use of quantitative data. The reason for this lack of quantitative data is that there are hardly any quantitative data available in The Netherlands.

4 National knowledge institute for mental health, addiction and social care

5 Foundation for addiction and drug services

3 Theoretical framework: Eastern European drug users in The Netherlands

A review of migration studies, CBS statistics and reports from the police will help assess the current situation among drug users of Eastern European background. The review will help estimate the general situation on indicators such as public health and patterns of drug use.

3.1 SOCIAL INDICATORS CATEGORIZING THE GROUP

Currently, little research has been conducted among Eastern European drug users. Their obscure legal status, lose affiliation with the health care system and job market is likely to decrease the accessibility to documentation about the group. However, from the existing knowledge among journalists and social workers the group can be categorized into three groups:

1. Working migrants from Eastern Europe with an employment background in The Netherlands who develop dependency in relation to unemployment.
2. Job seeking migrants from Eastern Europe with social problems who increase their dependency on drugs during their stay in The Netherlands.
3. Drug using migrants from Eastern Europe seeking better health services or treatment accessibility in The Netherlands.

The study from Correlation "Overcoming Barriers Migration, Marginalization and access to Health and Social Services (Domenig et al. 2007)" provide a small data set and preliminary findings about Eastern European drug users in Amsterdam. This provides us with a sound foundation for structuring the research design. Working with the experiences and conclusions of this report it is possible to address the issue in a more distinctive and better-informed way.

Some of the interesting results from the Correlation study on the group are:

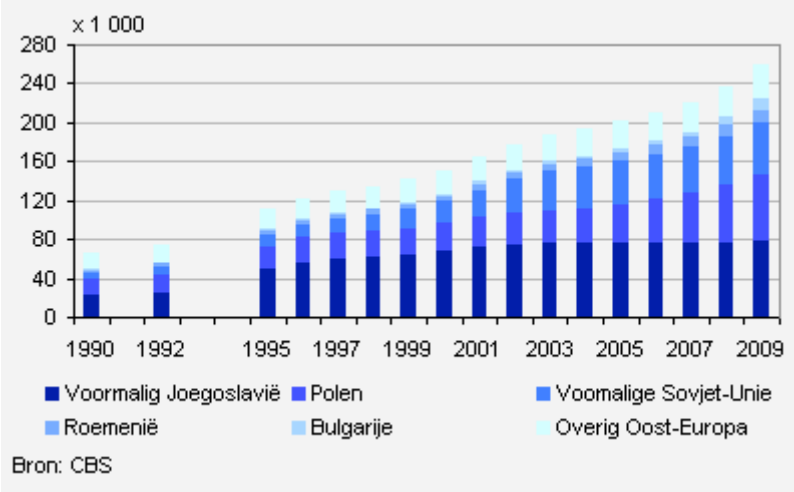
- A high degree of satisfaction with the living situation in Amsterdam, though low satisfaction with provided services.
- A low-medium use of drugs compared to ethnic Dutch drug users.
- An indication that most users have had a dependency on drugs before arriving to The Netherlands, though for some the drug use might have increased during their stay in The Netherlands.

In this chapter we present an overview of relevant literature on migration, marginality and criminality of Eastern Europeans in The Netherlands. Apart from literature we will use additional information from the police department of Amsterdam and Eindhoven.

3.1.1 HOW MANY MIGRANTS ARE THERE?

On the first of January 2009 a quarter of a million people from Eastern European origin are living in The Netherlands. That's almost four times the number of Eastern Europeans who came to The Netherlands after the fall of the Berlin Wall in 1989 (www.cbs.nl).

Figure 1: Number of Eastern Europeans in The Netherlands at 1 January 2009 to country of origin



The fall of the Berlin Wall leads to a growing number of asylum seekers, mainly from Poland, Romania and the former Soviet-Union. After the fall other historical events leads to a further increase of the number of Eastern Europeans in The Netherlands. In the period between 1992 and 1995, through the war in former Yugoslavia the number of Yugoslavs in The Netherlands, doubled to nearly fifty thousand. The war in Chechnya, which started at the end of 1999, brought many asylum applicants from the former Soviet Union to The Netherlands.

The extension of the European Union on the first of May 2004 with ten, mainly Eastern European countries, leads to a sharp increase of the number of Eastern European immigrants. Between 2004 and 2009 the number of Polish people in The Netherlands even doubled to nearly seventy thousand. The extension with Bulgaria and Romania in 2007 also resulted in an increase of immigration from these countries (www.cbs.nl).

Initially Polish migrants went to Great Britain, Ireland and Sweden, because from May 2004 Polish people were allowed to work in these countries. Thereafter they went to Spain, Portugal and Greece, who opened their borders for Polish migrant workers in 2006. The Netherlands followed on the first of May 2007. At that time there were already many (illegal) Polish migrants in The Netherlands.

According to official numbers of CBS in the beginning of 2009 there were 70.000 Polish migrants in The Netherlands. These are the Polish people who are registered in the 'Gemeentelijke basisadministratie' (Municipal database). They live primarily in The Hague, Amsterdam and Rotterdam. 45% of the registered Polish migrants are male, 55% female. In the last decade many Polish women came over to marry a Dutch man (www.cbs.nl).

Besides Polish migrants who are registered, many of the Polish migrants are living in The Netherlands without being registered. Because Poland belongs to the European Union, they do not need a permit to live and work in The Netherlands.

Between 1997 and 2001 there are approximately 70.000 illegal Europeans staying in The Netherlands, in 2002 107.000 and in 2003 82.000. In the period April 2005-april 2006 there are approximately 41.000 illegal Europeans in The Netherlands (Korf et. al. 2009: 19). The reason for decrease is the extension of the number of member states of the European Union. In other words: the number of non-registered Europeans in The Netherlands did not decline, but since their country acceded the European Union they are (mostly) no longer illegal.

Since the accession to the European Union (January 2007) Romanians and Bulgarians can legally stay in The Netherlands. This means that if they're able to make their own living and have a health care insurance, they can work and study in The Netherlands. For a period of two years after the accession to

the EU Romanians and Bulgarians can only work in The Netherlands with an employer's permit. The Dutch government decided that although from the first of January 2009 Romanians and Bulgarians should be allowed to work in The Netherlands, this decision is now postponed. The reason for postponing is the start of a political discussion in The Netherlands due to the fact that more Eastern Europeans are migrating to The Netherlands than was expected. Auke van der Hoeke6 states that because Romanians and Bulgarians are not allowed to work legally in The Netherlands, more of them stay and work illegally in The Netherlands (De Volkskrant 23 January 2009).

3.2 REASONS FOR MIGRATION

Migration theories often assume that economic motives are the most important reason for migrants to leave (Frejka 1996: 1, 12, 14). Migrants escape from the bad economic situation and the high rate of unemployment in their home country in search for better living conditions. But, according to Barak Kalir in his study of Latin-American migrants in Israel, they are often not the poorest and least educated people who migrate. Many migrants come from reasonably well to do families, therefore they have the opportunity to leave (Kalir 2006: 94). Besides looking for new financial possibilities, Kalir appoints the escape of the social control from family and surroundings and the quest for adventure as important motives for migration. Another important factor for migration is, according to Kalir, the presence of transnational migration networks. The existence of these networks creates trust; it means that others can do it and that it's possible to join other people. The step to take for migration becomes less difficult by the existence of these networks (Kalir 2006: 116). Bleabu, in her study of Romanian migrants in Spain, adds prestige and status as important reasons for migration. The migrant is in contact with the homeland, where he or she, through income and experience, receives prestige and status (Bleabu 2006: 22). Bleabu emphasizes the role of the household and the extended family in making the choice for migration and the background of the migrant (age, study, profession, gender, race and ethnicity). She describes migration phenomena according to the logic of push/pull factors, in which the migrant is the social actor with his or her own framework of restrictions and choices (Bleabu, 2006).

People are motivated for migration, because they are drawn by certain circumstances abroad and are 'repelled' by certain circumstances in their home country. These circumstances are often designated by the terms 'push factors' and 'pull factors'. 'Push factors (as perceived by the actor) are those that drive a person away from his place of residence, while pull factors are those that draw him to a new destination. The first type is generally negative and involuntary, and is associated with the country or place of origin (religious persecution, unemployment and the like): the second is positive and voluntary, and pertains the country of designation (freedom, economic opportunities, etc.) (Toren 1976: 547).

The classic push/pull model only refers to the (economic) choice of the migrant and not to environmental factors that may influence this choice. This approach does not take into account how making choices takes place within the family and the broader social context, nor with the way in which knowledge, communication and possibilities for work are mediated by local social actors in specific locations (Anthias 2000: 18). The mythology of the West may play a role too. The Mythology of the West refers to the image of the West as rich, free, liberal and full of opportunities. Migrants tell each other stories, wherein they often emphasize their positive experiences and neglect the negative aspects of their migration. These stories lead to a mythological image of Western countries and the continuous interaction between migrants and their country of origin is not taken into account. In this day and age leaving does not mean that someone stays away for a very long time, or that, as used to be the case, someone does not return. Migrants travel back and forth between home and migration country, the so called transit migration.

3.3 'NEW MIGRATION'

The migration of recent years is called 'new migration', because it's supposed that recent migration differs from previous migration. According to Khoser and Lutz, authors of 'The New Migration in Europe:

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6 Auke van der Hoeke works for researchbureau ReflecT, University of Tilburg

Social Constructions and Social Realities' the concept 'new' is less relevant historically, because in Europe there is already question of migration since 500 years. The beginning of the 'new migration' is generally set at 1989, after the fall of communism in the Eastern European region. An important aspect of this migration is that it has increased enormously in size and that simultaneously a new geography of migration occurred. There are new countries formed, for example after the fall of the USSR and after the war in former Yugoslavia, and countries that were a starting point for migrants (Italy, Spain) became an arrival point for migrants as well (Khoser and Lutz 1998: 6). This new geography within Europe is often linked to new forms of migration, whereas especially intensive, short term migration and transit migration are important. Instead of the long-term, permanent migration of previous years, nowadays migrants commute back and forth between home- and migration country. Benefits of transit migration is that migrants benefit from the employment in the migration country and the higher wages abroad and simultaneously reduce the disadvantages of migration, like distance to the social environment (including family) and the possible social isolation in the migration country (Khoser and Lutz 1998: 6,7).

In his study of Polish migrants in The Netherlands, Dirk Korf states that the extensive migration of recent years mainly has an economic background, but, although low living standards and unemployment still play a role, the perspective of economic progress seems to be the most important reason for migration (Korf et.al. 2009: 13). Korf mentions that thousands of Polish migrants returned heavily disappointed to their country. They could not find their way in a foreign country, could not speak the language and partly because of this they couldn't find work. Also, many Polish people were severely underpaid and lived in appalling conditions. But many more Polish people returned home more prosperous than they left. They are a stimulus for others to migrate (Korf et al. 2009:13).

Simultaneously with the 'new migration' a 'new Europe' emerged. As a result of the collapse of the USSR and the disappearance of the dividing line between East- and Western Europe the emphasis was on the definition of Europe and her borders. In this quest for the intrinsic character of Europe discussions on culture, politics and space are intertwined with discussions on nationalism, racism and 'home' versus 'the Other' (Khoser and Lutz 1998: 8). A consequence can be that 'the Other' (for example migrants, refugees, homeless, drug users) is excluded from 'core institutions' of the society, which can lead to marginalization.

3.4 MARGINALITY

With the before mentioned theories in mind, this section describes possible outcomes of living in a migration country. Dirk Korf writes that besides migrants who return to their home country more prosperous than they left, others find themselves in a marginalized position in the migration country. (Korf et al. 2009: 63). Viskil, in her study of North African migrants in The Netherlands, uses the term "social marginality" to describe the process by which people get caught up outside the mainstream society. An important feature of marginalization is the relatively small contact of the actors with so called "core institutions" in Dutch society and their own communities. Among the core institutions are the education system and labour market, but also socio-cultural work, health care system and self-organizations (Viskil 1999: 7). Buiks distinguishes three stages in the process of marginalization. In the first stage factors like descent from a low stimulating environment, low education, limited work experience and poor care and counselling after the migration to The Netherlands play a role. The second stage is characterized by more individual and random factors, like running away from home, disowned by family and having an illegal status. The whole process leads eventually to the third stage, the assumption of the marginal status of the marginal group. This group offers an alternative career and may offer possibilities for social growth and acquisition of prestige and self-respect (Viskil, 1999: 8). Werdmölder describes that marginalization often starts in the country of origin and for many people, according to Werdmölder, this marginalized position is an important reason for migration (Viskil, 1999).

In the study 'Overcoming Barriers; Migration, Marginalization and access to Health' (Domenig et al 2007) its said that there are no reliable statistics or studies at the pan-European level about the background and the reasons why Central- and Eastern European migrants choose to stay in Western

Europe. A preliminary survey conducted by the European project for mobile drug users AC-Company showed that a section of this group, particularly those from Poland, the Czech Republic and Slovakia can be defined as 'drug tourists' who speak little English, but are not generally know to have major problems. On the other hand, the group of drug users from Russia, the Ukraine and other countries from the former USSR represent a more difficult situation. Here one finds considerable language and communication barriers, particularly from the point of view of accessing assistance from drug-related services. This group is also characterized by specialized, and to some extent mafia-like organizational structures.

The above seems contradictory to the data that a large number of migrants come from well to do families and are well educated (Kalir 2006). Probably a major group fits this image, only a smaller part migrates because of the marginalized position.

We mentioned before that Eastern European migrants in The Netherlands are divided into three categories, namely:

1. Working migrants from Eastern Europe with employment background in The Netherlands who develop dependency in relation to unemployment.
2. Job seeking migrants from Eastern Europe with social problems who increase their dependency on drugs during their stay in The Netherlands
3. Drug using migrants from Eastern Europe seeking better health services or treatment accessibility in The Netherlands.

It's likely that the group of drug using migrants from Eastern Europe already had a marginalized position in their home society. The report 'Overcoming Barriers; Migration, Marginalization and access to Health and Social Services' (Domenig et al 2007: 3) states that, contrary to their expectations, not one of their interviewees reported initiating hard drug use in The Netherlands. There was a pre-existing dependency, which, in some cases, reached higher levels in The Netherlands.

3.5 PUBLIC NUISANCE AND CRIMINALITY

According to an analysis, conducted by the Central Bureau of Statistics (CBS) in 2006, the number of Eastern Europeans in Dutch prisons increased explosively over the last ten years. In 1994 51 Eastern Europeans were in prison and in 2004 there were 423; an increase of 800 percent. The Eastern Europeans are guilty of brute force, drug trafficking and women trafficking. Despite the sharp increase, the probability of detection is still very small, because of the open borders, whereby it's quite easy to travel through Europe. Furthermore, the communication between police corps in The Netherlands and in Eastern Europe is still limited, according to criminologist D. Siegel of the 'Vrije Universiteit, Amsterdam' (De Zwakste Schakel; www.politie-amsterdam-amstelland.nl.).

Many Eastern Europeans are guilty of robbery and shoplifting. Here we also find a sharp increase in criminal activities; in 1994 there were 25 persons in prison for robbery and plundering, in 2004 252. Siegel thinks this number will increase by the accession of Romania and Bulgaria to the European Union. The study 'Eastern Europeans in The Netherlands' (De Boom et al. 2008) shows that most of the criminality among Eastern Europeans in The Netherlands can not be contributed to temporary work migrants, but to certain groups of migrants who migrate to The Netherlands with the intent to commit criminal activities, like for example drug trafficking, car theft and robbery.

Dirk Korf, in his study of Polish migrants in The Netherlands (Korf et al. 2009), writes that there is relatively little crime among Polish people in The Netherlands. Except several serious offences they consist mainly of traffic offences, shoplifting and burglary. The fact that Polish migrants commit relatively often traffic offences has much to do with the fact that until recently little action was taken against drinking and driving in Poland and that traffic fines are often levied or not cashed in. The relatively low criminality among Polish people in The Netherlands can be explained by the fact that there are still not many young Polish people living here. The current rise in the number of Polish children born or raised in The Netherlands will undoubtedly increase Polish juvenile criminality. The extent of this will probably depend heavily on their integration and education (Korf et al. 2009).

3.5.1 *Amsterdam-Amstelland*

The report of the 'Region police Amsterdam-Amstelland', by Bureau MiO[7], shows that the number of Eastern European suspects in Amsterdam is rising (see appendix 2). Within the group of Eastern European suspects the majority has a Polish or Romanian nationality, with the Bulgarian nationality in third position. Of all suspects 1,7 percent are Polish people and 1.6 percent are Romanians. On incidents committed in 2009[8], 136 Eastern European suspects are registered as addicted. This is 7,1 percent of the total number of Eastern European suspects. From the total number of defendants 6.4 percent is addicted. From 2007 - 2009 approximately 30 percent of the Eastern European addicted defendants is addicted to alcohol, 68 percent on hard drugs, some in combination with alcohol. The remaining 2 percent is addicted to soft drugs or medicines. Whether a suspect is addicted is only mutated in Xpol (basic system processes on data detective) when an arrest is made. It will not always be clear if a suspect is addicted. Between 2007-2009 31.9 percent of all Eastern European suspects lives in The Netherlands, 45.3 percent in an unknown country, 7.6 percent in Romania and 6.9 percent in Poland. Of the addicted Eastern European suspects 30.2 percent lives in The Netherlands. The country of origin of addicted Eastern European suspects is more often unknown than of all Eastern European suspects; 52.2 percent lives in an unknown country. Furthermore, 9 percent lives in Poland and 8.6 percent in other Eastern European countries. The average age of the Eastern European suspects is 31. The average age of addicted Eastern European suspects is higher (33). The majority of addicted Eastern European suspects (43.9 percent) are between 25 and 35 years old when they are suspected of an incident for the first time. Eastern Europeans, just like other suspects, mostly come in contact with the police by shoplifting and driving under influence. Shoplifting is more common by eastern European suspects than with the total of suspects (16,6% vs. 6,6%) Profile analysis shows that Eastern Europeans are more often suspected of pickpocketing than other suspects. Both addicted and non-addicted Eastern Europeans are arrested for sleeping on the streets (10,2% and 12,6% resp). Many times they cannot identify themselves and become verbalized for criminal offences.

3.6 DRUGS, ALCOHOL AND HEALTH

In general, the Dutch legal and social system is characterized by a pragmatic approach to drugs and addiction. The emphasis is not on tightening drug laws and raising penalties, but rather on harm reduction. In the mid sixties, a large group of young European people began to move to Amsterdam, attracted by the liberal way of living. They were looking for new ways of life and were also experimenting with drugs (Domenig et al. 2007: 128). With this group of mobile drug users came the need for new initiatives from society and law. In 1976, a commission was implemented and accepted the proposal that would divide drugs into two groups: hard and soft drugs. This is known as the Opium act. From this point onward, The Netherlands started developing drug laws, and addiction is today, as was then, viewed and treated with a pragmatic and realistic approach. The aim of Dutch drug policy is the prevention and alleviation of social and individual risks caused by drug use. Although the use of drugs is not punishable by law, the sale of hard drugs is not tolerated in any premises open to the public. Because Dutch law and drug policy focuses on harm reduction and using drugs is not considered a crime, it is possible for organizations to establish drug consumption rooms. There is, however, a strong emphasis on avoiding public nuisance. This means that any facility that works with drug users must, at all times, make sure that they are not considered a threat to the local public order, and that the safety and health of people living in the area is not at risk. If that happens, the mayor of any Dutch city can close down the facilities. Nevertheless, it should be emphasized that Dutch drug policy is nowhere near as tolerant of foreign drug users (Domenig et al.: 129).

In 2008 Mainline and Trimbos conducted a study to risk behaviour and health among marginalized heroin users. This report indicates Eastern Europeans as a major risk group for unsafe injecting drug use. By 17 percent of Dutch health care providers Eastern Europeans are seen as an important client

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7 Bureau Management Informatie en Onderzoek (Bureau Management Information and research)

8 2009: information from January 'till August

group (Hoogenboezem et al. 2008: 35). 76 percent of Eastern European heroin users are between 31 and 40 years old. 29 percent of them are between 15 and 30 years old. This means that Eastern European heroin users are mainly younger people, which is a contrast with Dutch heroin users who are for 67 percent between 41 and 50 years old. For older Eastern Europeans it's almost exclusively serious alcohol problems. 61 percent of Eastern European heroin users are homeless (this means that they sleep in the open air or in a shelter home). Health care providers indicate that there are significant psychiatric problems among heroin users. In comparison with other ethnic groups, anxiety disorders are often seen by Eastern European heroin users (Hoogeboezem et al. 2008). Especially lung - and dental problems are the most important health problems among heroin users. Malnutrition, infectious diseases and STD's are also seen as very serious health problems for heroin users. Homeless heroin users and heroin users with additional psychiatric problems are seen as important groups with an increasing risk of having health problems. Also heroin users with an alcohol problem are seen as a group with major health risks. 4 percent of the health care providers indicate Eastern Europeans as a group with an increased risk on health problems (IHoogeboezem et al.: 41). Where this new group of heroin users comes from, is hard to say. Countries listed are Poland, Russia, Romania and Georgia. It is a mixed group with both Eastern Europeans who, coming to The Netherlands for a job, came in contact with heroin use here, and a group who already used heroin in their home country. Eastern Europeans who use heroin hardly show themselves at the addiction care centre, except for needle exchange points. Many of them solely speak their native language, which makes communication very difficult (Hoogeboezem et al.: 56,57). From our sporadic contact we can say that this group is open to help and services if it fits their 'needs'. This means that help in finding accommodation, work and other practical assistance is welcome. As soon as health care workers mention alcohol/drug use or a return to the country of origin, contact becomes more difficult and is often broken off. Sometimes there seems to be the need for health information and information on safe use and safe sex. But since there is no information material in Eastern European languages available, it's often not possible to give them good information (Hoogeboezem et al.:).

Korf points out that in Poland alcohol and alcoholism are visibly present. Many homeless people in Poland are addicted to alcohol, and this also counts for a substantial part of Polish (but others as well) homeless people in The Netherlands. Some of them become addicted in The Netherlands, but more often they were already addicted in Poland. Simultaneously there are Polish people who are homeless, but do not receive any help, because they do not belong to the 'really' difficult cases. A problem is: who c.q. what municipality will pay the bill? Partly because of this problem, there is a real threat that the number of Polish homeless will increase the coming years (Korf et al. 2009: 64).

4 Overview studies of Eastern European drug users in Dutch cities

As stated before in the chapter on methodology, we conducted various interviews with outreach workers, addiction care workers and staff of day & night shelter in various cities in The Netherlands. We also interviewed people of the municipalities of Amsterdam and Eindhoven. In this chapter we present you the outcomes of these interviews. It will give you a broad overview of what services Eastern Europeans (are allowed to) attend in The Netherlands, what problems arise and, in some cases, what has already been done to collect information on the situation of Eastern European users. We give you a short review of the initiatives the municipalities of Amsterdam and Eindhoven have initiated and how they have responded to former recommendations on these initiatives. This will provide a thorough understanding of how the legislators have approached the issue so far.

4.1 AMSTERDAM

The number of Polish homeless people has increased from 2 to 11 percent in Amsterdam. Many of them attend shelters like De Kloof and Makom (De Regenboog Groep). Currently the majority of the visitors of these shelters are from Eastern Europe. As a result displacement of other visitors occurs, communication problems arise because of the language barrier and there are discussions among employees if Eastern Europeans belong to the target group of the shelters. Since half a year intake interviews are held with Eastern Europeans to decide if their situation is serious enough to make use of the facilities. The 'Stoelenproject' (besides Makom the only easily accessible night shelter in Amsterdam) refuses Eastern Europeans and 'De Tweede Mijl', a Christian organization that offers a daily meal for the homeless, closed down for a week because of a fight among Polish visitors (Netwerk 23 September 2009).

Carolien Koppen (coordinator of the team Safety Wallen, Amsterdam): the municipality of Amsterdam has shown a cautious attitude towards the problems concerning Eastern European migrants. Because this group has no right to our health care system, the municipality feels less responsible. The municipality is of the opinion that if more care is given, it might have unmeant consequences, like attracting more Eastern Europeans to Amsterdam/The Netherlands.

The municipality is informed by the police that Eastern Europeans cause public nuisance. As the municipality cannot monitor everyone closely, they agreed that a person shall be followed after having committed a number of crimes. These persons are increasingly from Eastern Europe descent. According to Carolien Koppen the municipality has to act on an operational level as well as on a strategic level. On an operational level the municipality could make agreements with the police, provide a platform for employees to exchange information, for example about door policy, and stimulate return to their native country. To be able to do so, clear agreements are needed with the country of origin, especially about health care and reception of substance users. On a strategic level it's important to set these problems on the national and European political agenda. The municipality is no advocate of repression and police intervention. This should be the last resort. The chain unit (police, Public Ministry, DWI, Jellinek, Salvation Army, fieldworkers, GGD, probation, child care board) meet weekly for a casuistry consultation. They look to the following five areas per individual: shelter, daytime activities, distribution, drug use and health care. If a person has these areas covered and/or if a person has guidance to cover these areas, this results in 70 percent less public nuisance / crime. Eastern Europeans are discussed in this consultation, but there is nothing they can do for them, because they have no right to any care what so ever.

Mattijn Roodhart, social psychiatric nurse at Arkin, an addiction care center in Amsterdam, told us that they are in contact with the Polish Consulate in The Netherlands before people are sent back to

Poland. The consulate makes sure the necessary care will be arranged (i.e. intake hospital). He says he is very pleased with the collaboration of the consulate.

4.2 THE HAGUE

The registration of Brijder Foundation demonstrates how many new clients came to The Hague with an Eastern European background in the period from 01/01/2009 to 31/03/2009: Of the total of 534 patients who entered at Brijder in the Hague the country of origin is not registered of 62 persons, of 35 people the country of origin is unknown. Of the remaining 437 persons, 10 come from Eastern Europe: 4 from Poland, 2 from Russia, 1 from Azerbajdjan, 2 from Hungary and 1 from Croatia. This makes a total of approximately 2% of all clients that came to the city.

In The Hague there are no Eastern Europeans in the consumption room from Parnassia[9].

At the alcohol poli from the Brijder Foundation people from Eastern Europe are attending the poli. Yolanda Kastelein, care manager of the Brijder alcohol poli, tells us she can not say what countries they come from or how many Eastern European people there are, but people have an extensive intake interview at the registration office that requests the country of origin and place of birth, so these data can surely be found. Yolanda can tell us that they do not have a lot of Eastern Europeans, but compared to her previous work in Haarlem there are significantly more Eastern Europeans living in The Hague. Most visitors from the alcohol poli come from The Netherlands, Turkey, Morocco and The Netherlands Antilles. Interestingly enough visitors in general, including Eastern European visitors, are in a worse physical condition than the visitors in Haarlem were, including serious STD's like syphilis. There is a language barrier. Employees regularly use interpreters (on hand or by phone). Uninsured clients have to make three appointments. For further help, their insurance must be complete. If they remain uninsured they receive no support from the alcohol poli, except when their physical condition is very bad. This does not happen very often, according to Yolanda.

Clients are sent to mainstream institutions for problems in the social sector. Medical care for alcoholics in the form of Clinical Detox with or without medicative administrative support happens in three quarters of the cases. Insured people are sometimes sent to I-Psy (intercultural psychiatry). For follow-up treatment it is definitely a problem if people do not speak Dutch. Of course, alcohol especially is a problem, sometimes in combination with cocaine and cannabis. Cocaine alone can be a problem whereas gambling generally is not in this casuistry. There was one particular case with opiate problems.

Due to a lacking municipality - and GGD - policy, Eastern Europeans couldn't use the needle exchange, says Astrid Duys, employee at Parnassia. Parnassia made it possible for them to exchange needles anyway. Twenty Eastern Europeans, mainly from Poland, Russia and Bulgaria use this service. Since a couple of months these people are also registered. They are interviewed, with questions like: do you inject? What do you inject and where? How many times do you use a needle? etcetera. Some of the users use one needle a week. Not everybody wants to be registered and they do not all come to exchange needles anymore. The intention of this registration is to get a better knowledge of this group, since the municipality is doing nothing. There exists an illegal circuit where Eastern European users can buy free needles for one euro a piece.

There is an increase of Eastern European visitors. These new visitors are young and they inject drugs. Approximately 75 percent of users who inject drugs are foreigners, 25 percent is Dutch. There is not enough information yet to say more about this group.

Reasons given why they inject drugs are a stronger rush and/or lung problems (because of smoking drugs for years). They inject heroin, amphetamine, speed, methadone and mixtures of medicines and drugs. Contact with Eastern Europeans is relatively good, but some speak only a little English, which makes it difficult to inform them about drugs and health risks. They make use of interpreters. According to the employee, Eastern Europeans think they know how to use drugs sensibly, but these are often old habits, which are not recommended. Eastern Europeans sleep under bridges or in squats.

[9] Parnassia is part of Brijder Foundation

When it freezes they use a night shelter, but mostly they stay out of reach of our health care system. Some people started using drugs in The Netherlands, others already used drugs in the country of origin, according to Astrid.

4.3 ROTTERDAM

Between 100 and 120 Polish homeless people (out of in total 150 people) come to the Salvation Army soup bus (Netwerk 23 September 2009). These people sleep on the street, in garage boxes, garden houses and empty buildings. Many of them have an alcohol addiction. The shame for their situation is huge. A man tells us that he lost his house, work and family because of his alcohol problem. At other services of the Salvation Army you find no Eastern Europeans. Visitors must belong to the region, according to a Salvation Army employee. A Christian shelter, that wants to remain anonymous, accommodates four people from Poland. Furthermore, a number of Eastern Europeans regularly visits the church, but these are no more than 6 people, including Romanians and a man from Armenia. There is a language barrier. This is sometimes solved with English or by 'sign language'. Some Eastern Europeans speak English and translate for others. The 4 Polish people who live in the shelter are ex-users (from both drugs and alcohol). They have an infectious disease (hepatitis). They get treatment.

Tanja Porebska, treatment coordinator prevention and problematic substance use of GGZ Bouman in Rotterdam, tells that Polish migrants in The Netherlands more often have problems with alcohol than with drugs. Some time ago GGZ Bouman had a stand on an information market for Polish migrants. There were 900 visitors and many of them visited GGZ Bouman's stand to talk about their alcohol problems and some of them talked about their drug problems. They were mainly men in age between approximately 25 and 34, who came to The Netherlands to find a job. Their knowledge of the Dutch language is minimal and they work mainly in the horticulture, construction or in the ports. They hardly make use of existing services, due to language problems and because they have no health insurance in The Netherlands. Tanja thinks that for Polish migrants (and probably also for other Eastern Europeans) excessive alcohol use is more culturally accepted. Often their alcohol use increases in The Netherlands, because they're here to work and do not have many social contacts, apart from other Polish migrants, with whom they often live together. They save their money for their families in Poland. They do not want to spent money here, so they stay in. To kill their free time they buy cheap alcohol and drink together.

Sjef Chyzewski from GGZ Bouman reports at Netwerk (23 September 2009) that treatment for alcohol addiction is necessary. These people receive no help, because they have no insurance, no legal right to treatment and no access to night shelters. Visitors must have a residence permit and insurance. Communication is limited, which makes it difficult to treat these people (addiction and psychiatric problems). The solution from the municipality is to send them back to Poland, according to Sjef. This year 35 Polish people went back, but most of them returned to The Netherlands. Because they have left everything behind when they left Poland, they have no home to go back to, nor a job, Therefore it is impossible for them to make a living there. He also tells us that we need to work closely with countries like Poland, Bulgaria on health care matters.

4.4 UTRECHT

In Utrecht a group of 20 to 30 Eastern Europeans are seen by outreach workers from Centrum Maliebaan.[10] They are using drugs, including heroin. Recently Eastern Europeans can exchange needles at Centrum Maliebaan (Verena de Boer, Centrum Maliebaan). Lisette Muis, health researcher at GGD Utrecht, tells us that until now there is little information available on the health status of Eastern Europeans in Utrecht/The Netherlands. It is clear that the situation of this group is still poorly reported, probably, according to Muis, because this group is relatively 'new' and the registration system is not adjusted to this group yet.' Unfortunately, in that respect, researchers are still not up to date. The SOA-poli can give us more specific information about infectious diseases among Eastern Europeans. The records of 2008 show that out of 4784 visitors 0.7% (=34) are of Eastern European origin. There is more information available about this group. The GGD collects information on age,

[10] Opvang voor verslavingszorg en psychiatrie (see article page 1)

residential region, gender, type of sex contacts, what STDs they are tested on and the results, reasons for coming to the poli and some STD-related questions. There isn't much to say about these findings since the group is too small to generalize. In addition, more and more Eastern Europeans are spotted on the streets, sleeping in night shelters for the homeless or are found in day care shelters for the homeless, according to Lisette Muis. Unfortunately, these suspicions are not recorded in figures, because these people are not (yet) recorded.

4.5 EINDHOVEN

Jurgen Cornelis from the POV-team[11] told us in an interview that the Eindhoven police conducted research on Polish people in Eindhoven. This research focused on who they are and how often they are living in Eindhoven. Usually Polish people are arrested for drunkenness, but shoplifting, trespassing, driving under influence and violent behaviour is also reported. It often happens that a person is a continuing public nuisance for several months, disappears from the scene from time to time and then returns. It is not clear where they are staying in the meantime. Generally there is a lack of transparency, because Eastern Europeans stay in Eindhoven only for a short period of time. Apart from Polish people, there are many Romanians in Eindhoven, especially street musicians and beggars. They're not homeless. In the morning they are brought to Eindhoven by bus. This is all well organized. Polish migrants in Eindhoven are often homeless and they are living together in small groups, in shifting compositions. In the previous month the police arrested 10 persons in total, whereof 5 Polish people. They are drunk on the streets and they sleep in parking lots and empty condominiums. The police cannot do more than arrest them and take them to the police office where they are fined. This information is handed over to the Ministry of Justice. Some Polish people are even arrested twice a day. Most of the time they cause a lot of public nuisance during a short period of time. Usually they are in-between jobs in this period and afterwards they move to a new place.

The language barrier makes it difficult to communicate, although many Polish people in Eindhoven speak reasonably well German or have one of them translate for the others. At the police station they make use of an interpreter by telephone. For health care staff it's difficult to find out what they need, because of the language barrier. Furthermore many Eastern Europeans are not insured, so they are not entitled to receive help.

The POV-team made appointments with Foundation NEOS12 about access to the night shelter, but Polish people are often too drunk and are therefore not allowed in the night shelter. If there is no danger, the POV-team leaves them on the streets, only under difficult circumstances the police let them stay in a cell at the bureau. The POV-team has weekly contact with employees of 'Veiligheidshuis' where several agencies work together. The municipality of Eindhoven initiated this idea and is working on a plan for MEU-countries (Middle and Eastern European), particularly focused on Eastern Europeans. In Eindhoven landlords rent houses to Polish people. To make more money, they put too many people in one house. This causes public nuisance to the neighbourhood. Sometimes bedrooms are doubly occupied; people who work in day or nightshifts share the same room. Employment agencies let Polish people work for long hours and for little money. The municipality is busy to tackle these practices. They are also working on a policy for Polish migrants who live on the street. In the beginning of 2009 up until April, there was a lot of public nuisance, then it diminished (perhaps due to seasonal work). Since September the public nuisance has increased again.

John van den Broek, outreach worker Safety at Novadic-Kentron, tells us that there is a number of Greeks and Polish people in the Addiction care. In particular Polish people are sent to Neos' night shelter, because they do not use drugs, only alcohol. When Polish people give public nuisance, Novadic-Kentron call the police. Minimal demand for entrance to the night shelter is that they are able to stand up straight without help and be accountable for their actions. At Novadic-Kentron there is minimal contact with Eastern Europeans, mainly because they can't do much for them. According to John, Polish people are a separate group. They do not use drugs but cause public nuisance through excessive drinking, most of them have no insurance and they keep well to themselves. Most of them

[11] Project Overlastgevers (Project Public Nuisance Givers)

[12] Maatschappelijke opvang, Eindhoven

come in contact with the police. John works at the outreach team from Novadic-Kentron. Occasionally they meet Eastern Europeans. Currently there is a man from Hungary who is using drugs but is not familiar with our health care system. A while ago they met people from Belarus. John is not sure if they are telling the truth about their origin. Furthermore John believes they're not antagonistic towards health care providers. On a Polish website you can find the night shelter's phone number in Eindhoven, where you can sleep for 3,50 euro, including breakfast. 'You can't find a hotel for this price', says John. This problem is tackled, for now the night shelter is not open to just anyone. Polish people that are sent to Novadic-Kentron addiction care centre need to do an intake first. After this intake they can stay at the night shelter.

There are communication problems. Basic words like bed, bath and bread can be explained in English or German, but beyond that it becomes problematic. There is a national focal point where they can ask for assistance, for example an interpreter.

John would like to have a glossary and a list of basic words/sentences in Polish, for example. So, if they meet someone on the streets, at least they can ask them a few questions. At the moment it's fairly quiet on the Eastern Europeans front in Eindhoven. According to John, most of the Polish people primarily come to Eindhoven for work. Many of them return, but some stay. Novadic-Kentron can offer them little help. The average age of Eastern Europeans is between 18 and 55 years. It's almost exclusively men they meet on the street.

The municipality of Eindhoven acknowledged in a memo (see Appendix 3) that the increase of labour migration from Eastern European countries results in global economic and business benefits, but that in addition to economic benefits it also poses problems. The role of the municipality is to anticipate and respond to the bottlenecks that occur.

Most problems arise when a migrant loses his job. These problems are especially related to residential nuisance, residential security, independence and health.

The municipality has made a plan to address residential nuisance and illegal housing. They have also come up with the idea to create a residential facility for labour migrants. When it comes to integration the municipality works closely with social services that provide guidance to this group. Furthermore an application is filed so the Foreign Information Point can be extended with social and juridical information for Eastern European migrants. Concerning health care the municipality of Eindhoven is for national consultations, limiting pull factors of Eindhoven (including addressing non self reliant Eastern Europeans) and likes to strengthen the rules for admission to night shelters and stimulates returns. The bottlenecks are the tension between caring and the resulting suction effect in the near future, which will certainly give an increase in public nuisance. No solution about health care is yet found within the existing arrangements. Another bottleneck is housing (too little supply, high rent, illegal housing).

4.6 OTHER CITIES

When we asked several other organisations for input, employees told us that they don't see Eastern Europeans (Boei – consumption room in Arnhem, Methadone post from Tactus in Enschede, Consumption room, Salvation Army and the easily accessible night shelter in Zwolle). In Maastricht they see no Eastern Europeans in the consumption room nor at the Salvation Army, mainly because one needs to have a residence permit to enter the facilities. So far, according to team leader Cornie Peursen, no one has been sent away for day and night care. The Salvation Army expelled a group of Eastern Europeans from the night shelter.

At the drug rehabilitation clinic in Arnhem they accommodate approximately four people from Eastern Europe.

In the day and night care from 'Iriszorg' in Nijmegen they accommodate one man from Hungary. There are relatively few Eastern Europeans there. Here too, the conditions for using the day and night care is having ties to the region. In 'de Cirkel', care for sex workers (Iriszorg) they currently house three Eastern European women. In the past they had more residents. These women come from Bulgaria, the Czech Republic and Romania. There are no communication problems since the women speak Dutch. Two of

these women do not use drugs and the other woman has just stopped using drugs, according to one of their employees.

An employee of the consumption room in Leeuwarden said that there are about 4 to 5 Eastern European users they see, including a man from Georgia, who has a room and is allowed inside once a day and two others who they see occasionally. The employee calls these men Russians, but nobody really knows where they are from. Other Eastern Europeans have been refused, because they do not speak Dutch and this limits communication with the staff. The employee says that Eastern Europeans are not the friendliest people, they speak their own language and pretend not to understand the rules. Romanians and Bulgarians are, according to her, virtually all criminals. The Eastern Europeans who were refused, came from the refugee centre in Dokkum. They came to Leeuwarden for the drugs. There were no Polish migrants among this group.

In the consumption room from VNN in Groningen you will find practically no Eastern Europeans. Froukje Algera tells us that there are not many Eastern Europeans in Groningen or, if there are, they have no contact with the health care system. Through Ruud Vierstra, team leader of the AMT (Ambulant Medical Team) I found out that 5 or 6 users, from a total of 600 users at the methadone post come from Eastern Europe, especially from former Yugoslavia. In the past, there was one man from Russia, but he left. You need a residence permit for the methadone post. A few Eastern Europeans receive treatment for their alcohol problem.

In Heerlen there are hardly any Eastern Europeans at the outpatient addiction services, according to one of their employees. Clients must have ties to the region if they want to get treatment. Applications for asylum seekers are processed. A year ago there was one application from a person from Eastern Europe. Currently there is a man from a country next to Azerbaijan, the name of that country is unknown. A fieldworker told me that few Eastern Europeans reside in Heerlen. Occasionally there are Polish and Romanian people. They sleep on the street, in a park or at the station. Little is known about this group, because it's very difficult to get in contact with them. These people from Poland and Romania stick to themselves and do not want contact. The language barrier plays a major role. Furthermore, fieldworkers do not meet these people everyday and the group changes in formation, it's not a fixed group that stays for a longer period of time.

5 Individual life stories

The interviews show the migration history, the (housing) situation in The Netherlands, the medical situation and drug/alcohol use of Eastern European migrants from different countries, living in The Netherlands. In appendix 4 five interviews are included.

It struck me how much they told me, although it was very difficult to get information on infectious diseases. I felt uncomfortable asking these questions and I got minimal response from the people I interviewed. One man even told me to remove the questions about HIV from the list, because it's still a taboo to talk about it. Some interviews were held specifically for this research. From earlier work in de Kloof I had held some interviews in 2002-2007. The latest interviews show that the collected information from back then do not differ much from the current data. So I used this information as well.

In total 17 persons were interviewed, 15 people living in Amsterdam and 2 living in Rotterdam. Some of the persons interviewed don't use hard drugs, but they are all in a marginalized situation. The time they are living in The Netherlands varies from a few weeks up to several years. Some of them went back to their country of origin, but came back. Some came directly to The Netherlands, others first went to other European countries like Spain, Germany or France.

The Eastern Europeans were aged from 23 – 45 years. We spoke to 16 men and 1 woman.

Reasons to leave their home country differ from person to person. Many of them start by saying that their reason for migration is work. They want to improve their economic situation, because at home they cannot make as much money as in Western-European countries. But, beneath these economic arguments lie other reasons for migration, for instance freedom, access to drugs, a broken relationship and debts. These reasons mostly come up later on in the conversation.

> ***He lost his family and his job and had nothing to stay for in Hungary.***
> ***He got depressed from Poland.***

After a car accident – his sister died and he got injured (someone else drove the car) – he lost contact with his family. Because he was alone, and nobody gave help, he started using drugs, to feel happy. He lost everything; his job, his family, car, house and girlfriend. At one point he decided to leave.

Most of the interviewed people are homeless; they sleep in a tent, a squat, on the streets or in a shelter. Occasionally they share an apartment with other, mostly Eastern European, migrants.

> ***He sleeps on a boat, on his own, illegal, squat.***
> ***He lives in a squat, with three Polish people and one from Slovakia.***
> ***In Amsterdam he lives together with Dani, a Romanian transsexual. They sleep in a tent in a park.***

Often they are skilled, educated people. They used to work in their own country, but the loss of a job or a very low income made them decide to migrate. It's not easy to find a job in The Netherlands. A foreign diploma isn't always recognised, sometimes they feel discriminated against and their high expectations are not met with, at least, not anymore. Finding a job used to be easier, according to some, but since the crisis, it became harder and harder. They make their living by begging, selling Z-magazine (a magazine sold by homeless people in Amsterdam), others have occasional jobs, but criminal activities or prostitution can be a way of earning a living too.

> ***Even though he has studied, his diploma of the University of the Soviet Union is no longer valid.***
> ***He would really like a residence permit because he wants to work.***
> ***He tries to play music on the street. He says this is difficult, because you need a permit.***

The first years in Amsterdam it was relatively easy to find work, but now, with the crisis, it's really difficult. Currently he has no job. He's looking around, asking for work at agencies. Sometimes he has work for a day or two.
She worked as a masseuse in Romania and she thought she could find work in The Netherlands, but this was more difficult than she expected.
Sometimes he's involved in criminal activities. Life in The Netherlands forces him to do this, because he cannot work for a living.
After some hesitation he says that he's gay and occasionally sleeps with men for money.

As mentioned before, not all Eastern Europeans that were interviewed use drugs. The ones who do use drugs sometimes started using in their home country. The substances they use differ in time. Some have tried everything but now (only) use cannabis and alcohol. Some smoke, others inject.

He uses cannabis and alcohol. In the past, he tried all kinds of hard drugs, with the exception of crack. But he says ' I don't believe in drugs'.
Long time ago he drank alcohol, when he had no cocaine or crack. He got shaky and he drank beer from left bottles on the street. He used heroin a few times. He smoked it, he never injected drugs.
He used very strong speed 'you can't buy this in Holland'. He injected the drugs and bought needles at the pharmacy. He does not use hard drugs anymore. He is afraid now, because he knows the consequences of using hard drugs.

The health conditions of the Eastern Europeans also differ. We mentioned before that they get health care, even without insurances. Some are perfectly healthy, but others have immediate health problems, but found no help for it yet. It's not clear if help is not offered, or if they don't' know how to get help. Also not much is said about the care they want or what they are missing.

He wants to go to a dentist. He heard from Jellinek and the GGD. He wants dentures, because his teeth are too painful. He would like more information about where to go for a doctor/ dentist….
He goes to Amoc to see a doctor (only for the flu) or to the Red Cross. He has no insurance, they help him without insurance. He has no infectious diseases and no TB. Every half a year he gets an x-ray at Amoc.
At the Kruispost[13] he receives medical care for little money.
He has no medical problems, only his teeth.

Because of the current living situation shame to the family is mentioned. The family back home doesn't know about the hard conditions in which they're living in The Netherlands.

Her mother knows she has no job, but she hasn't told her mother that she lives on the streets.
He has no contact with his parents, because he doesn't want to tell them about his situation.

Mostly they seem to live one day at the time. Some have no hope for a better future, others keep dreaming of a better life. Sometimes this means going back to the country of their origin, but that's not always the case.

In the future he wants to go back to Romania. One reason for returning is that many young people leave from Romania and so Romania experiences a shortage of skilled manpower.
His future needs are a fresh and clean house, a job and his girlfriend in The Netherlands.
He is not really looking forward to the future, because everyday he has so many problems to solve that he lives day by day.
When I ask him about the future he says: 'NO future!'

[13] Since 1983 Kuispost gives medical and psychosocial care to people who can't get to the regular services. Kruispost helps people without insurances, homeless people and asylum seekers. Every patient is asked for a donation for the services provided.

6 Conclusion

6.1 THEMATIC APPROACH

In general we seem to have little information about the, often problematic, situation of Eastern Europeans in The Netherlands. In this study we tried to provide more information about the situation of Eastern Europeans, seen from different perspectives. Apart from information we want to give recommendations on a municipality and a practical level. Based on the collected data from outreach workers and the users themselves we tried to determine how the Eastern European drug user population in The Netherlands can be perceived. Have they started using drugs in The Netherlands? Did they start using drugs after they lost their job in The Netherlands? Where do they want to go from here?

In this study we tried to get an answer to the following research questions:

- How is the health situation of Eastern European users in The Netherlands?
- Is their health related to drug use?
- Is there risk behaviour?
- What are the living conditions of Eastern European users in The Netherlands?
- What initiatives have been developed so far?
- What should be appropriate initiatives on a municipality and a national level?

6.2 WHERE TO STAY?

We see that most Eastern Europeans are living in the three major cities: Amsterdam, Den Haag, and Rotterdam. This doesn't mean that problems with Eastern European substance users are only familiar in those cities, as is shown by the interviews. But other parts of The Netherlands experience fewer problems with Eastern Europeans.

Mainly easily accessible facilities for the homeless experience an increase in the number of Eastern European visitors. The majority of them are from Poland or Romania. Many of them live together in squats that they find through informal networks. Often they speak little English or German, which makes communication difficult. Interviews reveal that the outreach workers often lack important information about job opportunities and housing in the migration country.

The interviews revealed that some of the Eastern Europeans were generally educated and, compared to the rest of the population of their homeland, rather well off. The main reasons they gave for coming to The Netherlands are work and freedom. There are also Eastern European migrants who come to The Netherlands for drugs, adventure, freedom and/or because of a marginalized position in their country of origin. Many of them return to their country of origin, or travel back and forth between home and migration country. Some of them stay for a longer period of time in The Netherlands. Some of them give in to male prostitution or criminality, because they cannot find a job and have to make money for a living. Reasons they give for not wanting to go back to their home country are a bad situation in country of origin; few employment opportunities, debts or a broken relationship. They are ashamed of their situation in The Netherlands and their drug-alcohol addiction and many of them say they have left everything behind and there is nothing to go back to.

6.3 HEALTH, DRUGS AND RISK BEHAVIOUR

Until now there is not enough information available about the risk behaviour of the Eastern European substance users. But there are several indications that problems exist. Mainline is concerned about this group of users and wants to know more about them, about their possible risk behaviour and their needs. At Parnassia they try to get more information about drug use and health issues among Eastern Europeans. Both the GGD Amsterdam and Utrecht have little information about infectious diseases

and risk behaviour. The interviews show that there are several organisations who get into contact with Eastern European people, of whom several use drugs and alcohol. Information from the police tells us that there is a group of addicted Eastern Europeans in The Netherlands. There seems to be a group of them that injects drugs. It's not clear how many of them are IV-users and whether they use clean needles and are aware of other possible risks.

6.4 INITIATIVES SO FAR

Within the Dutch addiction care system little is known about Eastern European users. Until now there are no suitable interventions we heard of to inform this group on possible dangers of unsafe injecting and use and we do not know how to approach them with accessible ways of help and support.

If you ask Eastern Europeans what they need to improve their situation in The Netherlands, they mention access to our (basic) health care and dental care system. Eastern Europeans experience health problems like infectious diseases such as HIV, STD's, TB and Hepatitis and teeth infections, drug and/or alcohol addiction.

In many places, for example at the Salvation Army in Maastricht, Eastern Europeans are excluded from care because they have no ties with the region. In other places Eastern Europeans are refused to make use of shelters because of communication problems or excessive alcohol use. For most of the organizations that offer treatment for drug or alcohol addiction you need to be tied to the region and have a health insurance. Many of the Eastern European users are not insured so they are not entitled to treatment.

Access to health care is limited, especially dental care. The Kruispost and Amoc offer health care for Eastern European users in Amsterdam. In several cities, like Amsterdam, Den Haag and Utrecht, organizations offer services to exchange needles. There is no entrance for them to methadone programmes and HIV-medication, because they have no insurance.

(Local) initiatives help migrants with health care and social care, but they're mainly focused on undocumented migrants. For example Medoc from 'Dokters van de Wereld'. Because Eastern Europeans are documented, but mostly not insured, they neither have the rights to services for Dutch citizens nor for undocumented migrants. Lack of access to our health care system provokes risky behaviour, by transmitting infectious diseases through intravenous drug use or unsafe sex. Parnassia in Den Haag is collecting more information regarding drug use, infections and risks.

6.5 RIGHT TO HEALTH CARE

At the conference 'Zorgplicht in de knel' (15th of October 2009) organised by 'Dokters van de Wereld'. Martin Buijsen, professor in Health legal right, said that according to the law everyone is entitled to health care. The problem often lies in administrative paperwork and personnel who are not informed about arrangements made for undocumented migrants. Eastern Europeans are not undocumented migrants. Therefore it's more difficult for them to get access to health care.

6.6 POLICY

It is striking that the municipality of Eindhoven, a relatively small town in comparison to Amsterdam, has conducted research into the situation of Eastern European migrants in their municipality. In their research they tried to find ways to improve the situation for Eastern European migrants in their town, for instance in finding housing and employment. The municipalities of Amsterdam and Rotterdam focus mainly on a return policy. In general we can say that municipalities differ in their approach. This creates ambiguity in both health care and the treatment of Eastern Europeans. By differing in policy, differences might arise in the degree of presence of Eastern Europeans and the degree in which health care is dealing with problems with Eastern European drug users.

Furthermore repatriation seems not always possible. People tend to come back to The Netherlands, as is said in the interviews. Eastern Europeans are EU-citizens and are allowed to stay in other EU-countries. Also, there doesn't seem to be much contact with the health care system in the country of origin, there are not always enough facilities in these countries.

6.7 CONCLUSION

Conclusively we can say that we experience problems with Eastern European substance users. The police meet several groups causing public nuisance, in several cases addiction is at stake. Eastern Europeans are found particularly in easily accessible facilities (such as shelters or the Salvation Army's soup bus) or are seen by outreach workers. This increases the pressure on these facilities. Because of communication problems there is little contact and knowledge of this group. Shelters and addiction care organizations recognise the problem of Eastern Europeans but appear to be reserved (insurance, residence permit, ties with the region). The people they see are often homeless and in need of help and support, they use drugs, but have no insurance. They don't seem to know what they are allowed to do and look to the municipalities for a clear policy. There is no overall policy about the help that can be given nor on how to approach this group. Municipalities of Rotterdam and Amsterdam send East Europeans back to their country of origin, but many of them come back to The Netherlands (they prefer the opportunities they have in The Netherlands over those in their own country (no job, no house) or they are ashamed to return because of their addiction).

We didn't detect whether they are in contact with the health care system or policymakers in the country of origin. It is not clear how aware these people are about risks, and the possibilities to look for help.

7 Recommendations

1. Develop a clear policy towards the target group. Though it is well known that the user group identified in the study is subject to controversy both in The Netherlands and abroad, it is just as clear that municipalities will have to look beyond this controversy to develop a policy that the care centres can use to support the group. It's an illusion to think that by ignoring the problem the problem will go away. Public nuisance will only increase and the people involved might cause problems to themselves and to others. This policy should be made on a national level. In order to formulate an effective policy it might be helpful to establish a policy forum where national, municipal and NGO's work together. Talks on a European level can help to find out what can be done in the country of origin. Local policies should be formulated coherently with this national policy.
2. To prevent public nuisance and health risk, Eastern Europeans should have access to needle-exchange programs, consumption rooms, the necessary harm reduction and health care. These services should be easily accessible for all who need it. A pass should at least be obtainable for those who have insurance and/ or are undocumented, and the needle exchange at least should be available to all.
3. Further research is needed. Though this study gives a clearer view of the problems Eastern Europeans in The Netherlands come across, we still don't know exactly how large the group is and what health problems we are dealing with. We recommend to establish a systematic data collection on the health care situation within the group, at a national and a municipality level.
4. Further research on a European level might make clear what solutions other countries have come up with to deal with this problem. We can learn from their best practises and failures.
5. Information should be available to the target group: where can they go for help, what support should be given at what circumstances? What are their rights and their duties? Information points, outreach units and likewise initiatives can help to increase access to harm reduction assistance among the user group. This information should be available in multiple languages.
6. When interventions have been developed, we should involve Eastern Europeans in working out possible solutions. They know the culture, the problems and ways to get in touch with the group. These interventions should be developed more systematically, using proven interventions, like peer education and harm reduction techniques.
7. Municipalities should increase accessibility for translators by providing funds for ad hoc requests from shelters, clinics and other agencies providing services to Eastern European drug users.
8. Outreach workers/ people working with Eastern Europeans should already start to involve native speakers with Eastern European language skills. We recommend they do not ask directly about people's drug use and health care, but to start by getting to know the people first. The informal network can be used to disseminate information.

Epilogue

As a result of this research on Eastern European Drug users in the Netherlands and the results of the expert meeting, organised by the Mainline Foundation,Trimbos Institute and de Regenboog, in June 2009, the Mainline Foundation has formed a workgroup. The workgroup consists of experts and policymakers, who work with (homeless) Eastern European Drug Users. For 2010 this workgroup aims to collect and share information about the problems of substance users from Eastern Europe, existing policy and interventions, good practices and learning moments. The outcome of the workgroup will be used to form an advise for policy on national and local level with regard to Eastern European drug users in the Netherlands.

Nathalie Roos & Ineke Baas

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Appendix 1:

QUESTIONNAIRE FOR EASTERN-EUROPEAN DRUG USERS AT AMOC

Age:
Gender:
Housing situation:
Nationality:

Migration history:
When did you arrive in The Netherlands/Amsterdam?
What was your employment in your home country?
What was your education in home country?
What was your housing situation in your home country?
Why did you migrate to The Netherlands?

Drug/alcohol use:
- Heroin
- Methadone
- Cocaine
- Alcohol
- Cannabis
- Amphetamines
- Benzodiazepines/tranquilisers

What are your three main substances?
1)
2)
3)

How often do you use your main substance?

Where do you normally use your substances?
- on the street
- in consumption rooms

- at home
- at the homes of other users

Do you inject?

How long have you been injecting?

How often do you inject?
- every day ... times a day
- not every day, ... times a week
- ... times a month

I stopped injecting,. years ago.

Do you have access to needle exchanges or harm reduction services?

Do you have problems accessing syringes and other materials for injecting?
- Have no problems
- Have no money for it
- Other

.....

Do you ever share injection materials?

How often? What material do you share?
- foil
- filter
- tube
- water
- syringe
- pipe
- needle
- scraper
- spoon
- mouth peace
- sharing drugs by: .....
- other:

Have you ever accessed treatment for your drug use / what was your experience?
- Methadone program
- Heroin supplying
- day-/ night care
- consumption room
- general practitioner
- other:

Your housing situation here in Amsterdam:
Have you ever applied for housing in a shelter / what was your experience?

Where do you usually sleep?
- shelter
- on the street
- rental
- with friends or family

Which type of housing have you had access to while spending time in Amsterdam?
Health care:
Have you ever applied for health care treatment / what was your experience?

Are you sexually active?
What physical disorders did you have last year?
Disorder: course:
trench foot
malnutrition
exhaustion
lung problem
stomach problems
skin problem/ abcess
infectious diseases and/ or STD
dental problem
heart problems
others

Have you been checked for TB?
Have you been vaccinated against hepatitis B (HBV)?

Have you been tested for hepatitis C (HCV)?

Have you been tested for HIV?

Yes

No

If no, why didn't you get tested?

[1] No evaluation has yet been published from the shelter, but documentation will likely be available before the final submission of this report.

Appendix 2:

BUREAU MIO – REPORT OF THE POLICE AMSTERDAM-AMSTELLANDEN

Oost-Europese (verslaafde) verdachten en hun incidenten in de periode januari 2007 t/m augustus 2009

Inleiding

Uit een bijeenkomst georganiseerd door het Trimbos Instituut en Stichting Mainline bleek dat in Nederland het aantal druggebruikers en/of dak- en thuislozen van Oost-Europese afkomst toeneemt. Deze toename werd geconstateerd door hulpverleningsinstanties (verslavingszorg instellingen en maatschappelijke opvang). Deze groep heeft een beperkte toegang tot instellingen en voorzieningen als de verslavings- en/of reguliere gezondheidszorg, maatschappelijke opvang en andere laagdrempelige voorzieningen. Knelpunten in toegang tot zorg ontstaan bijvoorbeeld doordat veel Oost-Europese dak- en thuislozen niet verzekerd zijn en/of niet ingeschreven staan bij een gemeente (geen officiële verblijfsstatus hebben).

Deze signalen waren voor het Trimbos-instituut, Mainline en Stichting Regenboog Groep aanleiding om de problematiek rondom Oost-Europese dak- en thuislozen beter in beeld te krijgen. Middels de bijeenkomst vragen het Trimbos-instituut, Mainline en Stichting Regenboog Groep aandacht bij hulpverleners en beleidsmakers en hopen daarmee de eerste stap richting de aanpak van deze problemen te zetten.

In december zal er weer een bijeenkomst plaatsvinden waarbij beleids- en stafmedewerkers van gemeenten, GGD, politie, verslavingszorg en maatschappelijke opvang, informatie over problematiek van dakloze en middelen gebruikende Oost-Europeanen verzamelen en delen. Naar aanleiding van de bijeenkomsten met de werkgroep stelt Mainline een beleidsadvies op met aanbevelingen op ministerieel, gemeentelijk en zorgniveau t.a.v. over de problematiek van (dakloze) Oost-Europeanen die alcohol en drugs gebruiken. Ook de gemeente en GGD hebben grote belangstelling voor de aard en omvang van de problematiek van de Oost-Europeanen.

Stichting Mainline heeft de Regiopolitie Amsterdam-Amstelland verzocht om gegevens over de aard en omvang van criminaliteit en overlast van de Oost-Europeanen. Het gaat om gegevens die betrekking hebben op: rol verdachte, misdrijven en APV's, nationaliteiten, leeftijd, soort verslaving in de periode januari 2007 t/m augustus 2009.

Verantwoording

Bureau MiO van de de Regiopolitie Amsterdam-Amstelland heeft voor deze analyse gebruikgemaakt van het basisprocessensysteem Xpol m.b.v. Datadetective. De verdachten hebben een Oost-Europese nationaliteit (zie voor lijst laatste pagina), zijn middels een rol verdachte of rol verdachte APV gekoppeld aan een incident[14] in de afzonderlijke periodes 2007, 2008 en januari 2007 t/m augustus 2009. Waar in de analyse en tabellen 2009 wordt genoemd, gaat het om de periode januari t/m augustus 2009. Aangezien personen meerdere keren in deze perioden als verdachte bij een incident zijn geregistreerd, is het aantal unieke verdachten in de periode 2007-2009 geen optelling van de afzonderlijke perioden.

Oost-Europese verdachten (unieke personen)

[14] Incidenten betreffen de restultaatgebieden Veiligheid, Leefbaarheid en Maatschappelijke Integriteit INP2003) en gepleegd in het werkgebied van de regiopolitie Amsterdam-Amstelland.

Nationaliteit

Het aantal verdachten met een Oost-Europese nationaliteit is, gezien het feit dat de cijfers van 2009 niet het gehele jaar bestrijken, stijgende.

Binnen de groep Oost-Europese verdachten heeft het merendeel de Poolse of de Roemeense nationaliteit, met de Bulgaarse nationaliteit op de derde plaats.

Het aantal verdachten met de Joegoslavische nationaliteit is gedaald van 148 in 2007 naar 68 in 2009. Het is wel opvallend dat in Xpol deze nationaliteit aan de verdachten gekoppeld kan zijn: blijkbaar wordt dit niet aangepast aan de nieuwe situatie.

Nationaliteit					*% aandeel 2007-2009*		*Nationaliteit*				
Oosteuropese verdachten	**2007**	**2008**	**2009**	**2007-2009**	*op alle verdachten*		*Verslaafde*	**2007**	**2008**	**2009**	**2007-2009**
POOLSE	565	693	546	1.565	1,7		POOLSE	55	68	52	105
ROEMEENSE	591	560	550	1.489	1,6		ROEMEENSE	17	21	14	30
BULGAARSE	210	222	210	580	0,6		JOEGOSLAVISCHE (65)	17	11	10	25
JOEGOSLAVISCHE	148	143	68	302	0,3		LITOUWSE	6	11	18	20
LITOUWSE	53	84	94	203	0,2		LETSE	4	8	9	14
HONGAARSE	54	66	62	168	0,2		TSJECHISCHE	7	7	9	11
BURGER VAN RUSLAND	52	56	53	144	0,2		HONGAARSE	7	6	3	10
TSJECHISCHE	52	54	58	141	0,2		BULGAARSE	4	5	2	9
SLOWAAKSE	37	26	33	86	0,1		BURGER VAN RUSLAND	4	5	5	8
LETSE	16	32	47	83	0,1		SLOWAAKSE	3	3	2	4
ALBANESE	25	31	36	82	0,1		ALBANESE	3	4	2	4

Van alle verdachten maken de Polen 1,7% uit en de Roemenen 1,6%.

De geboortelanden laten hetzelfde beeld zien als de nationaliteiten.

Verslaafd

Of een verdachte verslaafd is wordt in Xpol alleen gemuteerd wanneer er een aanhouding wordt opgemaakt. Niet altijd zal bij de aanhouding duidelijk zijn of een verdachte verslaafd is. Een verdachte wordt als verslaafd geteld als in ieder geval bij één van de aanhoudingen geregistreerd wordt dat deze verslaafd is.

	2007	2008	2009	2007-2009
Oosteuropese verdachten	1.942	2.074	1.913	5.212
Verslaafde Oosteuropese verdachten	136	156	136	255
% Aandeel Verslaafde Oosteuropese verdachten	7,0	7,5	7,1	4,9

Aan incidenten gepleegd in de periode 2007-2009 zijn 255 Oost-Europese verdachten gekoppeld die verslaafd zijn. Dit is 4,9% van het totaal aantal Oost-Europese verdachten. Dit aandeel is kleiner dan bij alle verdachten, waar 6,4% verslaafd is.

Ongeveer 30% van de verslaafde Oost-Europese verdachten is in de periode 2007-2009 verslaafd aan alcohol en 68% aan harddrugs. Een combinatie van deze verslavingen komt ook voor. De overige 2% is verslaafd aan softdrugs of medicijnen.

Woonland/Woonplaats

Van alle Oost-Europese verdachten woont over de periode 2007-2009 31,9% in Nederland, 45,3% in een onbekend land, 7,5% in Roemenië en 6,9% in Polen.

Woonland Oosteuropese verdachten	2007	2008	2009	2007-2009	% aandeel 2007-2009
ONBEKEND	847	895	903	2.359	45,3
NEDERLAND	637	714	606	1.661	31,9
ROEMENIE	180	136	133	397	7,6
POLEN	121	167	114	359	6,9
BULGARIJE	43	46	29	107	2,1
LITOUWEN	15	20	22	50	1,0
TSJECHIE	12	18	12	36	0,7
HONGARIJE	7	13	15	34	0,7
SLOWAKIJE	9	9	9	26	0,5
RUSLAND	8	5	9	21	0,4
BONDSREPUBLIEK DUITSLAND	8	7	3	18	0,3
ESTLAND	4	2	12	18	0,3

Woonland Verslaafde Oosteuropese verdachten	2007	2008	2009	2007-2009	% aandeel 2007-2009
ONBEKEND	68	89	70	133	52,2
NEDERLAND	48	45	46	77	30,2
POLEN	10	13	8	23	9,0
LITOUWEN	1	2	4	5	2,0
ROEMENIE	3	1	1	4	1,6
TSJECHIE	3	2	2	3	1,2
HONGARIJE	0	1	1	2	0,8
LETLAND	0	1	1	2	0,8
ESTLAND	1	0	1	2	0,8
BULGARIJE	1	1	0	2	0,8
RUSLAND	0	0	1	1	0,4
ALBANIE	1	1	1	1	0,4

Van de verslaafde Oost-Europese verdachten woont over de periode 2007-2009 bekeken 30,2% in Nederland. Het woonland van de verslaafde Oost-Europese verdachten is vaker onbekend dan van alle Oost-Europese verdachten: 52,2% woont in een onbekend land. Verder is 9% is woonachtig in Polen en 8,6% woont in overige Oost-Europese landen.

Geslacht/leeftijd

Er zijn in de periode 2007-2009 iets minder vrouwelijke verdachten bij de Oost-Europeanen dan bij de alle nationaliteiten. Bij de verslaafde Oost-Europeanen is het aandeel vrouwen lager, te weten 12,2%.

2007-2009	% Man	% Vrouw
Oosteuropese VD	82,2	17,8
Oosteuropese verslaafde VD	87,8	12,2
Alle VD	82,3	17,7

De gemiddelde leeftijd van de Oost-Europese verdachten is 31 jaar. De gemiddelde leeftijd van de verslaafde Oost-Europese verdachten is hoger.

Oosteuropese verdachten	2007	2008	2009
Gemiddelde leeftijd	31	31	31

Verslaafde Oosteuropese verdachten	2007	2008	2009
Gemiddelde leeftijd	33	32	33

Het merendeel van de verslaafde Oost-Europese verdachten (43,9%) is tussen de 25 en 35 jaar oud wanneer zij voor het eerst verdacht worden van een incident.

Verslaafde Oosteuropese verdachten Leeftijdsklasse eerst verdacht	Aantal
25-35	112
21-25	53
35-45	42
18-21	22
45-55	19
15-18	3
55-65	3
12-15	1

Verslaafde Oosteuropese verdachten Eerste begindatum/tijd verdacht	Aantal
2000 en eerder	44
2001-2003	28
2004-2006	57
2007-2009	126

17,2% van de verslaafde Oost-Europese verdachten komt reeds vóór 2001 als verdachte in Xpol voor.

Incidenten van Oost-Europese verdachten

De 5.212 Oost-Europese verdachten hebben in de periode 2007-2009 9.677 incidenten gepleegd, dit komt, net als bij alle verdachten, neer op 1,9 incident per verdachte. De 255 verslaafde Oost-Europese verdachten hebben 1.958 incidenten gepleegd, wat neerkomt op 7,7 incident per verdachte.

	2007	2008	2009	2007-2009
Oosteuropese verdachten	1.942	2.074	1.913	5.212
Verslaafde Oosteuropese verdachten	136	156	136	255
Incidenten van Oosteuropese verdachten	2.850	3.466	3.361	9.677
Incidenten van verslaafde Oosteuropese verdachten	564	743	651	1.958

Soort incident

Wanneer gekeken wordt naar de categorieën waarin de incidenten worden ingedeeld, de reikwijdtes, dan staat bij zowel de Oost-Europese als alle verdachten 2.7.3 Restcategorie (voornamelijk apv-overtredingen) bovenaan. Het aandeel is bij de Oost-Europese verdachten met 31,8% wel veel hoger, terwijl dit bij alle verdachten 22,3% betreft. Het aandeel van 2.5.2 Winkeldiefstal is bij Oost-Europese verdachten ook hoger, namelijk 17% versus 7%.

Reikwijdte					***% aandeel***
Oosteuropese verdachten	**2007**	**2008**	**2009**	**2007-2009**	**2007-2009**
2.7.3 Restcategorie	835	1.000	1.243	3.078	31,8
2.5.2 Winkeldiefstal	501	598	548	1.647	17,0
3.7.3 Restcategorie	334	463	434	1.231	12,7
1.6.2 Overige vermogensdelicten	124	186	128	438	4,5
3.5.2 Alcohol	128	170	108	406	4,2
3.1.4 Fraude	139	110	93	342	3,5
1.4.5 Mishandeling	83	106	83	272	2,8
3.5.5 Weg overig	63	98	78	239	2,5
2.2.1 Vernieling cq. zaakbeschadiging	69	94	74	237	2,4
3.1.1 Drugshandel	74	87	52	213	2,2
3.6.4 Aantasting openbare orde	43	60	81	184	1,9
1.2.4 Zakkenrollerij	56	69	53	178	1,8

Reikwijdte					***% aandeel***
Verslaafde Oosteuropese verdachten	**2007**	**2008**	**2009**	**2007-2009**	**2007-2009**
2.7.3 Restcategorie	239	296	307	842	37,9
2.5.2 Winkeldiefstal	139	178	108	425	19,1
3.7.3 Restcategorie	86	148	161	395	17,8
1.6.2 Overige vermogensdelicten	20	33	22	75	3,4
3.6.4 Aantasting openbare orde	17	24	22	63	2,8
2.2.1 Vernieling cq. zaakbeschadiging	11	14	19	44	2,0
3.1.1 Drugshandel	12	19	11	42	1,9
1.4.5 Mishandeling	9	20	10	39	1,8
3.7.2 Vreemdelingenzorg	18	7	6	31	1,4
2.4.2 Huisvredebreuk	10	6	14	30	1,4
1.4.4 Bedreiging	5	16	6	27	1,2
3.5.2 Alcohol	10	14	3	27	1,2

De twee misdrijven die door Oost-Europese verdachten worden gepleegd wijken niet af van de misdrijven van alle verdachten, namelijk winkeldiefstal en rijden onder invloed. Het aandeel winkeldiefstal op het totaal van de gepleegde incidenten is bij de Oost-Europese wel hoger (16,6% versus 6,6%), terwijl het aandeel rijden onder invloed juist bij alle verdachten hoger is. Uit profielanalyse blijkt dat Oost-Europeanen vaker verdacht zijn van zakkenrollerij dan alle verdachten.

Misdrijven en overtredingen					***% aandeel***
Oosteuropese verdachten	**2007**	**2008**	**2009**	**2007-2009**	**2007-2009**
A50 Winkeldiefstal	487	584	536	1607	16,6
R1117 Slapen op of aan de weg (apv asd)	*210*	*318*	*461*	*989*	*10,2*
F01 Overtredingen strafrecht	*221*	*311*	*266*	*798*	*8,2*
R1124 Alcoholverbod (apv asd)	*135*	*182*	*201*	*518*	*5,4*
D21 Rijden onder invloed alcohol	126	165	106	397	4,1
R1133 Bedelen (apv asd)	*81*	*64*	*140*	*285*	*2,9*
R1120 Wildplassen (apv asd)	*87*	*97*	*100*	*284*	*2,9*
R1118 Hinderlijk gedrag in of bij gebouwen (apv	*99*	*83*	*81*	*263*	*2,7*
R1122 Aanbieden diensten op of aan de weg (apv	*81*	*84*	*65*	*230*	*2,4*
F550 Eenvoudige mishandeling	63	83	67	213	2,2
A81 Heling	55	74	58	187	1,9
A40 Zakkenrollerij/tassenrollerij	56	69	53	178	1,8
F001 Overtreding overig	*46*	*65*	*53*	*164*	*1,7*
F000 Overtreding overig (wetboek van strafrecht)	*31*	*34*	*89*	*154*	*1,6*
F600 Oplichting	64	38	43	145	1,5
R1113 Openlijk gebruik (apv asd)	*69*	*48*	*27*	*144*	*1,5*
A90 Overige (eenvoudige) diefstal	36	64	43	143	1,5
F530 Bedreiging	37	54	35	126	1,3
C40 Vernieling overige objecten	30	54	40	124	1,3
D43 Rijden zonder rijbewijs	26	47	47	120	1,2
F0064 Zich als ongewenst verklaarde vreemdeling	55	30	12	97	1,0
R1116 Hinderlijk drankgebruik (apv asd)	*18*	*34*	*45*	*97*	*1,0*

Misdrijven en overtredingen					***% aandeel***
Verslaafde Oosteuropese verdachten	**2007**	**2008**	**2009**	**2007-2009**	**2007-2009**
A50 Winkeldiefstal	133	168	102	403	18,1
R1117 Slapen op of aan de weg (apv asd)	*60*	*94*	*126*	*280*	*12,6*
F01 Overtredingen strafrecht	*60*	*98*	*96*	*254*	*11,4*
R1124 Alcoholverbod (apv asd)	*28*	*67*	*57*	*152*	*6,8*
R1113 Openlijk gebruik (apv asd)	*53*	*32*	*10*	*95*	*4,3*
R1118 Hinderlijk gedrag in of bij gebouwen (apv asd)	*43*	*29*	*20*	*92*	*4,1*
F001 Overtreding overig	*16*	*22*	*23*	*61*	*2,7*
F000 Overtreding overig (wetboek van strafrecht)	*7*	*14*	*37*	*58*	*2,6*
R1116 Hinderlijk drankgebruik (apv asd)	*6*	*14*	*27*	*47*	*2,1*
A81 Heling	10	16	13	39	1,8
R1133 Bedelen (apv asd)	*13*	*13*	*11*	*37*	*1,7*
R1120 Wildplassen (apv asd)	*8*	*18*	*10*	*36*	*1,6*
F15 Huisvredebreuk	10	6	14	30	1,4
R1121 Samenscholing, ongeregeldheden en	*2*	*9*	*18*	*29*	*1,3*
F550 Eenvoudige mishandeling	7	14	7	28	1,3
D21 Rijden onder invloed alcohol	10	14	3	27	1,2
F0064 Zich als ongewenst verklaarde vreemdeling in nl bevinde	18	6	3	27	1,2
F530 Bedreiging	4	15	6	25	1,1
F42 Handel e.d. hard-drugs (lijst 1)	8	11	4	23	1,0
A90 Overige (eenvoudige) diefstal	6	10	6	22	1,0
B50 Winkeldiefstal met geweld	6	10	6	22	1,0
C40 Vernieling overige objecten	3	7	12	22	1,0

Zowel voor de verslaafde als alle Oost-Europese verdachten gaat het bij overtredingen en apv's (zie bovenstaande tabel in cursief) vooral om slapen op of aan de weg (10,2 resp 12,6%, bij alle verdachten is dit 3,2%). Veelal kunnen ze zich niet identificeren en worden dan geverbaliseerd voor F01 overtredingen strafrecht.

Pleegplaats

De verslaafde Oost-Europese verdachten plegen meer incidenten in district 1 (64%) dan alle Oost-Europese verdachten. Het percentage incidenten van de Oost-Europese verdachten dat in district 1

gepleegd wordt ligt met 55% een stuk hoger dan bij alle verdachten, die 39,2% van hun incidenten plegen in dit district.

Het aandeel van incidenten van Oost-Europese verdachten in district 3 is relatief laag (8,9%) vergeleken met dat van alle verdachten (17,8%).

Pleegdistrict					% aandeel
Oosteuropese verdachten	2007	2008	2009	2007-2009	2007-2009
DISTRICT 1 CENTRUM	1.598	1.900	1.913	5.411	55,9
DISTRICT 5 WEST	420	514	482	1.416	14,6
DISTRICT 4 ZUID	391	528	483	1.402	14,5
DISTRICT 3 OOST	279	336	245	860	8,9
DISTRICT 2 NOORD	149	172	220	541	5,6

Pleegdistrict					% aandeel
Verslaafde Oosteuropese verdachten	2007	2008	2009	2007-2009	2007-2009
DISTRICT 1 CENTRUM	401	543	478	1.422	64,0
DISTRICT 4 ZUID	78	109	128	315	14,2
DISTRICT 5 WEST	74	93	82	249	11,2
DISTRICT 3 OOST	56	62	38	156	7,0
DISTRICT 2 NOORD	22	27	28	77	3,5

Pleegwijkteam					% aandeel
Oosteuropese verdachten	2007	2008	2009	2007-2009	2007-2009
NIEUWEZIJDS VOORBURGWAL	546	680	667	1.893	19,6
BEURSSTRAAT	369	439	500	1.308	13,5
IJ-TUNNEL	225	262	283	770	8,0
LIJNBAANSGRACHT	157	179	165	501	5,2
RAAMPOORT	166	149	160	475	4,9
PRINSENGRACHT	135	191	138	464	4,8
DE PIJP	94	131	170	395	4,1
OUD-WEST	113	119	84	316	3,3
FLIERBOSDREEF	101	92	64	257	2,7
KONINGINNEWEG	51	111	91	253	2,6

Pleegwijkteam					% aandeel
Verslaafde Oosteuropese verdachten	2007	2008	2009	2007-2009	2007-2009
NIEUWEZIJDS VOORBURGWAL	110	150	121	381	17,1
BEURSSTRAAT	107	146	123	376	16,9
IJ-TUNNEL	63	106	86	255	11,5
RAAMPOORT	53	60	64	177	8,0
LIJNBAANSGRACHT	44	41	56	141	6,3
DE PIJP	36	40	57	133	6,0
PRINSENGRACHT	24	40	28	92	4,1
KONINGINNEWEG	13	31	25	69	3,1
OUD-WEST	22	32	11	65	2,9
HOUTMANKADE	23	11	28	62	2,8

De top drie van wijkteams is bij de Oost-Europese verdachten hetzelfde als bij alle verdachten, maar het aandeel op het totaal is bij de Oost-Europese verdachten groter. Opvallend is dat wijkteam Flierbosdreef bij de Oost-Europese verdachten op de negende plaats komt, terwijl deze bij alle verdachten op de vierde plaats staat, met een aandeel van 5,8%.

Dag/tijd

Op dinsdag zijn er gemiddeld in de periode 2007-2009 meer incidenten door verslaafde Oost-Europese verdachten gepleegd dan door alle (Oost-Europese) verdachten.

Pleegdag					% aandeel
Oosteuropese verdachten	2007	2008	2009	2007-2009	2007-2009
Zaterdag	387	593	575	1.555	16,1
Donderdag	459	497	501	1.457	15,1
Zondag	400	492	531	1.423	14,7
Vrijdag	381	518	458	1.357	14,0
Dinsdag	459	420	476	1.355	14,0
Woensdag	398	511	406	1.315	13,6
Maandag	366	435	414	1.215	12,6

Pleegdag					% aandeel
Verslaafde Oosteuropese verdachten	2007	2008	2009	2007-2009	2007-2009
Dinsdag	114	111	127	352	15,8
Zaterdag	72	128	131	331	14,9
Woensdag	102	125	97	324	14,6
Zondag	91	119	109	319	14,4
Donderdag	102	115	95	312	14,0
Vrijdag	77	133	98	308	13,9
Maandag	73	105	98	276	12,4

De tijdstippen van plegen zijn bij de verslaafde Oost-Europese verdachten niet anders dan bij alle (Oost-Europese) verdachten.

Pleegtijdstip					% aandeel
Oosteuropese verdachten	2007	2008	2009	2007-2009	2007-2009
16-18	430	517	500	1.447	15,0
14-16	369	441	399	1.209	12,5
20-22	306	421	428	1.155	11,9
18-20	310	347	309	966	10,0
12-14	289	290	274	853	8,8
10-12	210	242	276	728	7,5
00-02	193	252	237	682	7,0
22-24	183	270	222	675	7,0
08-10	167	235	211	613	6,3
02-04	189	216	197	602	6,2
04-06	132	150	121	403	4,2
06-08	72	85	187	344	3,6

Pleegtijdstip					% aandeel
Verslaafde Oosteuropese verdachten	2007	2008	2009	2007-2009	2007-2009
16-18	98	152	122	372	16,7
20-22	65	120	121	306	13,8
14-16	76	113	82	271	12,2
18-20	74	79	82	235	10,6
12-14	53	73	48	174	7,8
22-24	45	84	45	174	7,8
08-10	56	55	49	160	7,2
10-12	48	45	58	151	6,8
00-02	40	48	61	149	6,7
02-04	39	27	38	104	4,7
06-08	13	22	32	67	3,0
04-06	24	18	17	59	2,7

Aanhoudingen

In onderstaande tabel staat het aantal aanhoudingen van Oost-Europeanen per geboorteland (nationaliteit is in dit rapport niet voorhanden). Let wel: dit betreft niet de unieke personen, maar het aantal aanhoudingen dat is verricht.

Aantal aanhoudingen	2007		2008		2009-2		totaal
	Verslaafd J	Verslaafd Nee/onbekend	Verslaafd J	Verslaafd Nee/onbekend	Verslaafd J	Verslaafd Nee/onbekend	
POLEN	103	697	97	930	143	698	2.668
ROEMENIE	16	707	32	718	15	623	2.111
SOVJETUNIE	28	223	26	209	24	177	687
BULGARIJE	4	172	7	198	2	181	564
TSJECHOSLOWAKIJE	25	124	26	96	14	103	388
LITOUWEN	8	61	12	72	39	118	310
LETLAND	10	23	65	23	27	54	202
HONGARIJE	10	55	7	62	6	52	192
ALBANIE	0	21	1	36	0	31	89
ESTLAND	3	11	0	9	1	51	75
RUSLAND	0	5	0	2	0	5	12
KROATIE	0	1	0	0	0	3	4
BOSNIE-HERZEGOVINA	0	1	0	1	0	2	4
BELARUS (WIT-RUSLAND)	0	0	0	1	0	1	2
OEKRAINE	0	0	0	1	0	1	2
TSJECHIE	0	0	0	0	0	1	1
SLOVENIE	0	0	0	0	0	1	1
MOLDAVIE	0	0	0	0	0	1	1
SERVIE EN MONTENEGRO	0	0	0	1	0	0	1
RUSLAND (OUD)	0	0	0	0	0	0	0
Totaal Oosteuropeanen	**207**	**2.101**	**273**	**2.359**	**271**	**2.103**	**7.314**

Mensen geboren in Polen zijn de meeste keren aangehouden, gevolgd door mensen geboren in Roemenië en de Sovjet-Unie, met Bulgarije op de vierde plaats.

Het grootste aantal aanhoudingen van verslaafde verdachten betrof mensen geboren in Polen. De helft van de aanhoudingen van mensen geboren in Letland betrof verslaafden.

In 10,3% van de aanhoudingen van Oost-Europeanen betrof het verslaafden (bij alle geboortelanden is dit percentage 12,4%).

De aanhoudingen van Oost-Europeanen geschieden vooral voor winkeldiefstal en allerhande overtredingen en apv's.

Aanhoudingen Oosteuropeanen	2007	2008	2009	totaal
2.5.2 Winkeldiefstal	632	756	645	2.033
3.7.3 Restcategorie	362	473	439	1.274
2.7.3 Restcategorie	265	264	249	778
3.5.2 Alcohol	118	164	103	385
3.1.4 Fraude	141	107	93	341
1.6.2 Overige vermogensdelicten	100	119	94	313
1.2.4 Zakkenrollerij	73	107	78	258
2.2.1 Vernieling cq. zaakbeschadiging	60	79	71	210
3.1.1 Drugshandel	70	77	51	198
1.4.5 Mishandeling	51	66	62	179
3.6.4 Aantasting openbare orde	32	28	67	127
1.1.1 Diefstal/inbraak woning	32	33	56	121
2.5.1 Diefstal/inbraak bedrijven en instellingen	22	41	47	110
1.4.2 Moord, doodslag	41	19	39	99
1.4.4 Bedreiging	22	50	27	99
1.4.3 Openlijk geweld (persoon)	30	35	33	98
2.4.2 Huisvredebreuk	35	14	30	79
1.2.3 Diefstal van brom-, snor-, fietsen	24	25	21	70
3.5.5 Weg overig	31	22	15	68
3.1.3 Wapenhandel	15	15	37	67

Lijst nationaliteiten

ALBANIE
BELARUS (WIT-RUSLAND) (BY)
BULGARIJE (BG)
ESTLAND (EW)
HONGARIJE (H)
JOEGOSLAVIE (YU)
LETLAND (LR)
LITOUWEN (LT)
OEKRAINE (UA)
POLEN (PL)
ROEMENIE (RO)
RUSLAND (NR)
SOVJETUNIE (SU)
TSJECHOSLOWAKIJE (CS)
TSJECHIE
SLOWAKIJE
KROATIE
SLOVENIE
MACEDONIE
KOSOVO
BOSNIE-HERZEGOVINA
SERVIE MONTENEGRO
MOLDAVIE

Appendix 3:

MEMO MUNICIPALITY OF EINDHOVEN

gemeente Eindhoven

Raadnummer **09.R2950.001**
Inboeknummer 09bst00230
Dossiernummer 906.451
3 februari 2009

Informatie *nota voor de raad*

Betreft problematiek inzake arbeidsmigranten uit met name Midden- en Oost Europa.

Kennis nemen van
Het op een beheersbare en verantwoorde wijze creëren van randvoorwaarden voor het begeleiden van de instroom en participatie van arbeidsmigranten uit Midden- en Oost-Europese landen (hierna: MOE-landers) in Eindhoven en de daarbij behorende handhaving door:

1 het toegankelijk maken van juridische en maatschappelijke informatie die noodzakelijk is voor participatie in de Eindhovense samenleving;
2 het voorkomen of beperken van overlast door niet zelfredzame MOE-landers;
3 het begeleiden van werkgevers om adequate en verantwoorde huisvesting conform lokale regelgeving te realiseren;
4 toetsen van huidige regelgeving in relatie tot de problematiek; deze regelgeving moet zodanig open en laagdrempelig zijn dat bonafide werkgevers snel kunnen inspringen op wisselende huisvestingsbehoefte;
5 voorkomen van overlast in de directe woonomgeving;
6 mogelijkheden onderzoeken om integratie en participatie te versnellen;
7 opzetten van een netwerk van ketenpartners.

Aanleiding
In de gemeente Eindhoven wonen en werken MOE-landers. Uit landelijke signalen (ervaringen uit grote steden, onderzoek en de zogeheten Polentop van december 2007 en juni 2008) blijkt de toename van arbeidsmigratie grote economische en bedrijfsmatige voordelen en impulsen op te leveren. Naast deze voordelen en impulsen voor de economie levert het ook knelpunten op. De rol van de gemeente is anticiperen en inspringen op deze knelpunten en/of het faciliteren van een aantal taakvelden op het gebied van handhaving, huisvesting, zorg en integratie.
De knelpunten op bovengenoemde taakvelden zijn complex. Dit komt voornamelijk door het niet op elkaar aansluiten van bestaande wet- en regelgeving (Europees, landelijk en gemeentelijk) en de diversiteit van de doelgroep. Sommige MOE-landers zijn op doorreis, anderen werken korte termijn (< 4 maanden), of iemand laat zijn gezin overkomen. Er zijn werkgevers die arbeidsmigranten naar Nederland halen, maar er zijn ook MOE-landers ZZP'er en komen zelfstandig hier naar toe.

Sommigen gaan terug als het werk stopt, anderen reizen door. Een aantal blijft "hangen" in Eindhoven. Sommige arbeidsmigranten zijn hier lang genoeg om aanspraak te maken op voorzieningen in de stad, anderen alleen op een WW-uitkering.
Weer anderen kunnen nergens aanspraak op maken. Eén ding hebben zij echter gemeenschappelijk, alle MOE-landers zijn legaal in Nederland en kunnen niet uitgezet worden.

Wij hebben opdracht gegeven om te komen tot een gemeentebreed plan van aanpak. Hierin worden de bestaande en te verwachten knelpunten die arbeidsmigratie van MOE-landers met zich meebrengt geïnventariseerd en zijn acties geformuleerd die tot oplossingen van de verschillende knelpunten leiden.

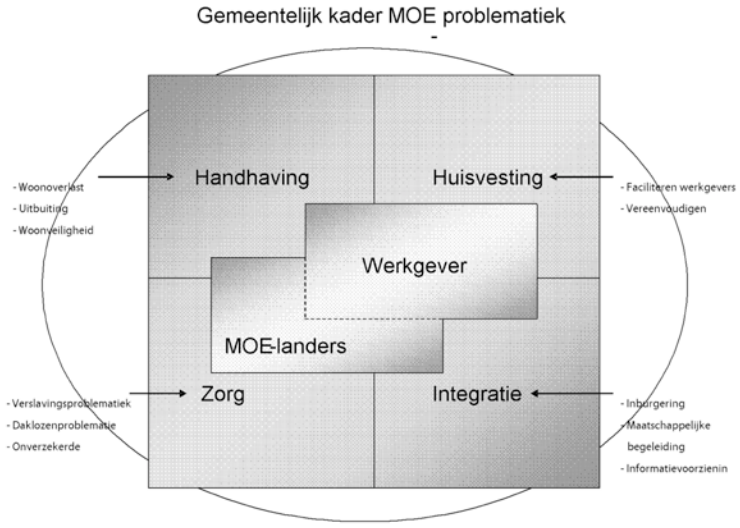
Toelichting
Gemeentelijke uitgangspunten.
De gemeente erkend de voordelen en impulsen voor de economie van MOE-landers en neemt haar verantwoordelijkheid om deze groep MOE-landers in Eindhoven zo goed mogelijk te begeleiden. De verantwoordelijkheid voor MOE-landers is echter wel een gesplitste verantwoordelijkheid tussen de gemeente en de werkgevers. De verantwoordelijkheid voor MOE-landers is een gesplitste verantwoordelijkheid tussen de gemeente en de werkgevers. De gemeente heeft een zorgplicht voor de inwoners van haar stad, maar de werkgevers halen de meeste MOE-landers naar Nederland. Voor de gemeente Eindhoven geldt dan ook dat werkgevers verantwoordelijk zijn voor zaken als huisvesting, zorg (bijv. verzekering) en integratie (bijv. leren van de Nederlandse taal) van hun werknemers. De gemeente kan werkgevers hierbij ondersteunen en/of faciliteren.

Doelgroep
De doelgroep vanuit gemeentelijk perspectief bestaat uit drie onderdelen:
1 Werkgevers;
2 MOE-landers met werk;
3 MOE-landers zonder werk die niet terugkeren naar het land van herkomst.

Werkgevers moeten gestimuleerd worden het "goede" te doen voor de werknemers die uit het buitenland komen om de druk op de samenleving te minimaliseren en de positieve impuls voor de economie te maximaliseren. MOE-landers met werk moeten goed gehuisvest worden, verzekerd zijn en integreren.

Gesignaleerde problemen
De grootste problemen voor MOE-landers ontstaan op het moment dat een arbeidsmigrant geen werkgever (meer) heeft en niet terugkeert naar het land van herkomst. Door Europese wetgeving heeft de MOE-lander die in Eindhoven verblijft een legale status. Echter door landelijke wetgeving zijn voorzieningen als de Wet werk en bijstand niet toegankelijk voor deze groep (pas na vijf jaar aangetoond

verblijf in Nederland) en vallen deze mensen automatisch buiten alle zorgtrajecten. Bij verlies van werk heeft de MOE-lander wel recht op een WW-uitkering, mits voldaan wordt aan de eisen. Bij werkeloosheid is het resultaat in veel gevallen een niet-zelfredzame MOE-lander, zonder toegang tot voorzieningen en waar ook geen werkgever (meer) voor verantwoordelijk is.
De knelpunten die worden gesignaleerd binnen de gemeente Eindhoven zijn divers, maar betreffen vooral problemen op het gebied van **Zorg** en **Handhaving** zoals: woonoverlast, woonveiligheid, onvoldoende zelfredzaamheid (huisvesting, dagbesteding, inkomen) en gezondheidszorg (onverzekerde MOE-landers).
Tevens kan de gemeente een aantal zaken faciliteren op het gebied van **Huisvesting** en **Integratie** voor de nieuwe inwoners van Eindhoven om toekomstige problemen voor te blijven.
Onderstaande afbeelding geeft het kader schematisch weer.



Figuur 1. Gemeentelijk kader.

Bovenstaande afbeelding laat de vier taakvelden zien. De positionering van de werkgevers geeft aan waar zij voor verantwoordelijk zijn. Op het moment dat een MOE-lander geen werkgever meer heeft verschuift de problematiek zich richting het taakveld zorg. De rond de taakvelden genoemde acties worden nader uitgelegd bij consequenties.

Consequenties
Zoals in figuur 1 is weergegeven, bestaat het kader voor de gemeente uit vier grote onderdelen. Per onderdeel wordt hieronder de stand van zaken beschreven.

Handhaving
Het Veiligheidshuis heeft een plan opgesteld om met een speciaal interventieteam de woonoverlast en illegale huisvesting aan te pakken. Uit een groots opgezette inventarisatie door het Veiligheidshuis blijkt dat er circa 220 verdachte woningen in Eindhoven zijn waar MOE-landers verblijven. Uit controles zal moeten blijken of deze woningen daadwerkelijk niet voldoen aan de gestelde regelgeving. Controles starten begin maart 2009.

In het geval MOE-landers met leerplichtige kinderen in de stad gevestigd zijn, vallen de kinderen onder de leerplicht. Handhaving van de leerplicht loopt via de standaard kanalen en is uitsluitend mogelijk indien de ouders staan ingeschreven in het GBA en langere tijd in Eindhoven verblijven.

Huisvesting
Tot op heden zijn er drie initiatieven bij de gemeente aangemeld en begeleid om een woonvoorziening voor arbeidsmigranten te creëren. Het betrof tweemaal het detacheringsbedrijf Metaal Flex en éénmaal Heuvel Vastgoed B.V. Twee initiatieven zijn stopgezet. Het initiatief van Metaal Flex voor een woonvoorziening in het klooster aan de Heezerweg zit nog in procedure voor een vergunning. Om toekomstige initiatieven goed te kunnen begeleiden zijn de volgende acties uitgezet:

- **intake:** een initiatief voor het huisvesten van arbeidsmigranten wordt altijd via de intake behandeld. Door deze initiatieven via intake te laten lopen zijn alle belanghebbende afdelingen van de gemeente op de hoogte van het initiatief. Hierdoor kan tijdig bijgestuurd worden als het een locatie betreft die door omstandigheden in de buurt niet gewenst is, of kan er tijdig actie worden ondernomen vanuit de gemeente om een buurt te informeren over het initiatief;
- **projectleider:** elk nieuw initiatief voor het opzetten van een woonvoorziening voor de doelgroep wordt begeleid door een projectleider. Deze projectleider zorgt ervoor dat een initiatief via de juiste kanalen binnen de gemeente loopt en zo snel mogelijk behandeld wordt;
- **procedures en regelgeving:** bovenstaande ervaring heeft duidelijk gemaakt dat er gezocht moet worden naar mogelijkheden om deze initiatieven beter te kunnen begeleiden. Begin 2009 wordt er bekeken of er mogelijkheden zijn om procedures en regelgeving te vereenvoudigen;
- **woningbouwcorporaties:** aangezien niet voor alle MOE-landers een woonvoorziening opgezet kan worden, zullen er ook huizen nodig zijn. In gesprekken met

de woningbouwcorporaties wordt gekeken wat en hoe dit opgenomen kan worden in de prestatieafspraken voor 2009.

Integratie

Integratie bestaat uit inburgering (taal), maatschappelijke begeleiding en het beschikbaar maken van relevante informatie voor de doelgroep:

- **inburgering:** begin 2008 hebben wij besloten 75 inburgeringstrajecten beschikbaar te stellen voor de doelgroep. Deze trajecten kosten de MOE-lander niets bij het behalen van het examen. Bureau Inburgering geeft aan dat er in 2008 23 trajecten zijn opgestart;
- **maatschappelijke begeleiding:** op dit moment zijn er gesprekken gaande met vier instellingen die zich graag inzetten voor de doelgroep: Srada B.V., Perspectiva (onderdeel van Palet), Stichting Walizka en Stichting Stedenband Bialistok. Begin februari 2009 zijn overleggen gepland met alle vier de instellingen. In het overleg moet duidelijk worden welke instelling welke taken op zich kan en wil nemen op het gebied van maatschappelijke begeleiding;
- **informatievoorziening:** de informatievoorziening bestaat uit juridische informatie en maatschappelijke informatie. Voor juridische informatie over de Vreemdelingenwet subsidieert de gemeente het Vreemdelingen Informatiepunt (VIP). Een aanvraag voor uitbreiding van het VIP voor MOE-landers wordt verwacht en zal beoordeeld worden door de gemeente. De maatschappelijke informatie wordt onder andere aangeboden via het de website van Kenniswerkers (Brainport).

Zorg

Een MOE-lander is sneller niet-zelfredzaam dan andere inwoners van Eindhoven. Landelijke regelgeving bepaalt dat WWB voorzieningen pas na vijf jaar aangetoond verblijf in Nederland verstrekt mogen worden aan deze doelgroep. Bij werkeloosheid vervallen dus snel de inkomsten, en daarmee huisvesting en verzekering. MOE-landers zonder werk (en dus niet zelfredzaam) moeten eigenlijk terugkeren naar het land van herkomst. Blijven deze MOE-landers echter in de stad, dan bepaalt de Europese wetgeving dat deze mensen legaal in Nederland verblijven en niet uitgezet mogen worden. Binnen dit kader zijn de volgende acties uitgezet:

- **landelijk overleg:** gezien het spanningsveld tussen het bieden van zorg en de aanzuigende werking van het bieden van zorg, zullen er landelijk goede afspraken moeten worden gemaakt. In maart 2009 heeft de gemeente Eindhoven dit onderwerp op de agenda gezet van het VNG-overleg voor maatschappelijke opvang;
- **beperken aanzuigende werking:** om de bestaande problemen op korte termijn te minimaliseren is een adequate aanpak noodzakelijk. Eindhoven moet niet bekend staan als goede stopplaats voor gestrande MOE-landers. Tijdelijke oplossingen die verbonden zijn aan terugkeer naar het land van herkomst

moeten incidentele problemen voorkomen. Outreaching teams en politie moeten niet zelfredzame MOE-landers vaker aanspreken op hun gedrag;

- **nachtopvang:** in juni 2007 kreeg de nachtopvang te maken met een grote toeloop van Roemenen. In overleg met de gemeente is de toetsing voor toelating aangescherpt. Door strengere toepassing van de regel dat "vast moet staan dat de persoon in kwestie geen andere vorm van onderdak heeft", zijn problemen in de zomer 2008 uitgebleven. Volgens de cijfers van NEOS is aantal MOE-landers in de nachtopvang van NEOS in 2008 stabiel gebleven. De verwachting is dat het aantal werklozen MOE-landers in 2009 zal toenemen door de financiële crisis. Naar aanleiding van de ervaring uit de zomer 2007 zal de striktere toezicht op de toelatingscriteria van de nachtopvang gehandhaafd blijven;
- **verslavingszorg:** de afdeling Maatschappelijke Opvang is in overleg met Novadic om ervoor te zorgen dat in dit soort gevallen gebruik gemaakt kan worden van zogeheten "passantenbedden". Hieraan gekoppeld moet wel de eis worden verbonden om terug te keren naar het land van herkomst;
- **stimuleren van terugkeer:** tijdens gesprekken met de Poolse ambassade is toegezegd dat zij in individuele gevallen kunnen helpen door contact opnemen met familie en/of vrienden. Een contactpersoon is toegewezen aan de gemeente. In het geval een instelling geconfronteerd wordt met een niet-zelfredzame MOE-lander die problemen heeft met terugkeer, kan er contact opgenomen worden met het Veiligheidshuis om samen te zoeken naar een oplossing. Verder worden er een aantal voorstellen uitgewerkt om terugkeer te faciliteren waarbij de aanzuigende werking geen belemmering is.

Knelpunten

Een aantal knelpunten zijn geïdentificeerd waar op dit moment (nog) geen oplossing voor handen is, of die het effect van sommige acties negatief kan beïnvloeden:

- **taakveld Zorg:** het spanningsveld tussen zorg verlenen en de daarmee gepaard gaande aanzuigende werking zal in de nabije toekomst zeker tot een stijging van de overlast leiden. Omdat MOE-landers niet uitgezet kunnen worden, kan de gemeente alleen maar stimuleren dat MOE-landers zonder werk terugkeren naar het land van herkomst. Er zal altijd een restgroep blijven bestaan die in de stad overlast zal veroorzaken en op den duur een bepaalde mate van zorg nodig heeft. Op het gebied van gezondheidszorg is op dit moment geen oplossing voorhanden binnen bestaande regelingen;
- **taakveld Huisvesting:** de regelgeving rond huisvesting is niet flexibel. Lange procedures van een jaar zijn vaak noodzakelijk. Aangezien het gaat om initiatieven van commerciële partijen met lage winstmarges en veel concurrentie, hebben ze vaak het geld en de tijd niet om de procedures uit te zitten. De economische crisis helpt hierbij niet. Doordat het prijskaartje voor de initiatiefnemer van groot belang is, wordt het aantal geschikte locaties sterk beperkt. De bestaande regelgeving in combinatie met het beperkte aanbod van

locaties is een groot knelpunt. Er zullen nieuwe, maar vooral innovatieve, oplossingen gevonden moeten worden in samenwerking met werkgevers;

- **taakveld Handhaving**: richt zich hoofdzakelijk op gevaarlijke woonsituaties. Bij overlast of illegale bewoning zonder onveilige woonsituatie, is het een langdurig traject om uiteindelijk de werkgevers aan te kunnen spreken op hun gedrag. Handhaving zonder dat er alternatieven zijn is minder effectief. Aangezien er op dit moment nog geen alternatieven zijn, is dit een knelpunt;

- **algemeen:** op elk taakveld heeft de gemeente te maken met juridische aspecten. Bij het faciliteren van huisvesting en het handhaven van huisvesting heeft de gemeente te maken met omvattende wet- en regelgeving die niet op korte termijn kan worden aangepast, of waar de gevolgen dusdanig groot zijn dat aanpassen niet gewenst is.

Ter inzage gelegde stukken
Geen.

Burgemeester en wethouders van Eindhoven,

A. Brunninkhuis, secretaris

Appendix 4:

INTERVIEWS

Interview 1

Interview 10 September 2009, Inloophuis De Kloof

Age: 41 years

Gender: Male

Housing situation: homeless

Nationality: Hungarian

Migration history:

He arrived 3 months ago in Amsterdam. Before that he worked as a traffic controller in Hungary. He lost his job, because computers took over his function. He went from Hungary to Spain because he lost his family and his job and there was nothing left for him in Hungary. From Spain he went to Greece. At that time he was ill, he thought he would not survive another year. The doctor sent him to hospital for an operation, but he refused. 'I do not believe in doctors or hospitals, I've seen what they did to my family'. There was political unrest in Greece, so he went back to Hungary. From Hungary he came to The Netherlands. He heard stories about the liberal lifestyle in The Netherlands, but now he thinks the only freedom you have in The Netherlands is smoking cannabis.

(Housing) situation in Amsterdam:

He lives on the streets where he tries to play music which is difficult to do without a permit. He talks about discrimination. The police chase after people who sleep or play music on the streets. Everywhere in Europe you'll find discrimination. He finds the situation in The Netherlands rather disappointing. He is waiting for his Burger service number, so he can try to find a job. But in truth he doesn't believe he will find one. If he finds a job, he will look for a house. He doesn't want to go back to Hungary because there is nothing there. No house, no family, no opportunities, only a few friends. There are many problems in Hungary. People are waiting for something to happen, but they do nothing to change their situation. He is not really looking forward to the future, because everyday he faces so many problems that he is living one day at the time. He has no possessions, not even a sleeping bag. 'I'm waiting for a miracle. I cannot even win a fucking lottery'. He visits 'de Kloof' almost every day. He also visits Makom and sometimes Blaka Watra. If I ask him what he misses in The Netherlands, he answers: 'I miss many things, but they're all lost [his family]. I can't find a place, with or without money. The people are so stupid, they are living a lie'.

Medical situation/ Drug and alcohol use:

He has no medical problems, only problems with his teeth. He is tested for TB in Hungary (he showed me the paper). He has no infectious diseases. He uses cannabis and alcohol. In the past he tried all kinds of hard drugs, with the exception of crack, but he says 'I do not believe in drugs'. He was a bit reluctant to answer some of the questions, because he was afraid I would hand this information over to the police as it happened to him in Greece. I assured him that I would use the information only for a publication and that he would remain anonymous. He hesitated to tell me about possible infections, because we were sitting in a corner of the shelter with many people around us who could listen in.

Interview 2

Interview M De Kloof

39 years old, male, from Poland

Current housing situation: M. sleeps on a boat on his own, illegal, squat

He came to The Netherlands 23 years ago when he was 16 years old. He was deported 9 times (before 2007), he had a permit to stay in The Netherlands for 3 months. After that period the police sent him back to Poland.

In Poland he received a payment from the state, because he is disabled (he has lost an eye). He is able to work, but M. says that he thinks disabled people should have it all for free. The state's payment was not enough. Nowadays, the situation in Poland is terrible because due to the crisis the cost of living is very high. M. stayed with his parents because it was too expensive to buy a house of his own. Two months ago he came back from Poland where he had stayed for 9 months. He went to Poland because he had drug related problems. He came back to The Netherlands because Poland depressed him and because his brother's children, who live in the same house, were too noisy.

The reason he came to The Netherlands when he was 16 was to enjoy freedom, dreadlocks, drums and drugs. He used all kind of drugs. Nine months ago he stopped using amphetamine. M. knew 2 dealers who provided him with drugs. He could pay for them because he shoplifted and collected empty bottles. Two or three times he was arrested for stealing. In the past he drank alcohol for lack of cocaine or crack. He got shaky and so he drank beer from left bottles on the street. A few times he used heroin. He smoked it, he never injected drugs. M. used drugs on the streets and in the consumption room from Amoc. In the past he once got treatment in Poland. The police let him choose between prison or treatment. For 3 months he stayed in an addiction centre for smoking weed because at that time he did not use hard drugs. This took place when he was 22 years old, when he was back in Poland for a period of time. Before that he was living in The Netherlands. From the age of 15 he smoked cannabis and he had his own weed plantation.

In The Netherlands he has slept in shelters, parks and the Amsterdam woods. He cycled through The Netherlands, slept in boats and squats.

Health care is a problem. He wants to go to a dentist. He has heard from Jellinek and the GGD. He wants dentures because his teeth are too painful. He hopes this problem will be solved soon. He would like more information about where to go for a doctor/dentist. Written information, on a poster for instance. The information should be in Polish, Russian and so forth. He goes to Amoc to see a doctor (only for the flu) or to the Red Cross. He has no insurance but they help him nevertheless. He has no infectious diseases and no TB (every six months he gets an x-ray at Amoc).

He has no place to wash his clothes, but this is a minor problem. He gets clothing and food in de Kloof.

When asked about his future, he says; NO future (this is what the Punks used to say). Only taking care of simple, basic things like food, clothing and sleeping. He has made a few plans such as training in a Buddhists' centre in Amsterdam. This is why he is staying here, what he dreams about, to get his own space and exercise (a kind of yoga).His other plans remain somewhat vague. Picking up bottles, looking for weed, raking through trash, especially searching for leftover French fries with mayonnaise. He's not thinking about going back to Poland, he would only like to visit his parents.

He has not been vaccinated against hepatitis B/C. When I ask him about HIV, he tells me to erase this question. It's still a taboo to talk about it. It's private he says.

Interviews in De Kloof, Monday the 2nd of November, 2009

Interview 3

Male, 32 years, country of origin: (a big city in the) Czech Republic

He's living in The Netherlands for two years now. He shares a squat with three Polish people and one from Slovakia. He got this house with the help of Spanish people living in Amsterdam. Before that he lived in three other squats. The first one and a half year he was in Amsterdam he lived on the streets. Before he came to The Netherlands, he stayed in Germany, France and Spain. He stayed in Spain for 8 months where he worked in a bar. For 12 hours' work he received 20 euro. According to him life in Spain was like his life at home, namely working hard for a handout. In the Czech Republic he repaired radiators (he has a diploma). He earned 800 euro a month. He bought his own house that he sold before he left. At first he told me that he left his country for work and money. Later on he told me about a car accident in which his sister died and he got injured (someone else drove the car). Afterwards he lost contact with his family. Because he was alone, and nobody helped him, he started using drugs to feel happy. He used very strong speed (you can't buy this in Holland). He injected the drugs and bought needles at the pharmacy. He lost everything; his job, his family, car, house and girlfriend. At one point he decided to leave and he walked to Spain in 2,5 months. During that time he stopped using drugs. He walked to forget. He does not do hard drugs anymore because he knows the consequences of using hard drugs. His mother advised him to go to The Netherlands. She lives in Germany now and she told him that in The Netherlands he would get a better life and could earn more money. He came here and spent all his money on marihuana. After that he lived on the streets, lied about a postal address and found a job in construction through a man from the Czech Republic. During his first years in Amsterdam it was relatively easy to find work, but now, with a crisis going on, it's really difficult. Currently he is without a job. He's looking around, asking for work at agencies. Sometimes he can work for a day or two. He wants to have a future in The Netherlands, but for that he needs to find a job. Sometimes he's involved in criminal activities. Life in The Netherlands forces him to do this, because he cannot work for his money. He has been in jail twice, because of vagrancy. At the Kruispost he receives medical care, for little money. He has some kind of arthrosis in his hip, because of the car accident. He looks young, with nice, clean clothes. Only his teeth look very bad.

Interview 4

Male, 31 years old, country of origin: Gdansk, Poland

He's living in The Netherlands for 6 months now. Before that he stayed in Germany and Switzerland. His reason for migration was finding work. He thinks the situation in Poland is the same as here. No work, no money, doing nothing all day. At Gdansk he had a tattoo studio (he has a lot of tattoos himself), he studied at the Academy of Arts, just like the rest of his family. His mother is a painter. He wants to work in a tattoo studio in Amsterdam. Now he makes a living out of tattooing people at home. He shares a place with three people he knows from Poland. His plan is to go to Spain. He thinks this is the best country to live in. Many Germans live there and because he speaks German, and only little English, it's easier to live there. In The Netherlands he thinks the language poses a problem. He believes that the Dutch can speak German, but refuse to speak the language. He uses no hard drugs and only drinks alcohol and smokes marihuana at parties. He keeps in touch with his family. Many of them live and work abroad. He looks healthy, young and clean. It's obvious that he's not homeless.

Interview 5

Michael came to The Netherlands in 2001, after his wife died of breast cancer. He sold his apartment and put his money on a bank account for his two children (15 and 13 years). They are staying with their grandparents. He left for The Netherlands in search of culture and civilization. He called Romania a country of wolves and The Netherlands the land of Rembrandt and Van Gogh. In Romania, he studied art and literature and worked as a plumber and electrician. In The Netherlands, he worked on the restoration of a Catholic church in Utrecht. He arrived at Schiphol with a tourist visa and after his visa

expired he stayed illegally in The Netherlands. Most of the time he slept in the open air, but on the day of the interview he got a job (as an electrician) and he found a woman (and hence a house). He had been looking for a woman for a long time, especially through www.relatieplanet.nl, but he did not meet this woman on the Internet. Michael describes himself as someone who does not give up. When he sets himself a goal, he does everything possible to achieve this goal. His goal was to leave Romania and find himself a job and a house. He sees a future for himself in The Netherlands although he greatly misses his children. He is not doing drugs or alcohol. He is confident that he will succeed.

Mirabella

Mirabella (23 years, homeless, Romania) came to The Netherlands to stay with her Romanian boyfriend. He left Romania seven years ago, looking for work in Western Europe. Mirabella worked as a masseuse in Romania and she thought she could easily find work in The Netherlands, but this was more difficult than she expected. Her boyfriend has a job now and then and for some time they lived from his income. Because his income is not sufficient, they sleep on the street or in a shelter for the homeless, often together with other Romanians. A while ago Mirabella and her boyfriend found work at Z-magazine (a magazine sold by homeless people in Amsterdam). Mirabella does not want to go back to Romania. She hopes to find a job and a house in The Netherlands. She feels freer here than in Romania, although she does feel discriminated against, especially because she is Romanian. Sometimes she doesn't say she's from Romania. By telephone she stays in touch with her mother, who is ill. Mirabella wants to send her mother money for medication. Her mother knows she has no job, but Mirabella hasn't told her that she lives on the streets.

Attizo

Attizo (35 years, homeless, Bucharest, Romania) has left Romania six years ago. He lived in several European countries, including Italy, Belgium, France and Switzerland. In Belgium he applied for an asylum permit, but because Romania entered the European Union, the procedure ended. Compared to other European countries Attizo feels comfortable in The Netherlands. He doesn't feel discriminated against, like for example in Italy where Romanians have a very bad name. In Amsterdam he lives together with Dani, a Romanian transsexual. They sleep in a tent in a park in the northern part of Amsterdam. Attizo left Romania because he earned no more than150 euro a month. This was not sufficient. In The Netherlands he hasn't found a job so far. He says it's very difficult for Romanians, because employers prefer Polish employees. The only legal option for Romanians is to be a street sweeper. Attizo indicates that he's afraid of working illegally because of possible imprisonment. I ask him how he makes a living and he says reluctantly that he's gay and occasionally sleeps with men for money. He emphasizes that he' s very particular about his health and doesn't sleep with just anybody. In the near future Attizo wants to go back to Romania. One reason to return is that many young people have left Romania and so Romania now experiences a shortage of skilled manpower. There are villages in Romania with only old people as residents. He wants to live and work in Romania and be close to his eight year old son (he hasn't seen his son for six years. The boy lives with his mother in Bucharest. When Attizo has the cash, he phones his son. But for the last month he has had no money to make a phone call). Because there are few opportunities for him in terms of work in Romania, he plans to stay in the West a bit longer. He wants to try to make money because he doesn't want to look back on a life where he has not tried to improve his circumstances. Nowadays he earns little money in The Netherlands, but a few years back he was able to sent money to his son. Attizo: It's hard to look for food and places to stay everyday. Sometimes I wake up and feel very bad. I am hungry and I have to go out and find something to eat. The only reason I carry on is because of my son.

Peter

Peter (26 years, from Poland, interview held in 2006) describes his country as bureaucratic, corrupt and very strict. Despite his current illegal existence, he sees more opportunities in terms of future work in

the 'free West' as he does in Poland. Nevertheless, Peter says he expected more from his life in The Netherlands. The stories he heard from other migrants and the image of The Netherlands that he perceived when he was here for a few weeks, do not reflect the experience he has acquired in The Netherlands by now. In Poland Peter pursued a technical education and he worked as a ship builder. Because of growing debts, he decided to migrate to The Netherlands. He had visited The Netherlands before and was attracted by the freedom and the alleged employment opportunities. In April 2006 he arrived in The Netherlands where he got a job as a plasterer in Breda. By the end of his contract term a Turkish man offered to find him a new job, but this man had a stolen car and Peter was regarded as an accomplice. He spent a few weeks in prison. Before going to prison he lost his identity card and all his belongings and after his release he went to Amsterdam with no possessions. Here he stole for a living and ended up in prison again for four months. Currently he lives in a squat with Polish friends. He is not involved in criminal activities (out of fear to end up in prison again) and does not use hard drugs. In his opinion many Polish people come to The Netherlands for drugs, because in Poland it's strictly controlled. Peter has no contact with his parents, because he doesn't want to tell them about his situation. He does stay in contact with his girlfriend by phone. If his situation improves, he hopes that she will come to The Netherlands. Peter is disappointed in The Netherlands. He expected more opportunities in terms of work. He misses Poland, but he will not return because of his debts, the bureaucracy and corruption in his homeland, and because you have to pay sixty percent on taxes if you want to start up your own company in Poland. He welcomes the fact that Poland joined the European Union. He hopes his situation will improve in the future. Peter's future needs are a fresh and clean house, a job and his girlfriend with him in The Netherlands.

Alex

Alex (homeless, 45 years, Ukraine) came to The Netherlands in 1994. He left the former Soviet republic of Ukraine in 1989. The reason he left his homeland is that his mother told him that the political changes in the Soviet republic left him with no choices or opportunities. He would be better off living with his grandmother in France (Alex' mother is French). Once in France he could not find his family and he went to the Foreign Legion. He served the army a number of years and fought in Djibouti and French Guiana where he got wounded. After that he ended up in an asylum centre in The Netherlands, where his application for a residence permit was rejected. In his own words, not because he is gay (according to Alex Eastern European homosexuals receive a license), but because he is very religious. He did not pretend to be gay. In the years following his arrival in The Netherlands, his mother and his immediate family died in the Ukraine. Alex wanted to go back, but his lawyer told him to stay, because he probably would get a residence permit soon. But that was twelve years ago. Alex tells us he is very tired. Uncertainty is a heavy psychological burden. To get a residence permit on humanitarian grounds he asked a doctor for a medical certificate. This doctor has given him the diagnosis of schizophrenia. According to Alex this diagnosis is false. Even with this diagnosis, he doesn't get a residence permit. Alex is living on the streets for years now. He lives out of his Foreign Legion army bag (he calls this bag his apartment) and sleeps in a building demolition outside of the city. His most important possessions are a Russian book on white magic and a small altar of the Virgin Mary. He always carries these items with him. He doesn't want to return to the Ukraine, because in The Netherlands he will at least not starve to death whereas back in the Ukraine he has nothing. Even though he has studied at a Soviet Union university, his degree is no longer valid. He would really like a residence permit because he wants to work. He is only 45 years old, healthy and strong. The past ten years Alex has had a relationship with a Dutch woman with whom he has a 9 year old daughter. Recently, this relationship ended, according to Alex because his mother in law set her daughter and granddaughter up against him, because he is Russian and illegal.