amoc
dhv

Annual Report

2002

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Annual report 2002
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Content

Chairman's report	4
Day shelter: Teestube	8
The User Room	10
Social work	14
Night Shelter	26
Male sex-work in Amsterdam	30
European Network Male Prostitution (ENMP)	36
AC Company: growth and development	42
Statistics 2002	45
Personnel data	50

Chairman's report

AMOC/DHV was originally set up in 1978 to help Germans and German speakers with problems in The Netherlands. The aid was made available to various groups, for example, minors who had run away from home, drug users and people running away from the obligatory military service in Germany. AMOC/DHV built up a great deal of expertise with regard to all of these areas. Over the years, however, the target group has somewhat changed.
The work and aid now focuses mainly on drug use by (illegal) foreigners. The knowledge that AMOC/DHV has developed with regard to their work with German speakers is being used in all sorts of ways to help people from other countries. As a result, contacts and connections with various countries have developed – especially with the former East Block countries including, for example, Romania, where many of AMOC's clients come from. However, AMOC/DHV has also built up good contacts in countries like Italy. It is not only in The Netherlands that these clients are struggling with problems, even in their own countries legal steps often have to be taken in order to solve problems.
In addition to expertise with regard to drug use, there is a great deal of know-how in the area of prostitution - of men as well as women. The AIDS topic also plays an important role in this knowledge. Specific expertise in this field means that AMOC/DHV has a great deal of insight with respect to the movements and shifts within the target group. This has also led to a growing number of contacts with organizations outside of The Netherlands.

The AC Company project also plays a very important role. There are twenty-four European countries participating in this project regularly, exchanging information with the hope of further improving the professionalism and structure of social work.

Another important international collaboration is the ENMP project which includes the participation of eighteen countries. AMOC/DHV is central to the organization of these international activities, with respect to their expertise as well as the actual logistical organization. We are proud of this, but it also means a great deal of commitment in order to preserve this structure and allow for further growth and development. The ideas of the aid organizations regularly clash with the political views of many countries with regard to drugs and drug use. The needs of the drug users are our utmost priority.

It was just until ten years ago that Amsterdam had a reputation of being a place where using drugs freely was possible. In the meantime the reality of the situation

has become quite different. This means that the stream of foreigners coming to Amsterdam to use drugs has been somewhat reduced.

The opening of the Night Shelter last year should also be given special attention. AMOC/DHV had set up a night shelter in the past that was especially meant for homeless drug addicts that urgently needed shelter, usually because of sickness and/or in preparation for their return to their native country. This Night Shelter closed down for a while, but the Amsterdam city council agreed to a new subsidy, which means that this important facility could be opened again. We are extremely grateful to the council for this.

Another important point is the relationship with Italy. In order to adequately be able to offer help to the Italians, we have taken on an employee from Italy who speaks the language and knows the culture. We used to receive a subsidy from the Italian Consulate. Last year the Consulate informed us that they would not be making the subsidy available to us anymore unless we provided them with detailed information about our Italian clients. This is something that is completely impossible and unlawful for us. It is only if the clients provide this information willingly, rather than AMOC/DHV forcing them to, that we are able to give away personal information. Many of our clients are not prepared to do this, and as a result the Consulate ended our subsidy. We extremely regret this and it is an example of how legislation can differ largely from country to country. Apparently in Italy aid organizations are free to give out personal information about their clients to third parties. This is not the case in The Netherlands. It illustrates again how much giving aid can become difficult through opposing views in different European countries.

The amount of people that make use of the facilities offered by AMOC/DHV remains to a certain degree the same. It delights us that we live in harmony with our direct environment, legally as well as physically. Of course, there is the occasional situation that one of our clients becomes a bit of a nuisance to the neighbors, but with a concerted effort we try to make sure that problems are kept to a minimum. This definitely means time and care for us, but also for our neighbors. We are very thankful to them as well. Additionally, we have a very good relationship with the local police, which is for all conceivable reasons extremely important for us.

Finally, I would like to thank all of the employees at AMOC/DHV for all of their hard work in the last year.

Jurjen Pen
Chairman

Organisational structure

DHV, founded in 1882 for Germans who are in difficulties in the Netherlands: drug-users, psychiatric patients, minors. DHV is financed by the German Ministry of Foreign Affairs and the Federal State of North Rhine-Westphalia..

AMOC, founded in 1978, offers care in the Netherlands to foreigners with drug problems. Roughly half of our clients are long-term (intravenous) hard-drug users, many of whom are HIV-positive. The others are experimenting drug-users (usually with psychiatric disturbances as a consequence of drug-use), or prostitutes (m/f). Many are not insured in the Netherlands. One third of them are women. We offer daytime shelter, including the possibility of using drugs in a protected environment, and psychosocial counselling, with the aim of limiting drug-related nuisance, preventing neglect and preparing for and arranging a return to the country of origin.
AMOC is financed by the City of Amsterdam.

AMOC and DHV have a joint management, board of directors and administration.

Drop-In Centre (Teestube) *1 staff member, trainees, volunteers*
• open from 9 am - 8 pm • ±70 visitors/day • provision of meals • clothing exchange
• showering/washing clothes • hypodermics exchange • daytime activities • waiting room

Special counselling hours for men and women who work in prostitution

Night Shelter *3 staff members*
• open 7 nights a week from 7.30pm – 9.30am • 6 beds, 1extra bed for urgencies
• admission on medical grounds and before a repatriation
• basic care • health care

Social work *4 staff members*
• psychosocial counselling • aid to women who work in prostitution • police + prison work/early assistance • outreach work • repatriation support

Male Prostitution *2 staff members*
• information and assistance to male sex-workers • outreach work • HIV- and STD-prevention
• psychosocial counselling • assistance with drug problems • repatriation support

User Room *4 staff members, trainees, volunteers*
• open 7 days a week 12am - 8pm • 45 persons registered • average of 22 visitors a day
• provision of all necessary paraphernalia

Special tasks

- network development
- collaboration with other institutions
- provision of information to colleagues, politicians and policymakers from all over Europe about the Dutch drugs policy and the situation of foreign drug users in Amsterdam
- supervision of trainees and volunteers

Projects 2002

AC Company *3 staff members in the Netherlands, 1 in Germany, 1 in Belgium and partnerorganisations*

European network for mobile drug-users

- development of collaborative links and support within the network
- research
- repatriation support

Financed by the EC, the Dutch Ministry of Health, Welfare and Sport, and the Provinciaal Gewest Antwerpen.

European Network Male Prostitution *1 staff member and partnerorganisations*

Objectives:

- development of specific work-methodologies and HIV/STD prevention strategies
- specific activities in 3 different regions within Europe

Financed by the European Commission, Dutch Aids Fund and the Big Spender Foundation.

Day shelter: Teestube

The Teestube in a random year, on a random day at a random time:

The sun is shining through the huge windows and you can see the cigarette smoke dancing in the room. A client is lying between the plants asleep and in the left corner someone is staring completely fascinated at the television, "Don't change the channel, I want to watch that!"
Three dogs are lying behind the door and a woman is spreading out all of her possessions onto the table: sleeping bag, flyers, tablets, mascara.

F. walks agitatedly around the room, "Why do I always have to walk? I've already spent the whole night walking and then I even had a group of those impotent idiots on my back. Yeah, they looked at me just like you are! Of course I'm doing fine! Except for my cup of coffee - I have to leave that - that could ruin the vacation plans - sooner or later the kids have to see the light of the world. But your fantasy world is not bad either - maybe just a bit square."

"Borr, throw that nutcase outside, this is unbearable!", complains someone.

The coffee has to be topped up, new sugar put out, and the tables cleaned.

K. wakes up. She's been sleeping - she sleeps every day since the methadone makes her tired. She's missed the lunch again even though she was hungry. She begins to cry. "I want an egg too, I never get an egg." Today it works, her neighbour gives her a piece of his cake.

M. stands at the bar and tries it on with the interns, "I don't have anything planned tonight. Do you want to come round? I've got a TV with twenty channels and if I have to I'll even cook for you. Do you like prawns? Five minutes later he gets serious, "I always get bored in the weekends, it is so lonely. And the TV only serves as a mousetrap, we don't have any electricity anyhow."

The bell goes - again. B. is standing in the room sweating, "I don't want to be a bother, but is the post already here? When do you think it will be here today? When does it usually come? Sometimes there isn't any post, is there? Have you already checked if there has been any post today? Does it always come this late? Has the post really not come yet today?" The doorbell rings again - and again a new face. "Have you been here before?" What language do you speak? Name? Date of birth? Which social worker has time for an intake interview?

"Hai visto V.?" G. asks the two P.'s, who are sitting at the table playing chess, if they've seen his friend V. "I'm worried. He's using more and more on the street and has already overdosed a couple of times. He didn't come home the day before yesterday, maybe he's lying on the street somewhere."

A telephone call in the kitchen, S. has finally finished taking a shower, G. has to go for a minute into the dressing room. A conversation on the other line, "AMOC/ DHV, good afternoon. I'll just connect you with one of our social workers". She hangs up, another phone call comes in, this time a client, "If I don't get any bloody cash today from the social welfare people, I'm going to kill my fucking dog!"

Slowly it begins to get dark, we start to tidy up, and our visitors get their stuff together. "Till tomorrow - at one o'clock or eleven? Have a good night, take care of yourself!"

And the most important question of the day, 'Is Picasso indeed the dark side of Peter Pan?'

The User Room

'The User Room is a place where drug users can take drugs in a humanely and hygienically way without being disturbed by their environment'

With this goal, the user room opened its doors in February 1998. From the first day, it was clear that the space fulfilled a great demand. In 1999 an increasing amount of visitors made it necessary to move to a larger area within the premises. This room was also visited frequently by drug using AMOC clients during 2002. Unfortunately, this room also has limited capacity. Eventually the maximum amount of clients that use the user room was reached and at the end of 2002 there was even a short waiting list.

One European Currency

On 1 January 2002 the conversion to a single European currency, the euro, also took place in The Netherlands. With great interest we observed how the new currency would takeover Europe. But honestly speaking, we were all glad that there was a period of transition. For example, in shops it would still be possible to pay with guilders for a while after the euro was introduced. The Amsterdam drug dealers, on the other hand, only accepted euros as a form of payment right from the outset. Within one night the guilder disappeared from the drug scene, which our visitors obviously accepted without any difficulty.

Keeping the price of drugs stable, however, proved to be more problematic. After converting the guilder to the euro, an awkward price was leftover - 1 euro is worth 2,20 guilders. In order to get around these complicated amounts, the prices were simply rounded up while the quality of the drugs remained the same - which, of course, was completely to the advantage of the dealers. The drug users reacted to the disproportionate price increase with irritation, "Before you got 6 packets for 100 guilders. Now you have to be satisfied if you get 6 packets for 50 euro!"

The resulting pressure to get more money for drugs has had an enormous impact on the users: longer work hours, more stress with regard to earning money and not enough time spent resting.

United Europe?

The idea of one European Community, which was presented proudly by the politicians in the media, delivered few advantages to the socially weak. A number of people who had been living in Amsterdam for years were being forced to return to their native countries. This is partially the result of the application of the determent policy. This policy allows for only the absolute minimum amount of health care for people living in Amsterdam without insurance or a resident permit. HIV positive

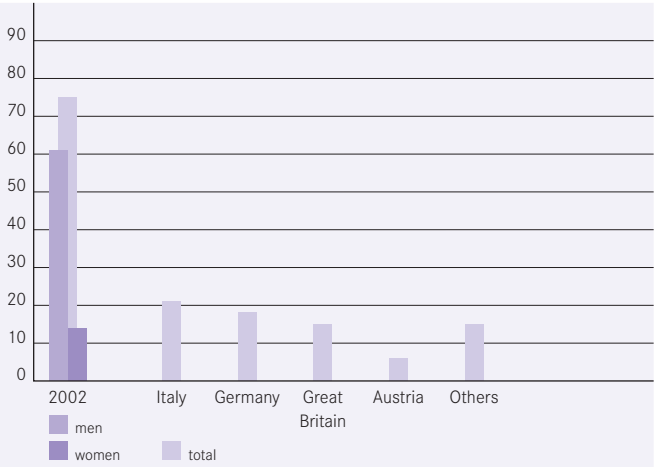
clients of AMOC, for example, who desperately need to receive medicine, are not eligible for any sort of medical care in The Netherlands. Another example is 'free heroin distribution'. Only interminable addicts with a valid health insurance policy in The Netherlands are eligible for treatment with synthetically made opiates.

Is this a united Europe? Life without borders? We hope to see that mobile drug users in The Netherlands are entitled to the same medical care as they would be in their native countries. Therefore, the ideal goal is for health insurance that has branches and that is valid in all of Europe.

Contracts

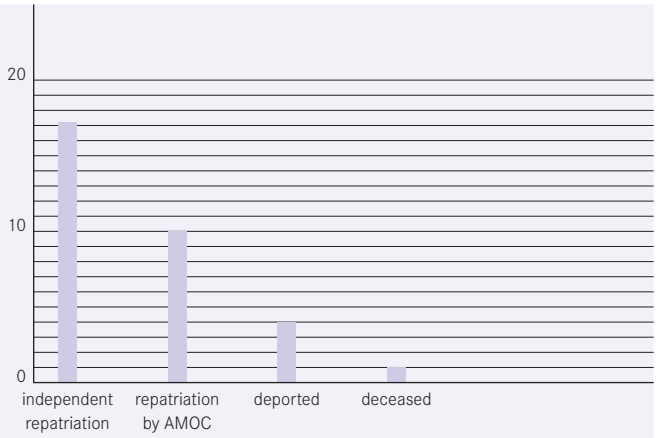
Total 75
Men 61
Women 14

Average number of visitors per day: 23 persons



Reasons for ending contract

Total 32

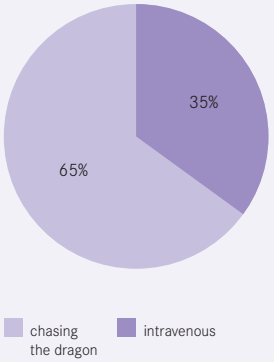


International assembly in Zaandam

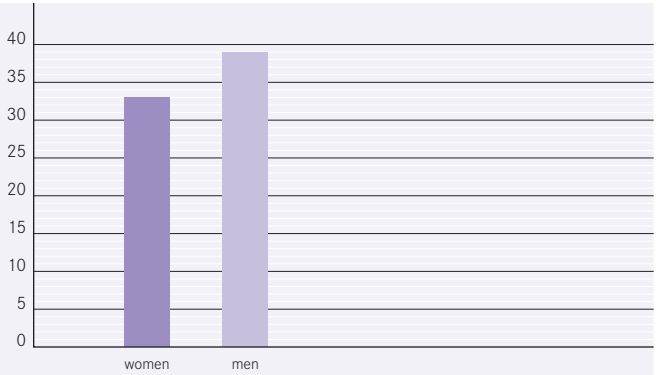
On 31 October 2002, the annual 'international user's day' took place in Zaandam. A special location was hired, in this otherwise sleepy town, for a party attracting hundreds of interested supporters and users of illegal drugs from all of the participating countries. Clients and AMOC employees organized the event enthusiastically. We provided a local user room and offered workshops to interested guests. The dealer who stood right at the entrance instantly made the first impression. Without his presence, Zaandam's drug scene would have been completely overloaded. It was a brilliant party created by the users making the statement, 'we exist – we have rights – and we'll have a party!' It was a clear message to the outside world and although some of the speeches and lectures were drowned out by the festivities, one thing was clear for everyone: the event contributed well to the theme of the day, 'do your best for the needs of the drug users'.

Manner of use

(in percentages)



Average age



Social work

AMOC in Amsterdam: an attraction

It is not only homeless people, addicts and people in need of help who find the way to Stichting AMOC/DHV, located on the Stadhouderskade, but we are also visited yearly by colleagues from help organisations, social work students and their professors, politicians and other interested parties. These visitors come from all over the world: Australia, Norway, North America and Eastern Europe. In addition to telling the visitors about our work with drug users, the Dutch drug policy and development within various related areas, the meetings usually result in interesting discussions that get everyone thinking.

Over the last few years we have noticed that visitors are especially interested in the User Room. The visitors have sat together with the (using) clients and have been able to get a good picture of how the User Room actually works. They are informed honestly about the room from the perspective of the users. It has been interesting for the visitors to see with their own eyes how a user room actually works in practice and to be able to go back to their own countries with enough ideas and information to work on realizing a user room there. Other visitors have come to find out more about our experience and expertise with regard to our work with young male prostitutes.

Considering the international character of our work, these visits have often resulted in an alliance. International partnerships in this kind of work are extremely costly. Additionally, the visits from academic institutions often spawn internships.

You have been arrested, now what? People who are detained

It is a known fact that a day is made up of twenty-four hours - most people do not think twice about that. A day's program is usually filled with rituals and habits where the daily activities fit into a regular time slot.

Our clients' days also consist of twenty-four hours, but their days are filled with feelings of unease. They only have the opportunity to spend five of those twenty-four hours in our centre. This means that they spend the largest part of the day outdoors. These people are homeless, addicted, psychologically impaired, unemployed, illegal and have legal problems. The street is their place of work where they have to find ways to obtain money in order to survive. This usually happens in ways that are against the law - prostitution, drug dealing, begging, busking, petty crime and sleeping on the street. This of course does not go unnoticed by the police. As a result clients are often detained in police stations and sometimes even in prison. Therefore, the Stichting AMOC/DHV has signed an agreement with the Jellinek (Judicial Treatment for Drug Addicts) which allows AMOC/DHV employees to visit arrested clients at the various police stations around the city.

The reason for arrest varies from a fine for soliciting (prostitution) and sleeping on public roads, to disturbing the peace, for example by busking. Of course, there are also more serious offences. These clients have to sit out their punishment and/or pay their fine. Our visits to the police stations are focused on two groups. The first group consists of new 'potential' clients. The other group consists of existing clients with whom specific plans have been made and whose plans are being threatened by the detention. The goal of visiting these clients is to supply them with information and to make arrangements in case of deportation. In some cases the client needs to be provided with a lawyer, their family and friends need to be informed of the situation and their passport and clothes need to be brought to them. AMOC/DHV takes care of all of these things for the client. Additionally, we take the client in as soon as they have been released. We then offer the client the possibility to make plans to return to their native country. We also help in this case by making contact with shelters and counselling centres in their own countries. Unfortunately, it does sometimes occur that clients simply 'disappear'. That is usually noticed when they haven't dropped by the AMOC/DHV in a while.
Generally after some investigation, we find that they are being detained somewhere outside of Amsterdam. If it is necessary we will visit them there, but usually we just see them during our drop-in hours after they have finished sitting out their term.

Self-determined or compulsory (medical) help: who makes the decision?

Our clients seem to suffer more and more often from chronic complaints. Drug users that have been shooting up and living a day-to-day existence on the streets for years with no hope for a better future and an increasingly struggle with chronic complaints. What is the role of a help organization with respect to this situation? Is a bed in a night shelter for a client a solution when their wounded leg has not been cared for? Can we pressure the client into returning to their native country by refusing to offer them help? Should we continually remind the client that the situation could end badly for them? Do they even care about hearing that kind of information? Is the client even in the right state to take decisions about their own welfare? These are the difficult questions facing the help organizations, and Stichting AMOC/DHV has to deal with these questions on a daily basis.

We have to be honest - we don't always work with the easiest clients. For example, they do not always keep to appointments, they sometimes demand help at inconvenient times, they only show up when the need for help is at its most

urgent, they are not always flexible or cooperative and sometimes ignore medical treatment. At times they are so worked up - often as a result of drug use - that it is simply not possible to work with them. However, that does not mean that the appeal for help does not exist. It also does not mean that help should be denied. This requires a great deal of effort from the person asking for help as well as the person who is giving it. In some cases it is necessary to get support from a third party, And if it has to do with a health problem it becomes especially difficult to make the right decision. The social worker often mediates between the client and the medical advisor. Moreover, since they do not have any health insurance, most clients are not eligible for medical treatment - neither in The Netherlands nor in their native countries.

The worst cases

One day we receive a telephone call regarding a man who is being released from the hospital. He has nowhere to sleep. The question is whether we have a bed free in our Night Shelter. According to the hospital he doesn't have any specific medical problems so we make arrangements for him to come to the shelter. A short while later, the client rings our bell. It is immediately apparent that the man can hardly walk. He is paralysed on his left side. We offer him a seat in the Teestube so that he can wait comfortably for his appointment with the social worker. Just then the hot meal - for thirty people - is being served. It becomes suddenly apparent that the client is causing a big problem in the dining room. The catheter that he wears to collect his urine has come loose. The man is hastily put into the hall and his urine is cleaned from the floor. The question that now has to be answered with regard to this specific case is if we should take him into the Night Shelter without having any professional medical knowledge to deal with his situation? But what we also cannot understand at all is how it's possible that someone in dire need of medical care can be released from hospital. The situation demands speedy action. We put the client into a taxi and send him back to the hospital that has released him. A short time later with the help of AMOC/DHV this man is sent back to Portugal, his native country, where he eventually receives medical treatment for his condition.

One of our clients suffers from thrombosis - which is something we have experience with. He receives blood-thinning medicine, but at the same time drinks a lot of alcohol, which is a bad combination. One day he comes into the AMOC/DHV. The bandage on one of his legs is drenched in blood and the blood is dripping onto his white trainers. He has been walking around like this for two days. He says that he first went to Casualty (First Aid in the hospital), but was sent away. We put him in the hall on a couple of plastic bags and take his shoes off. "We'll put

these in the washing machine so that they get nice and clean", we assure him. We consult the Outpatient Prostitution Project (PPP) department of the GG&GD. They advise us to go to the hospital. We call a taxi and a colleague takes the man with his feet wrapped in plastic garbage bags to the hospital where he is treated. In the meantime, the colleagues from the PPP have arranged a bed for him in the infirmary of the Salvation Army. The existing plans for his return to his native country - Great Britain - go ahead. In a few days he is able to return home. We contact our AC Company partner HOT in London where he receives further treatment and shelter.

A male client is suffering from extremely swollen legs. They are terribly discoloured and are covered in open lesions and wounds. He needs daily medical care and in order for the legs to heal he must lie flat for at least a half a year. The man is a citizen of a European country and holds a passport from the same country. However, he would rather go to the United States since that is where his family and partner reside. Therefore, he must apply for a visa. However, considering his physical condition, his application will most certainly be denied. It is a complicated situation - or rather, an impossible situation. A place in our Night Shelter now and then would be fitting for this client's situation, but we are unable to provide any medical care. He has already had the chance for medical care, but did not seize this opportunity. Only with a plane ticket and a passport can he become eligible for what's called a 'bridge' treatment. The hospital does not take any responsibility unless it is a life-threatening situation. Because this is not the case, he is sent away time and time again. Therefore, the client takes advantage of the offer of AMOC/DHV and the User Room. However, we also ask ourselves if we should refuse to help him. Should we send him back to the street and wait until something happens that makes his situation life threatening? Or should we perhaps force him to return to the country from which he holds a passport? Who decides upon his destiny in this case?

Of course the examples given here are quite extreme. And cases like these tend to overshadow the other cases where the AMOC/DHV has been successful in therapy and helping people return to their native countries. AMOC/DHV maintains a great deal of contact with partner organizations, lawyers and courts to help in these situations. By working together with the clients and the courts, we try to help our clients solve the problems they may have with the law. This varies from arranging a passport, to guidance and support in finding work and legalizing residence status. AMOC/DHV helps to repair contact with the family, but also assists in repatriating psychiatric patients residing in The Netherlands to clinics

elsewhere.

AMOC/DHV has built up a lot of experience in this area over the years. We want to use our expertise for mediation and for looking for possible solutions for our clients. With this in mind, we offer support and information to third parties.
Working together with various discipline's is an important aspect of our work. Referrals and the transfer of information does not automatically mean letting go of a case. We think it is important to know which of the responsibilities each party takes on and to keep each other informed about the progress of the various procedures.

Women's aid programs
Women's aid is defined as help given to women, where the nature and cause of the women's problems are connected to her socialization and position in society. Central to this is the insight that a lot of women struggle with a conflict between the norms that society puts on them versus their own; as well as their identity, needs and desires. Women's aid programs have developed methods of helping women become aware of the connection between their problems and their social role and position. They encourage women to change rather than adhere to the norms. The aid consists of a vast series of activities, varying from supportive and informative activities to one-off contact to self-help groups.

Theoretical starting point
Complaints and problems are seen as a result of solution strategies and conflicts that were probably possible at the outset, but have since been overreached (coping strategies). In general, women know what is good for them. From the beginning it is possible that the women requesting help have a hidden idea - but nonetheless existing - of what the problem is and what they want to achieve. They decide for themselves what the goals should be and if they do not correspond to those of the aid worker then that can either be a point for negotiation or can lead to abandoning further help. In addition to awareness of the women's own wisdom and autonomy is the principal that a counselling process is a constant process of negotiation. A balanced view with regard to aid, maximum sincerity about the help process, labeling and analysis of complaints in terms of 'gender', power and solution strategies, and maximum transparency about the analysis/diagnosis are all of utmost importance. The nature and the goals of the aid are therefore minimum conditions.

The catchwords of Women's aid are power, gender, reality, autonomy and symmetry. Power stands for the results of power abuse in the life of women, their psy-

chological development and the way they respond to power and being powerless and the strategies they use to deal with it. Power also stands for the difference in power in social worker/client relationships. 'Gender', or rather sexual identity, stands for the influence of gender on psychological development, but also on the expression and occurrence of symptoms. Reality stands for the fact that as little attention as possible is spent on preconceived notions about how people, women, are about, but instead try as much as possible to listen to what the women want to say - how they have survived, what they think and dream, what their hopes are. Autonomy stands for the belief in the strength of women to learn to give shape to their own lives, to go from being an object to becoming a subject, but also the view that symptoms are not the result of shortcomings or defects, but of conflicts and an ineffective solution strategy. Symmetry stands for how the aid strategy can be defined.

History

Women's aid programs are a product of the feminist movement which began in the 70's in the Western world. Depending on various classifications and ideology, the initial goals of the feminist movement were extremely diverse but at the same time communal in the idea that women deserved to be free and autonomous. Now thirty years later, one must ask themselves if women's aid programs still have political value or if it has just become 'women friendly' help. Perhaps the political value of aid to women lies in the state of being constantly alert about social developments and the effects of these on women in various positions. In social work, the political side is found in the manner that strength and capabilities of women are approached, the way in which the analysis of someone's position in society is made and the way in which autonomy is pursued.

From: Vrouwenhulpverlening en psychiatrie (Women's aid and psychiatry) - Nelleke Nicolai

Women's aid at AMOC/DHV

The women's aid program at AMOC/DHV focuses on a number of activities. Every day there is a female employee present during a drop-in session to counsel the female clients, but fieldwork is also a big priority. The most important objectives of our work with the women have to do with making contact with new women, maintaining contact with the women already in the system, giving information about the help possibilities for medical and psychological problems, arranging and offering shelter or just talking.

Since June 1992, a special weekly drop-in session has been held for women at

AMOC/DHV. The reason in the beginning - and still today - was the fact that the Teestube is mainly visited by men and the stigmatization of prostitutes even by male drug users is not unheard of.
The female drop-in session takes place on Tuesdays from 16:00 to 19:30 and is run by a female social worker and an intern or volunteer. These sessions offer women the chance to talk to each other in a relaxed atmosphere. The staff members stimulate conversation between the women and look for a balance between participating themselves or holding back to give the women more of an opportunity to speak. Seeing as how the visitors are not a homogenous group, it is not always easy to fulfill everyone's expectations. Conversation topics are violence, physical and/or mental abuse, rape and financial exploitation. The female drop-in sessions offer women the chance to tell their stories and search together for ways to get back and/or increase their strength and feeling of self-worth. Not many women take advantage of the opportunity to take part in an individual counseling session. It is also interesting that many women not normally seen at AMOC come to the centre during these afternoons.

The visitors during the drop-in sessions often have long histories of drug use and illegal residence in The Netherlands; they are often constantly homeless and have little or no social contact outside the drug scene. Even there they are often outsiders because of the severe mental and physical scars of intravenous drug use as well as the initial psychological reasons for their drug use. Drugs become the most trustworthy partner these women have and are a part of their survival strategy. Unfortunately, for many women this strategy also leads to huge behavioral changes – they develop neurosis and hysteria and become aggressive towards others and themselves.

With the arrival of what's called Base coke and the uncontrollable use of it, staff members of AMOC/DHV have been confronted more and more often with out-of-control behaviour. For some of the visitors, this has resulted in the loss of propriety, regression and social misfortune. One woman told us for example that she was no longer in possession of a bank card because she had given it to her dealer. He used her card, and consequently her social welfare money to get back the debt she owed him for drugs. The term 'living on credit' can certainly be used here.
However, it is important to show these women ways to change. The ultimate goal is to steer and change their situation in such a way that they can eventually make their own choices and can decide for themselves how their future is going to look.

Mechanisms of exclusion: The British

In the case of a growing number of British clients, it has become increasingly difficult to fulfil their wish to return to their land of origin. If clients do not have a functioning network, such as family or friends, they find themselves confronted with mechanisms of exclusion, consciously or unconsciously created by political and social ideas. In these cases, the AC Company partner HOT (Healthy Options Team) is called in, to try and smooth the way to enable clients to re-establish themselves as part of the existing society. Poignant examples of these exclusion mechanisms are the 'Habitual Residence Test' and the RSU (Government Rough Sleepers Unit).

A few case histories as an illustration.

J. is a forty-nine year old intravenous drug user, who lived in America for seventeen years, returned to London, could not settle and who has been in Amsterdam for the last four years. He does have a British passport. Now he wishes to return to England on psychological and medical grounds, and the fact that he is homeless and has no social benefits, such as social security or national health insurance, etc. J. has no family and no social contacts which would give him access to the system. Instead of being offered a wide range of social services, nothing can be done for him. The British system does not regard him as British and the British state has therefore no obligations towards him.

By completing the Habitual Residence Test in England, he would have to prove that he is entitled to access to the existing social services. This procedure could take six months, during which he would not be entitled to housing, medical care or social security; he therefore has absolutely no reason to go back.

S. is forty-seven and has been taking drugs since 1975. He came to Amsterdam at the beginning of the 70s, after meeting a young Dutch woman in London. She found it difficult to settle in London (homesick). After her return to The Netherlands, they commuted constantly between London and Amsterdam, eventually staying in Amsterdam. By the time they finally decided to stay in Amsterdam, they were both using hard drugs. They were together for sixteen years, living together for eight. When she suddenly died 1998, he lost everything. Since then he has been living on the street, with no official documents, no income and in a very poor state of health.

When a doctor from the AMT (Ambulant Medical Team) came to discuss possible solutions with us, two ideas occurred: a possible return to London or an attempt to legalise him on humanitarian and medical grounds.

The first problem we encountered was the cost of applying for passport, in order to

be able to prove his identity. After 32 years of drug abuse, he is in no state to work; he has no contact with his family who could offer him financial support. The British Consulate General was willing to make an exception in this sad case, and issued him with a passport. Based on the results of the Habitual Residence Test and the opposition of the client himself, a return to the land of origin proved impossible. Neither was it possible to grant him a residents' permit on medical and humanitarian grounds as a result of recent developments in politics and Dutch legislation. People should help themselves and not to burden the State in any way.

M. is twenty-nine, has been using drugs since 1988, and has been known to the AMOC since 1998. During this time, he has always been able to manage, was often picked up by the police for minor criminal offences and was finally banned from the Netherlands. Despite this ban, he stayed in the country until the day came when he was admitted to hospital with a serious illness. In order to be able to guarantee him adequate medical treatment, his return to England was inevitable. The collaboration between AMOC and HOT finally made his return to England possible. He had to leave the Netherlands via Belgium, in order to avoid arrest by the Dutch authorities; the PPP gave him the methadone for the journey, which he almost lost at Amsterdam Central Station. A member of staff from AMOC accompanied him. In London, he was accommodated in a Bed & Breakfast, paid for by AC Company and after meeting our colleagues at HOT, he was prepared for the questions which the official bodies would be asking him.
HOT had made various appointments for him, including one with the RSU, something which is no longer possible as of 1 January 2003. We think he was the last person to return to England this way. Immediate inclusion in the homeless project is only possible via the RSU, other organisations can no longer refer people.
Clients also have to show that they have lived in the area covered by HOT, based on their knowledge of the suburb and links with it. All these conditions make it almost impossible for HOT and AMOC to support people in their wish or necessity to return.

The Italians: the story of M.

M. got in touch with AMOC at first on Christmas day in 2000. He came to the usual celebration dinner given by us on that night. He arrived together with a number of Italian and Spanish squatters and their complementary dogs. Straight away he behave loudly and made sure that everybody understood that he was the boss. He was talking in a mix of Italian and Spanish, a distinctive language. M. was born in Roma from a very problematic family and he is now in his late 30's. He declared to be a drug user and that his passion was experimenting drugs for his personal study. Very soon he became a regular client of AMOC and went through a spell of heavy drug use. His level of aggression was quite high and stayed this way, on and off, almost until the present days. He was living in the street of Amsterdam and in the occasional squat since a couple of years. Surely, he wasn't an easy person to deal with and, when stoned, it was difficult to have a sensible talk with him. This was the situation of M. and it remained this way for some time, until the day he decided to clean up, tired of the life he was leading. He showed a great strength and determination in his willingness to fulfil this task. But when his goal was achieved he was a different person altogether; very relaxed and easy to relate to.

As said before, his hobby was, and is, the study of the effects of the different drugs. This time he didn't experience first hand but concentrated on reading and studying various books and documents on the subject. He was especially interested in natural drugs and had a plan to make a research together with a well-known Dutch organisation. Unfortunately, during this positive period, he discovered to be affected by a serious illness. This was a big blow for him and his state of mind. His good and relaxed attitude gave room to a deep depression and his return to the use of heavy drugs was a consequence of that. So he started to behave like there was no tomorrow and soon he became the shadow of himself. Until the day he could barely walk.

During this whole period he never lost contact with AMOC and his social workers. We referred him to the local health authority and, with their help, we managed to stabilise the situation. The fact of having the possibility of giving M. a bed in our Night Shelter was of great help for his well-being. The idea of going back to Roma, which was at first out of the question, slowly began to enter his mind. The repatriation would give him access to necessary therapy and treatment . Having no insurance in the Netherlands was a problem without solution. Secondly, there would have been the opportunity to tackle his addiction through a therapeutic programme. So, we took the necessary steps in order to organise his return to Italy.

His legal situation was unclear but through a lawyer we knew that there were no

impediments for his return. Then, our AC Company partner for Southern Italy 'Villa Maraini' of Roma, was contacted and as usual a great degree of collaboration and availability was found.
So M. left on a short notice, this time really convinced that, for the moment, this was the best possible solution.
We regularly keep in touch with our colleagues of Villa Maraini and the feedback has always been very good. Since M. is in treatment in Italy his health situation improved enormously and at the moment he is working within the organisation in a position of responsibility. He is not using drugs anymore.

Night Shelter

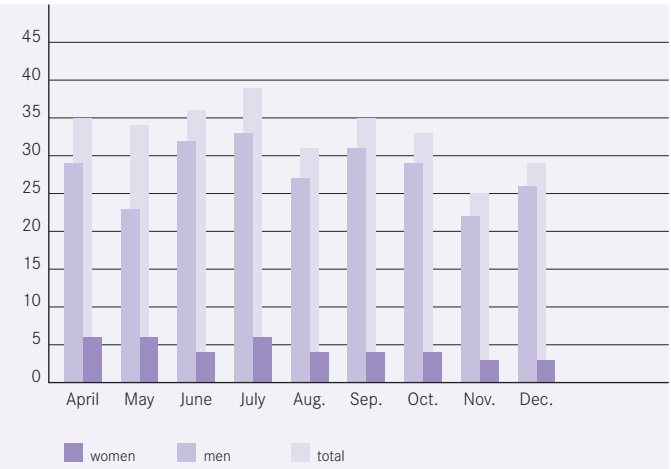
We have succeeded! The Night Shelter, an important part of AMOC/DHV, has re-opened and thanks to the council of Amsterdam will stay open for three years. After going through a thorough renovation the Night Shelter has again been offering places for six people plus one extra bed for emergencies since April 2002. We have formed a new team for the Night Shelter that consists of three permanent staff members plus a substitute. Two of these four people are new and the other two were already employed by AMOC.

It is understandable that our clients want to get away now and again. Away from the daily routine of finding money, scoring and using drugs. They also sometimes need a quiet place to rest and think about their situation. The Night Shelter of AMOC/DHV offers these people a place where they can find that peace and quiet. With this shelter we want to offer the people living on the street the possibility to build up their energy and strength again. We are not a hotel or pension, but instead offer shelter for just a few nights. The same rule applies to everyone admitted: as short as possible, as long as necessary. The client can ask the social workers at AMOC/DHV for a contract for the Night Shelter.
The criteria for admission are divided into different categories. Many of our clients are uninsured since they are living in The Netherlands illegally. As a result they are not eligible for any kind of health care. One criterion is therefore based on medical grounds. This applies to people whose medical problems are so acute that they cannot sleep on the street. People who have just been released from hospital

Number of admission

per month

Total 292
252 men
40 women



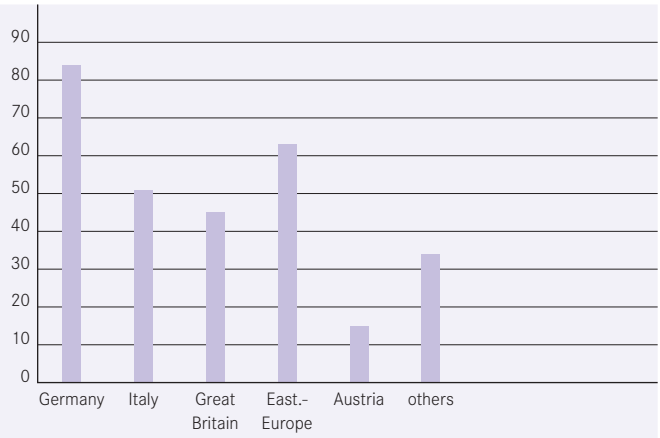
and have nowhere to stay can make use of the shelter to recover. People who are admitted on medical grounds are brought into contact with the PPP (a department of the GG&GD) by their social worker.
Clients who are being repatriated have the opportunity to stay in the Night Shelter for a few days before they leave for their own country. This way the client has the peace and quiet to prepare themselves for what lies ahead. Repatriation is not always easy for everyone. Oftentimes the person has spent a lot of time in The Netherlands and this is the only chance they have to get a grip on their own life. Therefore, repatriation is a big and important step.
Additionally, in cases of acute crisis such as pregnancy, rape or mental crisis, visitors can be admitted for a bed in the shelter.

What actually happens in the Night Shelter?
Every night the AMOC/DHV staff member waits for the clients to arrive between 19:00 and 20:00. De contracts are checked and the possessions of the clients are investigated. The use of hard drugs is not allowed in the Night Shelter and also all medication such as methadone has to be handed over. As far as personal items and toiletries are concerned, it is only allowed to take in the clothes that are being worn by the client at that time. It can sometimes be difficult for the staff member to make sure that all of the forbidden items are handed over. This sometimes requires a strict, but more importantly, relaxed attitude and this is usually carried

Persons admitted

according to nationality

Total 292
252 men
40 women



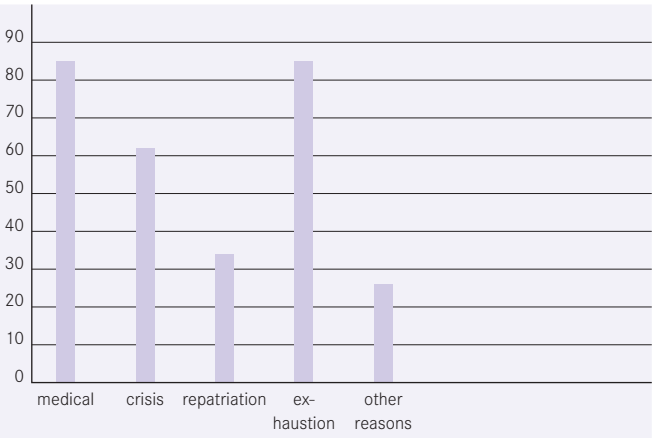
out with a good sense of humour. The clients also understand that it is in their best interest to work with the staff.

Upon arrival at the Night Shelter, the client receives a bathrobe and his clothes are washed while he can either take a shower or relax in a comfortable recliner. The Night Shelter is there for people to rest, catch up on their sleep and make use of a good, nutritious dinner in a pleasant environment. The clients make their beds themselves, and in general the meal is cooked together - even though that is usually a job done by the staff member. The clients are often exhausted or are still under the influence of the drugs that they have been using. However, it has occurred that with the visit of, for example, an Italian client that a perfect 'pasta carbonara' has been prepared or that a German client has used potatoes, vegetables and grated cheese to make 'auflauf'.

At the weekend everyone watches television together and during the week there is time to play games, to read a book or have a conversation with each other. However, as mentioned earlier, the clients are usually so tired that they just want to go to bed early to finally get a good night's sleep. In the mornings everyone has breakfast together, clean washing is distributed and the place is tidied up. Some clients are happy to help while others try to get away with doing the minimum amount of work. They are often too preoccupied with uneasy thoughts - 'it is a new day and I have to score some drugs again out there.'

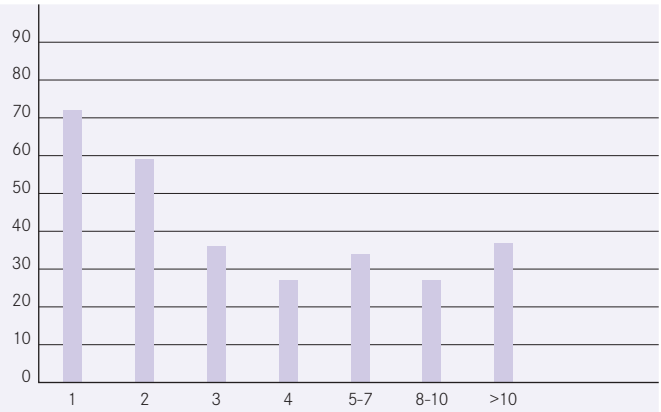
Reasons for admission

Total 292
252 men
40 women



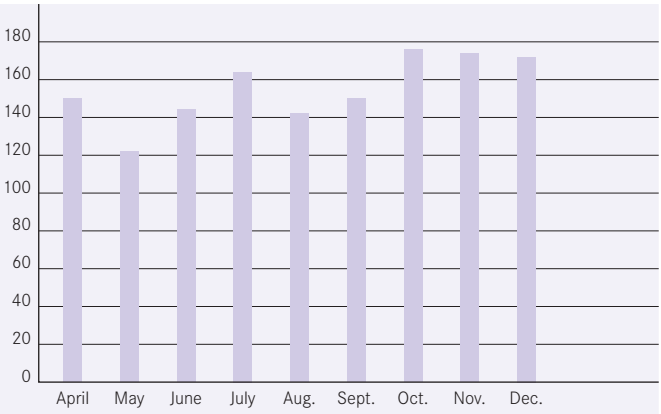
Numbers of stay overnight

Total 292
252 men
40 women



Occupants per month

Total of occupied beds in 2002: 1,393



Male sex-work in Amsterdam

East meets west - migration boom

'Ce mai faci? How are you?' That's the way, how Romanians greet each other, when they visit AMOC's drop-in for male sex workers. Three times a week we welcome them in the evening hours to relax in a safe environment from the hard life on the street. Away from customers or any need to behave in a certain way, we offer these men the opportunity to have a coffee, a meal or a shower and to meet each other and talk to a social worker about whatever is going on in their life.

While there were approximately 10 to 15 boys visiting the drop-in at the end of 2001 we noticed a sudden explosion of visitors in the year 2002. Since then, we are confronted with 30 and often even more then 40 boys each evening. The reason for this increase of visitors is that the Netherlands started to ease the residence regulations in the beginning of 2002. Since then Romanians and Bulgarians are allowed to enter the different Schengen countries without needing a visa for a stay up to 90 days.

We therefore see an increasing number of Romanians, looking for work and ending up in the sex business. Next to the Romanian boys we have a steady group of Polish male sex workers visiting our drop-in and also some other European nationalities (from Italy, Germany, Hungary). Most of them are dreaming of making lots of money in a short period of time. Soon enough, they realize, that earning money is not as easy as they thought it would be. Some may work as a moonlighter, others start to sell sex, although this was often not the kind of job they were hoping for.

Communication is one of the main problems, as many of the newcomers speak only their native language. This makes it difficult for them to contact their customers and it leads to many practical problems in their daily life. For this reason we printed a new brochure in the different languages (Romanian, Polish, German and English) with '10 golden rules for the sex business' and an overview of our services.

Man to man - sexual identity

Selling sex to men has a great impact on this group and affects their life and well-being. We often hear them say: "I don't have sex with men. I'm not gay!" Homosexuality, same-sex-relationships and prostitution are issues, which are strongly stigmatized in most of the Eastern European countries. Even if most of the young men are working in gay or hustler bars, they keep demonstrating their masculinity by an exaggerated macho-behavior to cover up their shame or feelings of insecurity. This makes it difficult to talk openly with them about safe-sex behavior and sexual-identity questions.

According to the increasing number of male sex workers from Eastern Europe it is getting harder to find customers in the hustler bars or at Central Station. We observe declining prizes, increasing competition, frustration, and sink towards little criminality as theft. More boys start to promote themselves now through the Internet and can be reached via their mobile phones.

Ill without a bill - service provision

To be alone in a new country without friends, family and cultural roots is a hard experience for most of the young men. We know, that especially those, who are new in Amsterdam need specific attention, as they often have only little knowledge regarding HIV or other STI's and the ways of transmission and prevention. So we inform them regularly about HIV and STI prevention in close co-operation with our college from the PPP, a department of the Municipal Health Service (GG&GD). Besides, we refer our target group to the STI clinic for regular check-ups and treatment, if needed. Furthermore, we have to assist with other practical issues by giving legal advice, psychosocial assistance and support to a repatriation in cooperation with the International Organization of Migration (IOM).

Together with our colleagues from the PPP (GG&GD) we do outreach work in different hustler bars and on Central Station. Our Romanian colleague accompanies sex workers to different institutions. The Municipal Health Service started to offer free Hepatitis B vaccination among specific groups. Sex workers, who live already for a longer period in Amsterdam, will be considered for this National Health Action as well.

Right wing, right action? - political development

Comparable to other countries in Europe, the Netherlands is having a new populist right-wing government since last year. Repressive actions towards (illegal) migrants did already start and we expect increasing intolerance and discrimination in the future. The increasing number of Romanians and Bulgarians is noticed as well by the local governments and the alien police. So it was no big surprise, when the alien police started to raid different places in Amsterdam, well reported by the media. Raids were held in so-called 'den of robbers', as well as at the street prostitution zone in Amsterdam, where female sex workers were driven together as cattle (only offence: being a sex worker, without having a working permit). Some weeks later a raid was held in the hustler-bars in town and many of our clients were arrested. A similar situation can be observed at the Central Station. The increasing police presence and the renovation of the train station made it difficult, if not impossible for them to sell sex in the Main Hall of the station. Wherever they are, the fear stays to be caught by the police and being deported back to their home country, where life is even harder than in Amsterdam.

Chill out - just be who you are

Next to health promotion issues, we offer leisure activities and other opportunities to relax. A dart game for example helps the young men to forget their daily struggle and links the different nationalities with each other. A new DVD player shows movies in their native language. In the summer we organized a picnic in a close by park with a soccer match. This was a great success. In this casual and relaxed atmosphere these young men once felt worry free, innocent and joyful. To quote one of the boys: "Here I finally had the feeling to be again who I really am."

The story of Julian

Julian is 22 years of age. He comes from a 'healthy' family, who could provide the necessary support that a boy needed at his age. He left Romania at his 14th for no other reason than adventure. This following journey became indeed an adventure: hanging around all over Europe, struggling for survival, getting early into contact with drugs and prostitution. During this long period of travelling and wandering he only returned once to Romania for a very short time and this return was not a happy one. At his first work place in Romania Julian committed a money fraud and runs again, fearing the consequences of a trial, this time to South America and in 1992 back to Europe, in Amsterdam. He found quick his way in the male prostitution scene and he visits regularly AMOC's drop-in for male sex workers.

One evening, waiting for a customer in one of the bars around Rembrandt Square, he suddenly got an asthma attack. One of social workers of AMOC's was doing outreach by chance on this evening and helped Julian to get to a hospital. After a hospitalisation of two weeks he realised that, due to a serious illness, he needs to reconsider entirely his way of life. Finally, he decided to return definitively to Romania.

A repatriation procedure had to be established. AMOC could support Julian in different ways:

- Organisation of a faster repatriation procedure (due to his medical problems);
- Continuation of the medical treatment, for the time being in Amsterdam;
- Establishing contacts with Julian's family;
- Organising the request for a Romanian passport;
- Organising reasonable day and night shelter during the repatriation procedure;
- Organising a travel ticket and some pocket money;
- Establishing contacts within Romanian organisations, which could support Julian by finding his way after his arrival.

AMOC's social worker visited Julian in the hospital and talked to his doctor, who was happy about the repatriation idea. Besides the necessary medical advice, Julian's doctor agreed to add his medical opinion in order to speed up the repatriation procedure. Furthermore, we received support from the IOM, by providing a travel ticket and some pocket money. The Romanian Embassy in The Netherlands was sensitive to our request and to the medical report and promised to arrange Julians identity documents as soon as possible.

After being discharged from the hospital, Julian was admitted into AMOC's Night Shelter. Here, he could stay for more than two weeks. We stimulated the contact between Julian and his parents and they had several conversations through the phone. They were happy to have Julian home again and were prepared for him and

his problems Finally, after two weeks everything seemed to be arranged. Julian was in a much better health state, he got a plane ticket reservation, a passport, some pocket money and he felt emotionally ready to return to Romania after an absence of eight years. But...

Two days before his departure Julian called home and found out that in Romania he is due for imprisonment of 3 years. Julian decided not to go back this time although he knows that being home is the only good solution. A few months later Julian is still in Amsterdam, living on the streets from day to day, waiting for the moment when he has to courage to take 'the big decision'.

European Network Male Prostitution (ENMP)

In 1997 the AMOC/DHV Foundation launched the European Network Male Prostitution (ENMP), with partners from 18 different countries, financed by the European Commission and the Dutch Aids Fund. The ENMP started its second phase in November 2000. The network now consists of eighteen different agencies, engaged in the fields of HIV and STI (Sexual Transmitted Infections) prevention with male sex workers.

Our aims:

- Further development of the National, Regional and European Network within the field of male sex work;
- Development of a European platform of knowledge and expertise within the field of male sex work;
- Development of specific HIV and STI prevention strategies and models of good practice, conforming to the needs and lifestyle of the target group;
- Sensitising service providers, policy makers and funders concerning male sex work (at National, Regional and European levels);
- Development and support of better access to medical and social services for male sex workers;
- Development of specific activities at National, Regional and European levels;
- Development of political statements for service providers and National and European governments;
- Development and implementation of 'model' projects and activities.

How is the Network organised?

Due to the increasing number of network members and the multiple problems within Europe, we decided in 2000 to divide the network into 3 regional groups. Since then, each group developed specific working plans, based on the specific needs within the region. The network was divided as followed:

- Southern Europe:
  Regional coordination: Greece
  Participants: Spain, Portugal, France, Italy
- Central- and Eastern Europe:
  Regional coordination: Switzerland
  Participants: Austria, Germany, Belgium, The Netherlands, Romania, Poland, Bulgaria
- Northern Europe:
  Regional coordination: United Kingdom
  Participants: Ireland, Denmark, Norway, Finland, Sweden

Network activities in 2002

The ENMP carried out several activities in 2002. Most of them were planned and organised by the regional groups, after preparing a needs assessment in each region. The following activities took place in 2002:

Internet Survey

The Central- and Eastern European region of the ENMP discussed the increasing number of young men selling sex to men through the Internet. However, no data and information has been available regarding this phenomenon. Therefore, the group agreed to carry out a survey in order to gain some insight into this new development.

The survey started at the beginning of October 2001 and was implemented in 6 different countries within Europe (Austria, Belgium, Bulgaria, Poland, Switzerland and the Netherlands). The first months were used for orientation and observation on the web, carried out by one 'outreach worker on the net' in each country. Chat rooms, dating boards, newsgroups and gay websites were visited, in order to map out the commercial male sex market on the Internet. In January 2002 we started to approach MSW actively. The results and outcomes of the survey are described in the ENMP Manual, produced at the end of 2002.

Needs assessment

Lack of specific services in the field of male sex work is an important issue in the countries belonging to the Southern European Group. Only France and Spain have services targeting male sex workers. In order to develop appropriate services in each country, the group decided to carry out a needs assessment on two different levels.

1 Assessment of already existing services
2 Gather information regarding the targetgroup in each country

The assessment does not aim to replace any survey. Based on the experience of the participating projects and on background information, we have tried to illustrate the position of male sex workers in the Southern European Region. Therefore not much information (such as escort work, working through Internet, 'high level' prostitution, etc.) could be collected.

Training

A lack of experience and specific service provision has been observed in Southern Europe, where only a small number of organisations provides services to male sex

workers. Training for service providers was organised in order to support projects in their (future) work in the field of male sex work. The training itself took place in Athens and we received a lot of positive feedback from the different participants. The training and its outcomes are detailed described in the training report. Besides, we published our training experience as best practise in the ENMP Manual.

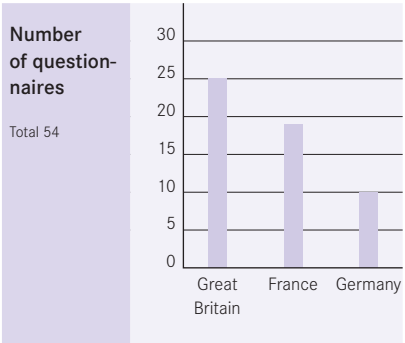
Pilot Survey

The initial European Network Male Prostitution (ENMP 1997 – 1999) identified migration was a little understood and under researched phenomenon amongst men selling sex across Europe. It was felt that a strategic approach was required to learn more about each of these groups of sex workers, 'chart' their progression and try to establish factors and co-factors contributing to this phenomenon. A questionnaire was developed and the Regional co-ordinators have agreed that it would be of academic value to involve a research institute at this early stage, to validate the questionnaire as a survey tool, advise on the data collection and analysis, and assist with it's administration. A partnership was established with Dr Anthony Pryce & team, from the Department of Applied Behavioural & Biological Sciences at City University, London.

The pilot ran in three centres, one from each of the regional groups across the Network : London (Northern), Hamburg (Central) and Nimes (Southern), from January to April 2002. A two week data collection reference frame was used in each centre.

Results

The graph shows the total number of questionnaires completed within the pilot phase, across the three Regional centres. A total of 54 questionnaires were completed and included in the data set. It is not possible at this time to present more in-depth analysis of the pilot findings, but a full report on this can be expected in June 2003.



Conference Sex Work and Health in a Changing Europe

The ENMP organised the conference together with the European Network for HIV/STD Prevention in Prostitution (EUROPAP), held in Milton Keynes, UK, from 18 – 20 January 2002.

One hundred and seventy three people attended from 39 different countries and with many different backgrounds including sex work, health care, social work, research and activism. We were delighted that so many people were able to attend from outside the European Union (including Central and Eastern Europe) and Europe (e.g. India, US). The result was a lively and interesting meeting, which we hope will have stimulated ongoing debate and discussions.

Development of information material

To keep our network informed about the developments and results of the ENMP activities, we developed the following materials:

- ENMP Manual with tips, tricks and models of good practise for service providers considering, planning or implementing services for male sex workers;
- Newsletter (2 editions in each year);
- Interim Report / Final Report;
- Activity Reports (e.g. Training Report);
- Information leaflets for male sex workers in 4 different languages;
- Website: www.enmp.org;
- E-group/ Mailinglist for interactive discussions through the e-mail.

Future perspectives

The follow-up project of the ENMP started in December 2002. After an official break of one month, we will to continue our work for 1 more year (December 2002

till December 2003). We will keep the current structure and continue our work within the regional groups, as this seemed to be overall accepted.
Besides, we hope to be able to involve more members from Central and Eastern Europe, by approaching other sponsors, like SOROS and UNAIDS.

Regional groups
Each regional group will develop a specific network meeting or training, which will be focused on the activities and outcomes of the last year:

- Training for service providers
  Organised by the Southern European region and to be held in Gijon between 14 and 17 May 2003
- Conference on legal issues and policy: Hidden stories
  Organised by the Northern European region and to be held in Stockholm between 24 and 27 April 2003
- Internet training/symposium
  Organised by the Central and Eastern European region and to be held in Hamburg between 26 and 29 June 2003

The regional network meetings also involve colleagues from outside the network and each meeting will be organised and financed for approximately 20 persons. More people can be invited as soon as there is additional funding.

Pilot survey
The pilot survey among male sex workers, which was carried out in the last project phase, will be analysed and evaluated by a survey co-ordinator (Working Men's Project, London) and a survey assistant (City University in London). They will develop follow-up research, which might be carried out by all participating countries within the network.

Conclusion
The network has been in existence since 1997 and has developed from a forum, in which agencies and service providers could exchange information, into a platform of expertise, by providing advice and assistance and organising activities in the field of male sex work.

Our future efforts will mainly focus on the following issues:

- Stronger involvement of the indirect network, increasing impact of the network;
- Involvement of partners in Central and Eastern Europe (approach of additional funders);

- Support of service providers, in order to develop services and receive local and national funding (lobby);
- Organisation of relevant activities in the field of male sex work (e.g. training);
- Development of a mission statement;
- Cooperation and support towards sex workers organisations.

We hope that we will be able to continue our work in the future. Due to the efforts of the ENMP, male sex work has become an issue, but we still need to stimulate discussion and promote appropriate service provision. In a word, a step in the right direction has been made: let's keep moving forward!

AC Company: growth and development

For those who regularly read the AMOC yearly report or surf AMOC's website the following information is nothing new. However, for those less informed here is a short summary of the activities of the AC Company:

- AC Company builds a network of relevant AIDS and drugs support organizations working together across borders;
- AC Company develops working models for prevention, counselling and repatriation and researches their appropriateness in other countries;
- AC Company compares and documents the legal and social-political situation with respect to drugs in the participating countries;
- AC Company supports and advises drug users who are residing abroad illegally and without insurance;
- AC Company helps people find a treatment centre in their native country and organizes their return.

Anyone who would like to become more involved with the goals, content and plans of the network should go to the website (www.ac-company.org) which contains comprehensive and current information about the activities, news and announcements of conferences and seminars. The information is continually updated. The site is being improved with the help of 'maps of mobility' and the insightful help of actual work practice with foreign drug users.

The project has been in existence for 5 years and has grown from having 9 partners at the outset to its current status of 30 partners in 24 European countries. This allows for a whole range of possibilities – from contacts in all of the European countries, a vast amount of experience and knowledge and a cultural and skilled basis to concrete support in the work with clients, repatriation and mediation. The growth however also brings with it greater organizational and administrative responsibilities that are ultimately handled by the AMOC: from the administration and bookkeeping to activating the network's prospects.

The development of the network and the stimulation of the 'we feeling' mainly takes place during the half year meetings. In 2002 these were held in Athens and Turin. These are decision-making moments in the network. It is after all during this time when the spirit is developed, people are working productively and effectively and agreements that are to be fulfilled for the following meetings are made. Maintaining continuity is more problematic due to the extent of the number of participants and the regular turnover of participants.
Maternity leave, change of workplace and resignations play a role here as well. It

has also been the case that we have been forced to end a working relationship with a partner because they were unable to fulfil their obligations. Most participants, however, – each serving as a delegate from their own country – have been members for a long time, some even right from the beginning. During the meetings, work groups are formed to work on AC Company's themes:

- Drugs and immigration;
- Foreigners in prison;
- Mobility in Eastern Europe;
- Mobility in the border areas.

The program is also supplemented with specific information about the host country and with opportunities to visit interesting, local organisations. Additionally, the host partner looks for restaurants where the members can dine – 24 nationalities at one table.

Work with clients

In addition to networking and providing relevant information about the theme, concrete work with clients is an important aspect of the project work. Most of the partners work directly with clients, many in the social sector. This way we are able to avoid losing contact with the core and are able to actively improve the situation of the (mobile) drug users no matter how diverse they may be in the various countries.

Employees working with mobile drug users at the AMOC, Kesh in Hamm, HOT in London, Gruppo Abele in Turin and Villa Maraini in Rome are all financed by project funds. This is very useful for AMOC since these organizations have the capacity to take in repatriating clients. However, we cannot expect miracles from this construction, as the difficulties occurring locally cannot always be completely resolved by this collaboration. We are currently working on a report concerning the problems of re-integration of British citizens who would like to return to their native country after spending a long time abroad. This process is often quite laborious due to bureaucratic obstacles and long waiting lists at the help organizations.

In The Netherlands – just as formerly in Belgium – we provide for an increasing number of drug users from Eastern Europe. By relying on the experience of this client group in Antwerp – where a Russian social worker/researcher is working for AC Company, we are evaluating the situation in The Netherlands so that we can propose practical models for working with this group.

Distribution

Due to the large presence of the network in Europe, we are often invited for seminars and conferences or even participate in the co-organisation of such seminars and conferences. We also attach a great deal of importance to the internet. Partners must point out the existence of the AC Company via the email in their own country and place links to AC Company on relevant websites. In 2003, a folder publishing the results will be distributed. Many projects on EU level are doing outstanding work, but do not pay enough attention to generating publicity for their efforts. The motto should be, 'Do good things and talk about it!'

Prospects

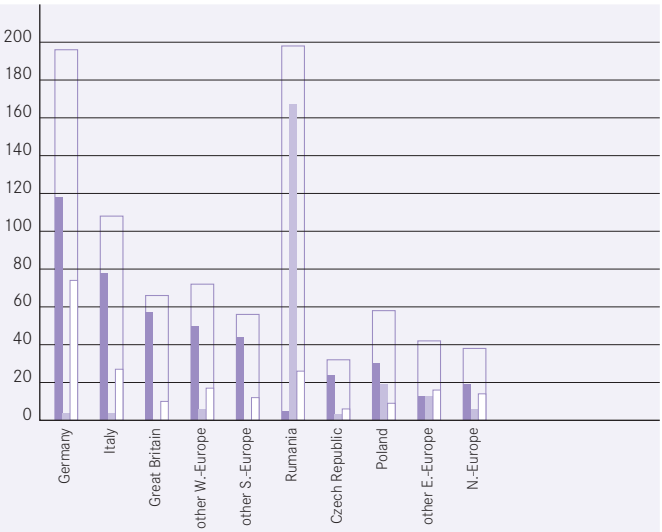
In 2003, the network will be occupied with the two half-year meetings, various workshops and the publication of the work results. In order to strengthen the contact with the countries that have joined from Central Europe and to get more alliances going (increased mobility), funds from the terminated PHARE-program have been attributed. With Central Europe at the center, AC Company's work will continue in 2004 as well.

Statistics 2002

Nationalities

per targetgroup

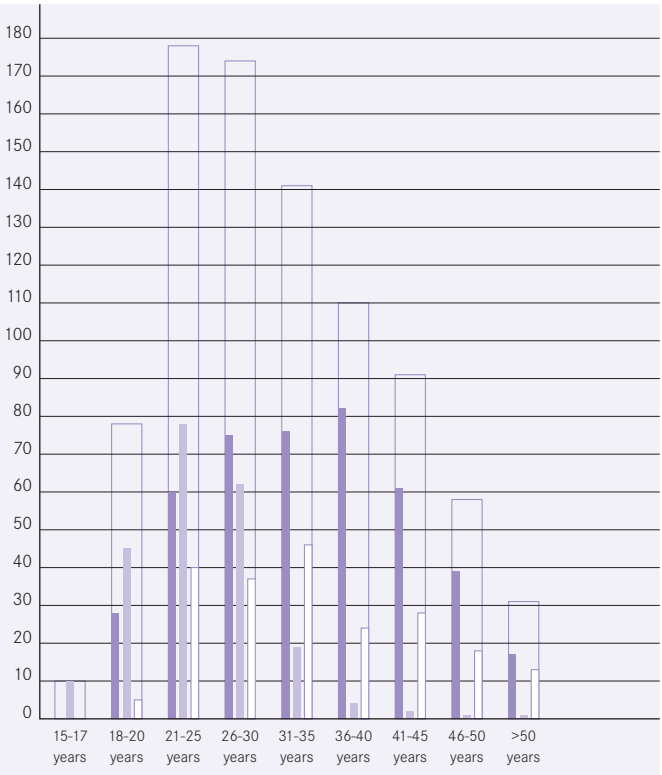
Total 871
737 men
134 women



Targetgroups

according to age

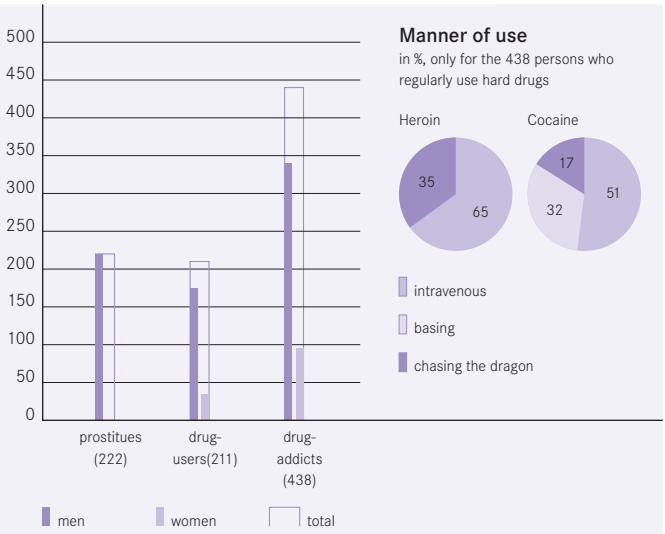
Total 871
737 men
134 women



drugaddicts (438) prostitutes (222) drugusers (211) Gesamt

Targetgroups

Total 871
737 men
134 women



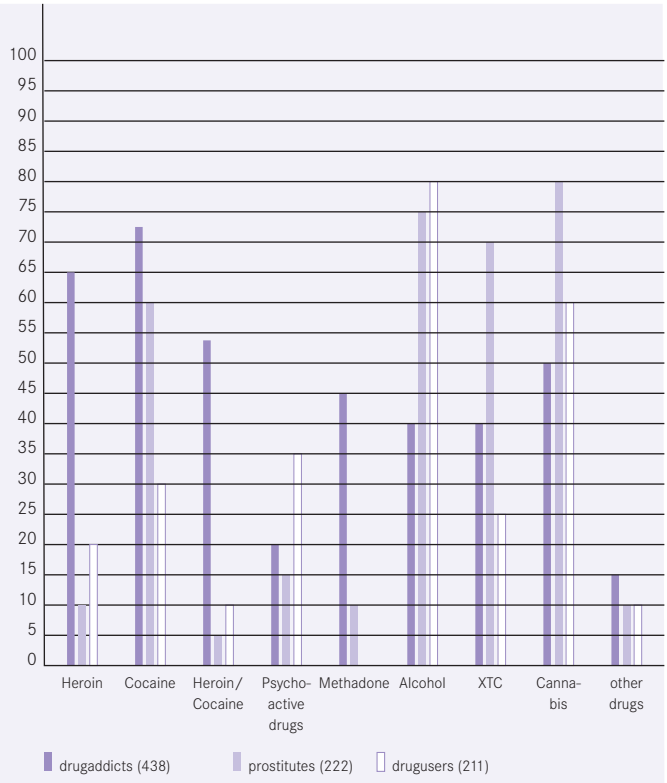
Manner of use

in %, only for the 438 persons who regularly use hard drugs

Drug-use

per targetgroup

in %, multiple use per client is possible

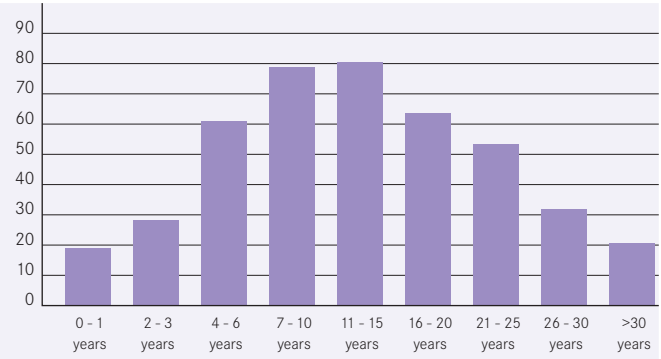


First contact

Total 871
737 men
134 women

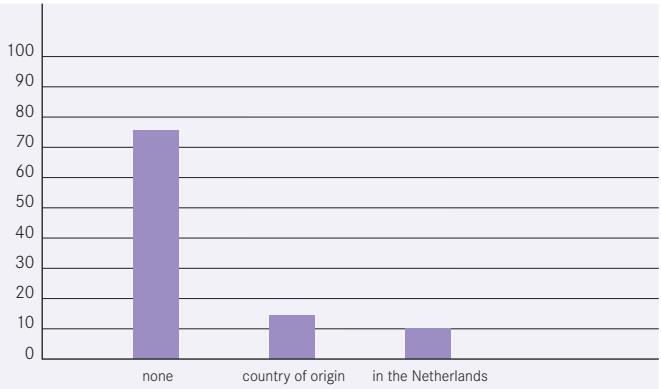
Period of addiction

only for the 438 drug addicts



Health insurance

in %, for all 871 clients

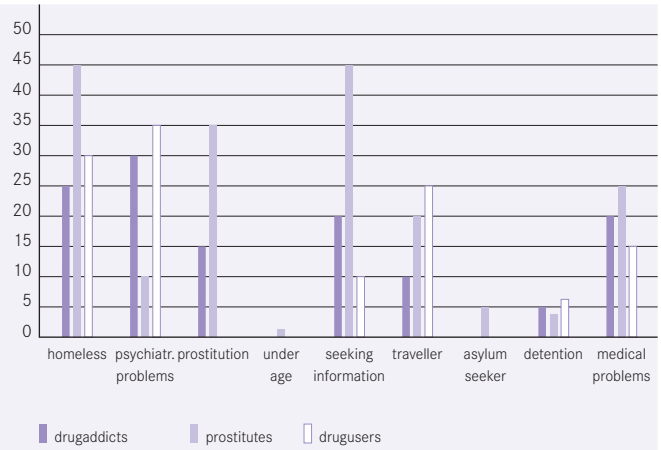


Main problem

per targetgroup

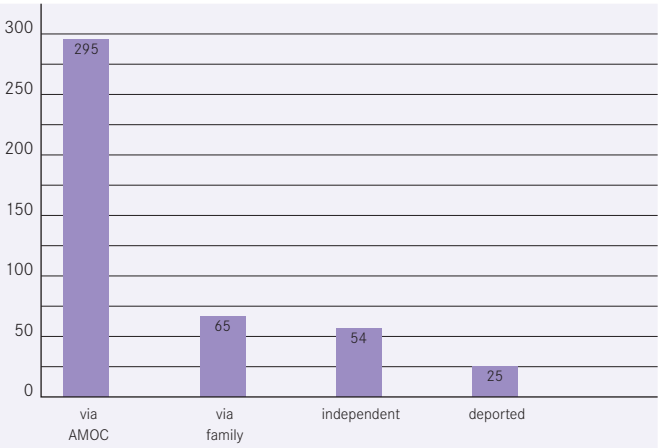
in %, for all 871 clients

Recorded is the client's main problem given during intake, but with most of the clients a combination of problems pertains.



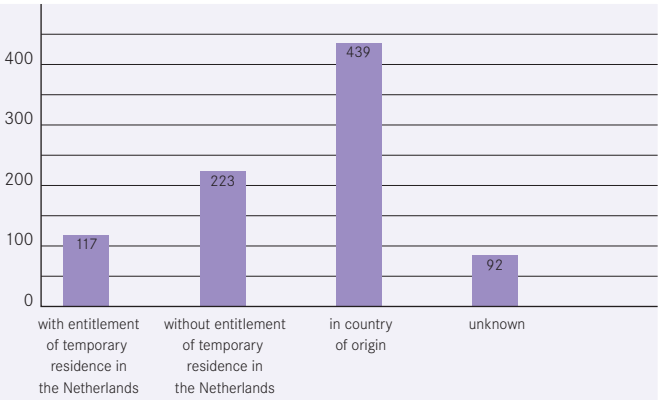
Repatriation

439 cases



Place of residence on 31st Dec. 2002

all 871 clients



Personnel data

Board of Directors

J.S. Pen (chair man)
M.H. Boon (treasurer)
G.H.F.C.M. van Meerwijk
J. Arndt
W. Scheufele

Advisors

J. Knap
Prof. C.F. Rüter

Legal aid

Reinhard Bergmann
Bas Willering
Robert Seth Paul

Staff

Management

Ingeborg Schlusemann

Secretary

Regina Hahn

Social Work

Counseling Drug-addicts

Aki Herlyn
Christina MacKenzie
Gaetano Scialò
Vincenzo Crolle

Counseling Male Sex Workers

Markus Giesbers
Volker Moritz
George Todea

Drop-In Centre (Teestube)

Wim Peeks

ASF:*

Franziska Jentsch (20-09-2001 until 31-07-2002)
Oliver Marggraf (07-01-2002 until 31-08-2002)
Maria Kröger (from 23-09-2002)
Claire Kiruzec (from 01-11-2002)

* Aktion Sühnezeichen Friedensdienste

User Room

Rosi Burelbach
Thomas Flüs
Mathias Marzodko
Lee Mason (until 31-12-2002)

Back-up staff

Conrad Köckert (until 31-04-2002)

Nightshelter

Steffi Grfromon (02-04-2002 until 31-08-2002)
Holger Kamp
Conrad Köckert
Janneke Oosthout (from 16-08-2002)

Back-up staff

Volkert Moritz (until 31-10-2002)
Irmin v.d. Meijden (from 27-07-2002)

Trainees

Joanna Bakker (05-09-2002 until 22-05-2003)
Marion Bublath (04-03-2002 until 19-07-2002)
Stella Chaisholm (16-09-2002 until 06-12-2002)
Marion Dreier (02-01-2002 until 29-03-2002)
Eefje Driessen (12-09-2001 until 30-06-2002)
Luisa van Essen (15-07-2002 until 04-10-2002)
Sandra Fischer (02-01-2002 until 29-03-2002)
Patrizia Gögler (04-03-2002 until 19-07-2002)
Claudia Gütter (01-07-2002 until 30-09-2002)
Holger Kamp (15-01-2002 until 30-03-2002)
Donalda MacKinnon (16-09-2002 until 06-12-2002)
Romy Pasewark (04-11-2002 until 22-08-2003)
Julia Paulsen (29-07-2002 until 18-10-2002)

Volunteers

Maria Molz (15-11-2002 until 10-01-2003)

AC COMPANY-Project

The Netherlands

Project co-ordinator: Eberhard Schatz

Project-evaluator: Jan Visser

Administration: Leoni Visser

Germany

Attached to Arbeitskreis für Jugendhilfe e.V.: Sabine Lorey

Italy

Attached to Villa Maraini: Roberto Presciutti

Attached to Gruppo Abele: Lorenzo Camoletto

Great Britain

Attached to HOT: Jaye Foster

ENMP-Project

(European Network Male Prostitution)

Project co-ordinator: Katrin Schiffer