



European Monitoring Centre
for Drugs and Drug Addiction

Migration Integration & Drugs:

A general overview & introductory remarks from an EU perspective

.Paul Griffiths ,EMCDDA , Lisbon

First comments

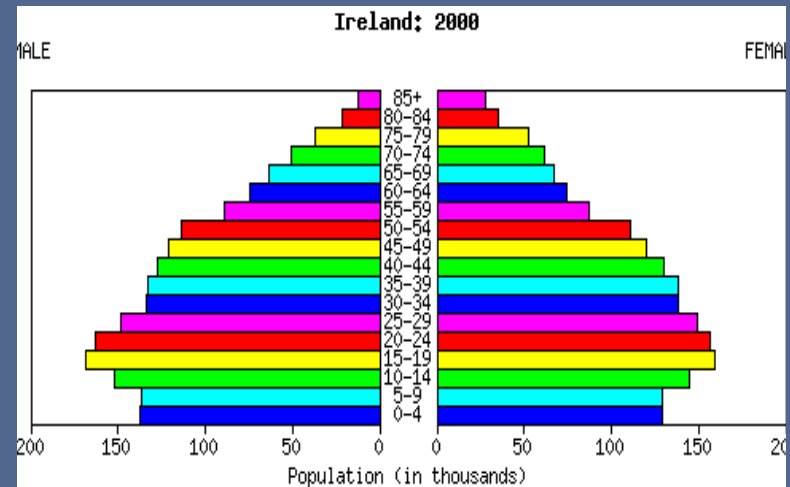
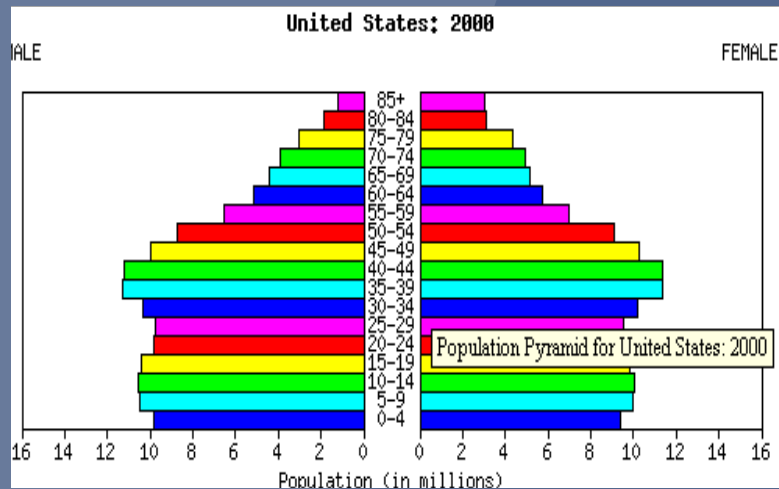
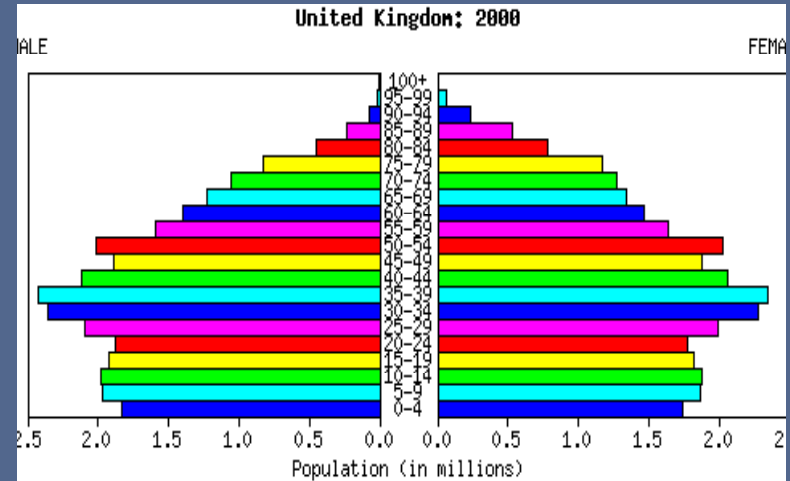
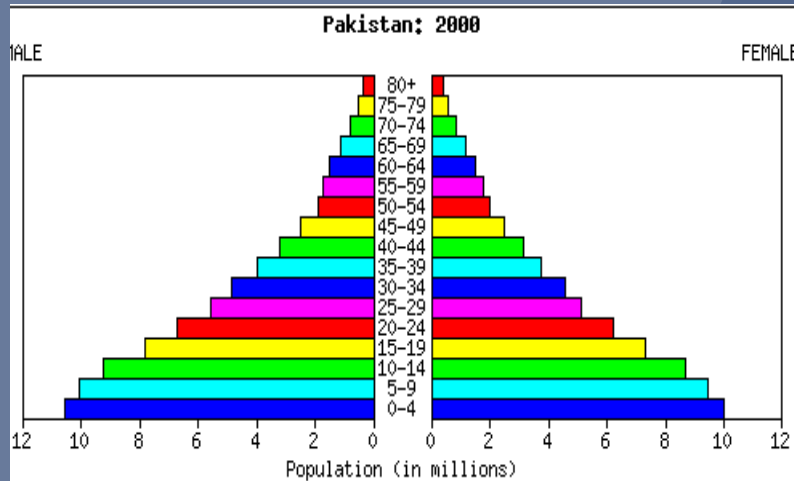
- In terms monitoring at EU
 - Demand side - activities very limited – but topic recognised to be of importance
 - Supply side – intelligence profiling (Europol OCTA)
- These two perspectives make uneasy bedfellows!
 - Reality for interdiction efforts is that crime gangs are often ethnically based
 - Worries about stigmatising vulnerable populations and encouraging racism

More generally ...

- What was once called the American disease has now become a global problem
 - Growing problems Africa, Asia, EU neighbouring Countries
 - Domestic problems often develop along trafficking routes
 - Globally data resources extremely limited – so no clear picture of what is going on
- Increasingly in the future drug problems are likely to impact on developing and transitional countries
 - Industrial development and urbanisation
 - Population dynamics
 - Globalisation, mega trends & cultural movements
- Particular issue for EU: neighbouring & transit/production countries
 - HIV epidemic spread possible
 - Measures to address drug trafficking & production can be undermined by the development of local drug problems

Population Pyramids

Source: US Census Bureau



Conclusions from EMCDDA Studies

- Some **exploratory** studies commission by EMCCDA
- Conducted pre enlargement (16 countries)
- Conclusions probably still relevant
- Internal migration issues not addressed
- Since then we have tended to drop ethnic categories from EU level monitoring forms (for practical reasons)

Key findings

- Drug use among migrant communities
 - To a large extent unacknowledged, unrecognised, or simply hidden from view
 - This applies to policy makers , researchers, service planners and community members themselves
- Some countries appeared reluctant to address the issue at all
- In general chronic information deficit

Why issue not addressed

- Ethnic minority drug users are difficult to access
 - closed communities - suspicious of outsiders
 - may be illegal residents so not recorded in official data
- Fear of encouraging racism, or stigmatising communities
- Complex area – politically, methodological, in terms of the number of issues involved and different communities covered
- Extremely sensitive issue for reporting especially across countries and languages –
- At EU level we lack a shared conceptual framework for talking about this issue!

Proposed conceptual framework for E.U Khan 2000

- **Assimilated minorities**
 - E.g. Ethnic Danes in Germany, Allochtone minorities in Belgium, Netherlands also includes citizens of EU Member state working in another EU state
- **Nomadic minorities** including Roma, Sinti and Travellers
- **Jewish communities**
- **Visible' minorities**
 - Groups because colour of their skin or other physical characteristics are likely to be discriminated against
- **Recent arrivals**
 - Includes refugees, asylum seekers & migrants

Minorities in Europe

- Considerable diversity in country situations
 - Colonial past, early industrialisation , geographical location, cultural links, all important factors
- Size of minority populations difficult to estimate
 - Tended to be younger and disproportionately male
- Most visible minorities in urban areas and disproportionately disadvantaged
 - Low income, poor housing etc;
- Significant Roma / travellers populations in some countries
- Often over represented in criminal justice system (and data from criminal justice system)

Double Jeopardy; Minorities, drug use & social exclusion

- Minority populations concentrated in areas marked by indices of social exclusion
- There is also a high prevalence of drug use and related problems in areas marked by social exclusion
- Minority communities are therefore in double jeopardy:

Risk factors for drug problems

- Overlap with social exclusion
- Particular problems noted for second generation
- Pre exposure (Somali community khat, Russians & Vietnamese— heroin etc)
- Trauma : Wars, torture, enforced migration and stress of assimilation and racism
- Economic disadvantage or links to producer countries may encourage some migrants to become involved in drug distribution
- But very little known about drug prevalence
- But some groups found to have low prevalence – protective factor!

All these groups were noted as having growing problems especially among young people

- Turkish people and those from CEE in Austria
- Moroccans, Greeks; Italians, Spaniards and Turkish people in Belgium
- People from FRY and Turkey in Denmark
- Tzigane, Roma, in France
- Moroccans and Antillians in The Netherlands
- Black and ethnic communities on the street scene in Oslo Norway
- Travellers in Ireland
- Turkish people in Germany
- Black Africans, especially from Cape Verde in Portugal
- Roma in Spain,
- Pakistanis, Bangladeshis; Black Caribbeans, Turkish people, Kurdish people and others in the UK.

Minority populations may be resistant to help

- Migrant communities may rejected idea that they had a drug problem eg.
 - Turkish community in Austria, Finland Netherlands
 - Roma; Finland and Spain
 - South Asians in UK
- Help seeking and treatment options
 - None
 - Stigmatised by community
 - Forced by family at home
 - Or sending the individual back for treatment (Bangladesh, India and Pakistan)

Identified barriers to service uptake

- Lack of cultural sensitivity
- Illegal status
- Ethnicity of drug service staff
- Distrust of confidentiality
- Language
- Lack of awareness of drug services
- Stigma
- Failure of services to target migrants

Barriers to service uptake

- From within the community itself
- Structural barriers relating to the organisation of service provision
- Skill base, characteristics and qualities of treatment staff

But examples of innovation, good practice and success in encouraging participation do exist, examples include:

- The Arazzi project working with Moroccan boys in Netherlands
- Espoir Goutte d'Or (EGO) in Paris working with Maghrebians and others
- Services developing for Roma in Spain
- Services for North African Street Junkies in Rotterdam
- Number of UK schemes using community participation models

Concluding remarks...service uptake

- The evidence that exist suggests that ethnic minority groups appear poorly served by existing services
- Almost all examples of successful work in this area attempt to involve the target community in the design and / or delivery of services
- Community participation may be a crucial element to overcoming the barriers that minorities face in accessing drug services

Monitoring ethnicity in Europe

- Some ethnic monitoring in treatment settings
- Considerable variation in approach
- Often use nationality criteria
- Legal barriers in some countries
- Monitoring was most common in criminal justice statistics

Monitoring drug use & ethnicity

- Clear need for better information
 - A lack of information makes it difficult to support or contest many of the views expressed on this topic
 - A need exists for well designed and target studies but these are difficult to do
- But it is a complex & sensitive issue and...
 - Is it practically achievable to monitor ?
 - Can we have a harmonised EU approach ?
 - Is it wise?
 - How do we avoid stigmatising communities?
 - How do we develop a consensus on terms and concepts necessary for facilitating debate?

