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EMCDDA SCIENTIFIC REPORT

Mapping Available Information on Social Exclusion and Drugs, Focusing on “Minorities” Across 15 EU Member States

Executive Summary

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Executive Summary

From September 1999 to November 2000, Middlesex University (UK) carried out a project to map available information in the EU Member States on the relationships between drugs and social exclusion, focusing on minorities.

The project has been coordinated by Kazim Khan, assisted by Kariofilis Zervoulis. A network of EU partners¹, considered as privileged contact persons for gathering national information, was formed for the purpose of the project. They were mainly identified through two European-wide networks in the field of drug use, namely Toxicomanie: Europe-Échanges-Études (T3E) and Sastipen/ASGG, the European network for HIV/AIDS & Drug Abuse Prevention amongst the Gypsy populations.

Secondary data – qualitative and quantitative – were mainly collected through the existing literature and through the network of EU partners. Different information sources were investigated: national socio-economic statistics, research (published, grey literature), drug treatment centres (monitoring systems, activity reports), criminal justice system (monitoring systems, activity reports), policy/strategy papers.

It allowed the gathering of available information on definitions of minorities used in the EU countries, socio-demographic and economic data regarding minority groups, their situation in terms of social exclusion, drug use, patterns and consequences. Information on national policies on drugs and minorities as well as selected examples of relevant practice interventions were also collected.

A comprehensive literature survey was carried out. Very little is known at EU level about social exclusion, drugs and minorities. The only previous survey concerning drugs and minorities across Europe was carried out by Wijngaart and Leenders². Apart from this the other original investigation on race and minorities was the qualitative and quantitative audit and evaluation of drug prevention and treatment services in seven EU countries, and their ability to manage change in order to meet the needs of visible minority drug users³. Both these reports show that, with the exception of the Netherlands and the UK, there is relatively little hard evidence in other countries concerning drugs and minorities. What they further reveal is that the national, regional and local drug policies – with some exceptions – are silent on the issue of drugs and minorities. However, the picture has been slowly changing, over recent years. This is due to awakening interest on the part of local initiatives in some

¹ Austria: Irmgard Eisenbach-Stangl. Belgium: Marc Valette. Denmark: Aric Allouche. Finland: Pekka Hakkarainen. France: Michel Hautefeuille. Germany: Suzanne Schardt. Greece: Theodora Karvouni. Ireland: Marguerite Woods. Italy: Roberto Bosi. Luxembourg: Alain Origer. Netherland: Jan Lawalata, Eric Fromberg. Portugal: Isabel Alves. Spain: Patricia Bezunarte. UK: Neville Leroy.

² Van de Wijngaart, G.F., Leeders, F., Working group on minorities and drug misuse: consultant's report, Pompidou Group, doc. P-PG/Minorities (98) 1, Strasbourg, 1998.

³ This refers to the work carried out, between 1995-97, by the Race & Drugs Project, with support from the European Commission: Race – drugs – Europe: Specialist drug services and managing change to meet the needs of black and other visible minority drug users – Vol. 1 England, France, The Netherlands and Portugal, Race & Drugs Project, City University. Department of Sociology, London, City Press University, 1997.

countries, as well as attempts at national level, in the UK and the Netherlands for example, to develop a strategy on issues relating to ‘race’, culture and drug dependence.

Definitions

Concepts and definitions of minorities vary widely from one country to another. It was considered as important in the framework of this mapping exercise to include all minorities. As a consequence, a broad and pragmatic approach has been chosen regarding minority groups to include in the project. In operational terms, it covers: established populations (e.g. gypsies, ‘visible’⁴ minorities and assimilated populations), newcomers (e.g. Eastern Europeans), non recorded populations (e.g. clandestine immigrants).

The terminology used in official documents, as well as in popular parlance, in different EU countries to describe various minorities was analysed and criticised. An immediate difficulty for researchers and social scientists was found in particular, because of the lack of uniformity in the terminology used in different societies and countries. For monitoring purposes, new categories are proposed here below, following a consensus reached with the partners of the project.

Proposed categories of minority populations for mapping social exclusion, drugs and minorities

1. Assimilated minorities

These include, for example, “ethnic Danes” in Germany, “Volksgruppen” in Austria, “Allochtonen” minorities in Belgium and Netherlands. It also includes white citizens of an EU state living and working in another EU state.

2. Minorities regarded as nomadic but many of whom may be settled: Roma, Sinti and Travellers

Although in some EU countries they are recognised as a minority population, in others they are not. They are arguably also a visible minority but classified as a separate group because of their different status as one of Europe’s longest settled minorities. Their separate categorisation does not ignore the fact that they experience social exclusion due to racism any less than ‘visible minorities’. Although separately categorised because of specific historical circumstances, such minorities are also ‘visible’.

3. Jewish communities

Despite the fact that Jewish people continue to experience racism in the form of anti-Semitism, they are not counted as a distinct population group. Nor are they, along with gypsies included in social exclusion programmes. Memories of the recent past in Europe are, perhaps, too strong. However, if they do experience social exclusion their situation should not be ignored on the basis of an assumed integration. Jewish populations are no more homogeneous than any other minority group. As the Amsterdam based Anne Frank Institute’s records show, there are many poor working class Jewish people whose needs are not being

⁴ The term ‘visible minorities’ refer to those who, largely because of their physical characteristics, but also other features, are vulnerable to discrimination based on race. The term is used by the Race & Drugs Project – Middlesex University (UK) in preference to ‘ethnic minorities’, ‘auslanders’, ‘allochtonen’, ‘immigrants’, etc. which were seen problematic in their previous experiences of research, for both political and practical reasons. In using this term, the Race & Drugs Project takes after the European Foundation for the Improvement of living and Working Conditions, Dublin.

adequately recognised. For our purposes, there is literature to suggest that Jewish persons, while facing social exclusion as an effect of racism, also encounter drug problems and, therefore, face social exclusion as a result of drug use. They may also be perceived as visibly different.

4. Visible minorities

This category refers to those who, largely because of the colour of their skin, but also other physical characteristics, as well as other stigmata attached to the person or body such as name, are likely to be discriminated against in a racist way. Hence this category includes non-white citizens of an EU state living and working in that country, e.g., black French citizens; any of the settled non-white minorities in UK and the Netherlands, etc. It also includes visible minority citizens of an EU state living and working in another EU country; 'visible minority' third country nationals who have a right to work within an EU country; and third country nationals with limited rights to live within an EU country.

5. Recent arrivals

This category includes

- a) refugees and asylum seekers, including people from central and eastern Europe and those belonging to the 'visible minorities' category;
- b) those who have entered an EU country illegally.

Distribution of various 'minorities'

There are a number of factors that 'define' the situation of immigration in each country:

- having a colonial past ;
- being an early industrial society and the need to accommodate additional workers;
- cultural links with populations outside the country (e.g. Brazilians with Portuguese);
- geography (e.g. Greece receives many Albanians while Spain receives many North Africans);
- national policies as seen, for example, in the recognition of asylum applications.

Demographic data regarding the spread and location of various "minorities" were collected and analysed. It has proved to be difficult to produce a scientifically reliable and valid overview and synthesis of the information collected since it is not standardised and there are differences in the amount of data available for each country.

In the whole EU, about 2.3 million people were categorised as refugees or asylum seekers at the end of 1998. Spain and France, followed by Greece, Ireland and Portugal seem to have significant Gypsy/Travellers populations. The size of other minority populations is difficult to estimate since only some of them are identified as such in statistics.

Where such data exists (Belgium, Denmark, France, the Netherlands, Portugal, UK) it is found that most visible minority populations are concentrated in urban areas, mainly in big cities such as capitals.

Gypsies who live in the south of Belgium are concentrated in camps where they face conditions of extreme poverty. In Spain, Gypsies are concentrated in Madrid. They also live in other regional areas, but the greatest concentration is found in Andalusia.

No information is available as to spread or concentration of other minorities (Jews, asylum seekers, refugees, clandestine immigrants).

Socio-demographic and economic situation of ‘minorities’

In general, data are available for the only minority groups identified in the statistics as ‘foreigners/non-nationals’ or ‘visible minority’, which is rather limited. Another problem lies in the lack of availability of data for many countries and when available, a lack of comparability between them.

Employment and income

Unemployment is reported to be higher amongst visible minorities than amongst the general population, with the exception of Austrian minority groups. Amongst those who work, in most countries they appear to be more often employed in unskilled, manual and poorly paid jobs. They are also more exposed to temporary, casual and insecure employment.

Foreigners (non-nationals) are over-represented in the industry and amongst household or domestic employees.

The average income of people belonging to visible minorities, where data exist, is lower than in the general population. They are also more often recipients of welfare benefits (NL).

Homelessness and housing

Visible minorities are over-represented in the population of homeless people in Denmark. In the UK, they are over-represented amongst households living in overcrowded conditions.

Where information exists, Gypsies are reported to suffer from adverse environmental, political and socio-economic conditions as far as accommodation is concerned. The camps are in poor areas with poor conditions and lack of amenities.

Gender and age

Males are over-represented within minorities from Africa, while in the case of minorities from the Philippines and Peru in Italy, from Latin America in Spain and from Eastern Europe in Finland, the opposite pattern is noticed. In Sweden, women are over-represented amongst the population born abroad.

Visible minorities, especially from Africa, are on average younger than nationals.

‘Minorities’ and drugs

Drug use and health consequences

Popular prevailing images exist that characterise visible minorities as habitual drug users, in particular since many of the illegal drugs come from outside the EU. There are examples of association of different minorities with certain substances, such as crack with Caribbeans, cannabis with Moroccans in Europe and Caribbeans in the UK, heroin with Eastern Europeans and Turks, etc. Existing available data show however that there is little evidence for such stereotypes. In all countries, drug users are mostly found among EU citizens. Information on drug use, patterns and consequences within minorities is very scarce. Fear of stigmatisation makes collection and dissemination of data difficult. Thus, comparisons with the general population on levels of drug use are rarely possible.

Crack seems to be used to the same extent, if not to a greater extent amongst the white population compared to black (Caribbeans) populations.

While there is no substantial link between Turkish communities and drug use in Greece, there are known and treated drug-related problems amongst settled Turkish people in Germany, the Netherlands and Belgium.

Some minorities such as North Africans in France and South Asians in the UK do not appear to have problem drug users among them, since in many cases, once detected, they are being sent to the country of origin for treatment.

Somalis are reported to use khat in Finland and UK. British sources report particularly excessive use of khat among Somalis while they are abroad.

Drug market

Austria reports stereotypical beliefs about the link between drug crime and visible foreigners, especially Black Africans, but also Roma and Sinti who are associated with dealing and trafficking, in particular of heroin.

In Finland, there has been an increasing involvement of minority groups in the wholesale drug market, especially in smuggling amphetamines from Estonia and heroin from Russia. Gypsies who were traditionally involved in alcohol trade began to also sell drugs in the 1990s.

Drug law offences

In general, minorities are over-subscribed within the criminal justice system.

In countries where information is available, foreigners and other minorities are over-represented amongst drug-law offenders reported to the judicial system. In Italy they are also over-represented within prison population for drug law offences.

In the UK, statistics on 'stop and searches' by the police show that visible minorities are relatively more stopped for drugs searches than the white population.

Drug policies and practice interventions

The countries which set up specific provisions for minorities within their drug strategy are rare. As a result of anti-discriminatory policies, some countries have opted to implement drug agencies open to every one, while other countries have set up specific agencies targeting minority groups.

At national level, the issue of drug use amongst minority populations appears only rarely as a factor. There are two major exceptions to the rule: the Netherlands and the UK.

Relationships between drugs, 'minorities' and social exclusion

From the socio-demographic and economic data available, it appears that most non-white populations, including gypsies, visible minorities and illegal entrants are concentrated in areas that are marked by all the indices of social exclusion. People who use and abuse drugs, and who experience drug-related problems also always potentially face the possibility of social exclusion. In particular those who are school excludees, homeless and those who commit crime to support their continued drug use. Although the use and abuse of drugs is not restricted to any one sector of society, its high prevalence and associated social problems are particularly marked in areas and localities marked by social exclusion. Minority drug users could, therefore be said to be facing a position of double jeopardy: they carry the stigmata of racial exclusion and of drug use.

Gaps in available information

There are two kinds of gaps that can be identified:

1) those that can be filled over time through information provided by further research in specific countries, practice interventions and the compilation of statistics that have in-built or integrated indicators concerning different kinds of minorities; and,

2) those gaps that, given the sensitive nature of information required on issues such as drugs and minorities, are not possible at present to fill. This is particularly true with regard to criminal justice, drugs and minorities.

It may be the case, as stated by some partners, that there is a tendency in some countries to keep the data on minorities, drugs and social exclusion hidden in order to prevent putting a spotlight on certain groups and thereby making scapegoats of those communities. In other countries, it is not so much the case of keeping data hidden but rather the fact that there is no tradition of collecting and analysing such data.

In particular, the lack of available literature shows that in some countries such as Greece or Ireland, there is no research at all focusing on the three aspects of minorities, social exclusion and drugs together. The lack of information in these countries may be explained by the fact that they have just recently started dealing with problems of immigration. On the other hand, the vast amount of literature available in the UK and the Netherlands reveals that these societies are aware of the problems that minority populations are facing in the country of settlement, and a considerable amount of research has been conducted.

Recommendations for future work

The available data highlight the disparity of information between countries. Recommendations for future work were made on various aspects:

Data collection and analysis

- To encourage data collection that allows differentiated analysis of questions concerning minorities, drug use and social exclusion.
- To create a clearinghouse of research results and other information on minorities and drugs that can be routinely updated.
- To assess the level of drug use amongst second, and subsequent generations of visible minorities in comparison with nationals.
- To assess drug use amongst minorities in large cities (where they are concentrated in marginalized areas).
- To carry out comparative work on drug use in different minority groups, either on different groups within one country, either on a specific minority group across several countries.
- To carry out a comparative study, between countries where khat use is illegal and those where it is legal, on khat use amongst Somali populations and the effect of legislation on such use.
- To investigate the reasons for the proportional increase of minorities within drug treatment centres in the last 10 years.
- To carry out action research on minorities/drugs/gender issues, minorities/drugs/ young people, and minorities/drugs/criminal justice within a comparative framework with non-minority groups.
- To stimulate dissemination of data regarding minorities within the criminal justice system.

Methodology

- To develop tools for evaluating the needs of minority groups with regard to social exclusion and drugs.
- To develop or improve recording procedures and data collection on minorities and drugs and develop a new instrument for monitoring (recording and evaluation) ‘anti-discriminatory practices’.

Demand reduction and policies

- To promote the development of a strategy and accompanying policy measures integrating within them the aspect of minorities and drug use.
- To encourage mainstream agencies and minority organisations to work together in an integrative fashion.
- To carry out an EU wide qualitative and quantitative audit and evaluation of drug prevention and treatment services towards minorities.
- To investigate informal care structures within minority populations for dealing with drug-related problems and strategies consisting in sending drug users to the countries of origin of their parents for care and treatment.
- To carry out work on the different responses (not only-drug related ones) to Gypsy populations in different countries.