



E.M.C.D.D.A.

EMCDDA SCIENTIFIC REPORT

**Update and complete the analysis of drug
use, consequences and correlates
amongst minorities**

Volume 2 – Country profiles

EMCDDA / 2002

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consequences and correlates amongst
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IMPORTANT NOTE

The country profiles in this volume were compiled from data collected by this project using the methods described in volume 1, section 2.

In each country profile, the number of respondents who provided information is given. The source of that information (research report, drug treatment and crime statistics, media report, personal or professional opinion, rumour, etc) is also identified.

The aim of collecting information from each country was to synthesise it to construct the foundations of an overview of drug use amongst Black and minority populations throughout the European Union and Norway, and to identify issues for further research (volume 1, section 3).

It is not intended that any country profile is used out of the above context as a 'stand-alone' report of drug use amongst Black and minority ethnic communities.

AUSTRIA

Overview of findings

There is no systematic collection of data on the drug use of Black and minority ethnic (BME) groups in Austria, and the knowledge base appears confused, over-reliant on what are described by informants as biased police statistics and, in the case of some BME groups, notions based on stereotypes. The information collected by this study can be summarised as follows, but should be seen in the light of the above comments:

- There is a suggestion that the drug-using patterns of Black Africans in Austria are low and non-addictive.
- There are no data on the drug use of Roma / Sinti in Austria, although, overall, informants thought that drugs are not used by this group.
- It was suggested that if drug use is discovered within Roma / Sinti and Turkish families, it is dealt with within the family rather than by seeking help from 'outside.'
- People from Central and Eastern European countries (CEEC) living in Austria were thought by informants to use heroin, especially second and third generations. There was disagreement about whether or not these drug users injected the drugs they used.
- Several informants thought that Turkish people in Austria are using drugs - including heroin and cocaine - and informants from drug services confirmed this. Second and third generations of this group are thought to be particularly involved.
- Very little information was given to this study on the drug use of Western Europeans, Indians, Pakistanis, Chinese and people from Arab countries.
- Several BME groups in Austria were reported to be involved in drug distribution, particularly Black Africans.

The current state of the knowledge base is best portrayed the Austrian REITOX National Focal Point in a report to this study on a discussion with experts about whether or not BME groups should be considered as a risk group for problematic drug use. It was agreed that there is a lack of knowledge (but a lot of rumours) about the drug use of BME groups in Austria, but some experts believed that this was no different to that of the general population. Whilst it was recognised that some BME groups are over-represented in police statistics on drug use and distribution due to their visibility (ie skin colour), it was also recognised that they are under-

represented in drug services because services do not meet their needs, they are reluctant to seek help because of stigma, and avoid institutions because of an insecure immigration status. The Focal Point reported to this study that *"The general feeling was that the social situation of many immigrants might constitute a 'risk factor' but this, on the other hand, is often balanced by other aspects (like strong social 'bonds,' etc) which might constitute a 'protective factor.'"*

Data collection

At least a 25.6% response rate was achieved from the individuals and organisations contacted for information (see details overleaf). However, an unknown proportion of contacts refused to participate in the project and data collection was prematurely halted. It came to the attention of the research team that the aim of the project and the origin of the statements in the questionnaire were sometimes misunderstood despite the explanation in the accompanying letter, and it was feared by some that the results of this study would further stigmatise BME groups in Austria by increasing racism and nationalism (for a discussion on this issue, see Eisenbach-Stangl, 2002). The REITOX National Focal Point (NFP) received and dealt with many inquiries and complaints about the questionnaire, and two-thirds of the way through the data collection period, after discussions with EMCDDA and the NFP, it was agreed that the research team stop sending out the questionnaire. The range of informants was therefore not as comprehensive as planned. Nevertheless, other contacts - including the NFP - provided some valuable information.

Future directions

For progress to be made in the development of drug services for BME groups, ethnic monitoring and targeted needs assessments are necessary. Needs assessments - using both qualitative and quantitative research methods - should include an examination of specific BME groups in Austria in relation to the link between social exclusion and drug use, and to barriers to drug service access and uptake. Before needs assessments are undertaken, however, it is clear that the problem of the extreme sensitivity over monitoring and researching BME groups must be resolved.

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REITOX National Focal Point		

RESPONSES

Response rate	at least 25.6%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	78	
Responses	20	
Questionnaires completed	10	
Other information	4	
No information	6	Reasons for not providing information: 4 said they had no information 2 were youth workers who said they 'did not have any drug users' amongst their clients

OCCUPATIONS OF RESPONDENTS

Drug service	5	Drugs research / university	4
Government department	4	Social Worker	3
Youth worker	2	Teacher	1
REITOX National Focal Point			

FURTHER CONTACTS

26 further contacts were given by informants, comprising a total of 16 individuals or organisations. In addition, the contact details of a further 24 individuals or organisations requested by the researchers were provided by the REITOX National Focal Point.

As discussed by Khan et al (2000), the method by which the Austrian population is defined and counted means that it is not possible to give the size of each of the Black and minority ethnic groups in the following sections.

BLACK AFRICAN

- No studies on the drug use of Black Africans in Austria were reported. One informant pointed out that research studies do not collect data on nationality, and another that some provinces (such as Voralberg) have very few Black African residents.
- Only two informants commented on this issue, both reporting that drug-using patterns amongst Black Africans in Austria are low and non-addictive.
- Several informants reported that police statistics, the media, and popular opinion (including amongst those working in the drugs field and drug users) point to Black Africans being heavily involved selling drugs on the streets of several major cities in Austria. This is reflected in responses to a statement asking how much informants agreed with the statement 'Black Africans in Austria are involved in selling drugs.' Of 10 responses, 8 agreed, 1 strongly agreed and only one disagreed.
- Despite the findings in the previous paragraph, it is important to note that the issue of Black Africans' involvement in the drugs trade should be seen in the light of the following comments from informants to this study:

Official statistics on reports to the police for violations of the drug laws represent police activity and may not reflect the actual picture regarding drug use and selling.

Black Africans are highly visible because of their skin colour and are associated with drugs by the police and general public, fuelled by adverse media reports over the last few years (Eisenbach-Stangl, 2002). The consequence of this can be seen in the Annual Report of the Federal Ministry for the Interior on drug crimes (Federal Ministry for the Interior, 2001) which shows that Black Africans are over-represented in reports of drug crimes to the police, in statistics on recorded drug offences, and charges for drug offences. In addition, these offences are proportionally more likely to be for drug distribution than for possession than they are for the rest of the population.

Despite this over-representation in the statistics on drugs offences, Black African drug sellers *'are still very small in absolute numbers, and absolutely and relatively far exceeded by Austrian offenders suspected of drug dealing'* (Eisenbach-Stangl, 2002).

The bias against Black Africans in the police statistics does not appear to be recognised by the all informants in this study. When asked how much they agreed with the statement 'Of those arrested for drugs offences in Austria, Black Africans are more likely than the rest of the population to be charged with selling drugs,' of 10 informants, 5 disagreed, 3 did not know, and 2 agreed.

Note: this statement should have read 'Of recorded drugs offences (ie reports to the police) in Austria, Black Africans are more likely than the rest of the population to be accused of selling drugs.'

- Only one study that discusses the involvement of Black Africans in drug distribution was reported: in their examination of the drug scene in Vienna, Springer and Uhl (1999) found that Nigerians were increasingly involved in selling cocaine. One informant commented that *'It is well known in Austria that Black Africans (primarily Nigerians) are involved in selling cocaine.'* Another reported that Black Africans are involved in selling heroin, but especially cocaine.
- One informant reported that Black Africans have built up efficient drug distribution networks that are hard to detect, and another that these dealers are very active and persistent.
- Two informants reported that this group are involved in the drugs trade as they have no other income source, rather than because they use drugs themselves (see also studies reported by Eisenbach-Stangl, 2002), although another added that a few do begin to use the drugs they are selling and then disappear from the 'street scene.' One of these informants reported that the Black Africans who sell drugs in Austria are recruited for that purpose in their home countries, adding that *'it is evidently the social and political desperation of their original situation,'* including a lack of family structures, which makes them willing to do this.
- One informant reported that the *'higher ranks'* of the drug distribution system includes co-operation between Black Africans, Poles and Russians.

ROMA / SINTI

- Five informants told this study that very little is known about the drug use of Roma / Sinti in Austria. Studies of drug use do not collect information on ethnic groups and, although police data show nationality, the nationality of the Roma / Sinti may be Austrian or another nationality.
- The lack of information is highlighted by responses to the statement 'There is drug use - particularly of heroin - amongst this group.' Of 9 responses asking how much they agreed with this, the majority (6) did not know, whilst 3 disagreed. One informant added that there is some evidence of heroin smoking by young Roma in Vienna several years ago, and another thought that drug use amongst this group is not a problem. A third pointed out that this group is not found in some provinces of Austria.
- Eisenbach-Stangl (2002) reports that, according to rumours amongst the Volksgruppen (Coatians, Czechs, Hungarians, Roma / Sinti, Slovaks, and Slovenians, who are legally acknowledged and protected minorities in Austria) only the Roma and Sinti have a '*close relationship*' to drugs, especially heroin.
- One informant reported that individual members of the Roma / Sinti community use drugs, but that the main substance used by this group is alcohol.
- One informant believed that if a member of a Roma / Sinti family uses drugs, family structures protect them, help keep drug use under control, and do not allow '*interference*' (such as help from drug services) from '*outside*.'
- Nine informants indicated how much they agreed with the statement 'This group is involved in selling drugs - particularly heroin - in Austria': 5 disagreed and 4 did not know.

One informant added that there are no reports from the Austrian police, media, nor drug experts on the Roma / Sinti community being involved in the drugs trade.

Only 1 informant had some evidence of drugs being sold by members of this group, reporting that, occasionally, groups of relatives - especially the younger members - import drugs from Slovenia and Hungary.

CENTRAL AND EASTERN EUROPEAN

Khan et al (2000) listed these communities as Bosnian, Croatian, Czech, Hungarian, Slovenian, Slovakian, and Yugoslavian. Informants to the current study added Albanian, Belarusian, Bulgarian, Czech, Kosovan, Macedonian, Polish, Romanian, Russian, Serbian, and Ukrainian.

- People from CEEC were thought by informants to this study to use drugs, but there was no consensus as to which specific communities were involved. One informant reported that people from the former Yugoslavia - especially Kosovo - are heavily involved in drug use as a result of their experiences of war, whilst another reported an increase in heroin use by people from the former communist countries - mostly by those from Slovakia and Russia.
- Informants included a drug service in Austria that has heroin-using clients from CEEC. The service reported that these drug users smoke, rather than inject, the drug. A study of socially disadvantaged young BME groups (mostly from CEEC and Turkey) in a location in Vienna where young people and drug users mingle confirmed this: cannabis, heroin and cocaine played a central role, but injecting was rare (AG SCHOP, 1999). This study concluded that the young people's social problems (unemployment and criminal activity) was more of a problem than their drug use. However, another drug service reported injecting by drug users from CEEC, although this community stigmatise this route of administration.
- In 1999, it was reported from Salzburg that BME groups from, especially those from Central and Eastern European countries (CEEC) and Turkey, were over-represented in drug substitution treatment programmes (Report on the drug situation in Austria, 1999).
- Four informants discussed drug use by second and third generation members of CEEC communities:

A drug service reported that they occasionally have clients from the former Yugoslavia, or their offspring who were raised in Austria.

In the province of Voralberg, second generation former Yugoslavians were also reported to be using drugs, particularly 'designer drugs.'

A drug outreach worker reported that drug use was limited to second and third generations of CEEC communities, who use ecstasy, heroin and cocaine.

AC Company (1999) report that BME drug users who use low-threshold drug services are likely to be the second and third generation offspring of foreign labourers, who were born in Austria, including those from Bosnia, Croatia and Serbia.

- One informant reported 'drug tourists' from CEEC countries in Austria, including those from Poland, the Czech Republic and Slovakia, who are working as prostitutes to fund their drug use.
- People from CEEC were thought to play a role in drug distribution, but, as with the drug use of this group, there was no consensus from informants as to *which* communities. Russians, Serbians and Albanians were identified as being involved by one informant, another named Russians and Slovaks, and another those from the former Yugoslavia (especially Kosovo). However, an informant from Voralberg reported that second generation former Yugoslavians were not involved in drug distribution in that province.
- The Annual Report of the Federal Ministry for the Interior on organised drug trafficking (Federal Ministry for the Interior, 2001) reveals that people from the former Yugoslavian countries are involved in the street selling of heroin; Albanians in the importation of heroin; and Croats, former Yugoslavians and Romanians in cocaine smuggling. However, an informant reported that the source of the data upon which this information is based is unclear.
- One informant reported that 'designer drugs' and amphetamines were produced in Central and Eastern European countries and sold by people from those countries in Austria.
- It was reported by one informant that Bratislava, which is on the border between Slovakia and Austria, has a significant role in the drug distribution trade.
- One informant had been told by drug distributors that the '*higher ranks*' of the drug distribution system in Austria includes co-operation between Black Africans, Poles and Russians.

TURKISH

- Two informants reported that Turkish people living in Austria were thought to use drugs, but that no quantitative data are available on this.
- A drug service in Austria has heroin-using clients from Turkey. The service reported that these drug users smoke, rather than inject, the drug. A study of socially disadvantaged young BME groups (mostly from CEEC and Turkey) in a location in Vienna where young people and drug users mingled confirmed this: cannabis, heroin and cocaine played a central role, but injecting was rare (AG SCHOP, 1999). The study concluded that the young people's social problems (unemployment and criminal activity) was more of a problem than their drug use. One informant noted, however, that the area of Vienna where the Turkish population is concentrated has a high prevalence of drug use, and drugs are readily available there.
- One informant reported that second generation Turkish people who were born in Austria were more involved in drug use than their parents' generation because they had '*given up their Turkish traditions.*' Another agreed, reporting that second and third generation Turkish people in Austria did not speak (or had a poor command of) Turkish.
- A drug service reported that they occasionally have clients from Turkey, or their offspring who were raised in Austria.

AC Company (1999) report that BME drug users who use low-threshold drug services are likely to be the second and third generation offspring of foreign labourers, who were born in Austria, including those from Turkey.

- A drug service in Voralberg reported that drug use is widespread amongst Turkish people in the province, and a treatment centre there reported that they have had many inquiries from Turkish parents for consultations for primary prevention advice. However, a study on young people and drugs (ÖBIG, 2001) reported that young Turkish drug users are very concerned to keep their use secret from their families, fearing they will be sent back to Turkey '*to become drug free*' if it is discovered, although the source of this information is unclear. An outreach worker also reported this strategy when drug use is discovered by families, adding that if the drug user is female, they are 'married off' in Turkey in an attempt to deal with the problem. The outreach worker had also heard from Turkish clients that it was indeed easier to give up drugs in Turkey, but that they started using them again on returning to Vienna.
- A short-term treatment centre in the province of Voralberg reported that up to 50% of their clients were of Turkish origin, and limits had to be set on their numbers '*because more than 50% of one ethnic group causes problems.*'

- The Annual Report of the Federal Ministry for the Interior on organised drug trafficking (Federal Ministry for the Interior, 2001) reveals that people from Turkey are involved in the street selling of heroin. However, an informant reported that the source of the data upon which this information is based is unclear.
- Two informants reported that Turkish people living in Austria were thought to be involved in the distribution of drugs, but that no quantitative data are available on this.

WESTERN EUROPEAN (FOR EXAMPLE, FROM GERMANY AND SWITZERLAND)

Germans and Swiss were specifically mentioned in this section of the questionnaire because they feature in the information on drug use in Khan et al (2000). By far the largest group of Western Europeans living in Austria are from Germany.

- A drug service reported that they had some clients from Western European countries.
- AC Company (1999) report that few Western Europeans use low-threshold drug services.
- Another drug service reported that they regularly had German clients and occasionally Swiss clients.
- Informants were asked how much they agreed with the statement 'Of Germans and Swiss arrested for drugs offences in Austria, 90% are charged with possession of drugs, not selling them.' Two informants disagreed, 3 did not know, and 3 agreed. Another maintained that this group are not involved in the drugs trade.
- The Annual Report of the Federal Ministry for the Interior on drug crimes (Federal Ministry for the Interior, 2001) reports around 4,000 reports to the police involving foreigners and drugs. The statistics show that few Germans and Swiss are charged with drug distribution offences: although 533 (13%) refer to Germans and Swiss, just 33 of them (0.8% of the total) involved drug distribution.

OTHER BLACK AND MINORITY ETHNIC GROUPS

The BME groups listed in the previous sections were identified by Khan et al (2000) as living in Austria. Informants were asked 'Are there any minority ethnic groups in Austria that are missing from the previous pages? If so, please tell us which groups and anything you know about their drug use.'

- It was reported by one informant that people from '*Arab countries,*' India, Pakistan and China also lived in Austria, and that it is '*popularly supposed*' that they are involved in drug distribution. However, the informant added that there is no evidence to support this belief.
- AC Company (1999) report that BME drug users who use low-threshold drug services include Iranian refugees.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN AUSTRIA

- Informants were asked how much they agreed with the statement 'A larger proportion of young minority ethnic people in Austria than young people from the rest of the population use drugs.' Two strongly disagreed, 4 disagreed, 2 did not know, and 1 agreed.
- The Austrian REITOX National Focal Point reported on a discussion with experts about whether or not BME groups should be considered as a risk group for problematic drug use. It was agreed that there is a lack of knowledge (but a lot of rumours) about the drug use of BME groups in Austria, but some experts believed that this was no different to that of the general population. Whilst it was recognised that some BME groups are over-represented in police statistics on drug use and distribution due to their visibility (ie skin colour), it was also recognised that they are under-represented in drug services because services do not meet their needs, they are reluctant to seek help because of stigma, and avoid institutions because of an insecure immigration status. The Focal Point reported to this study that "*The general feeling was that the social situation of many immigrants might constitute a 'risk factor' but this, on the other hand, is often balanced by other aspects (like strong social 'bonds,' etc) which might constitute a 'protective factor.'*"

- AC Company (1999), a project set up to provide information and allow comparisons of drug services for '*mobile foreign drug users*' (ie from BME groups) in Europe, report, however, few of these drug users in treatment in different regions of Austria, adding that '*There are little or no indications that this group causes special problems or situations for these [drug treatment] institutions.*'
- Eisenbach-Stangl (2002) reports that '*rumours and two more systematic studies indicate that the children and grandchildren of labour migrants are more often to be found in drug scenes than children and grandchildren of Austrians (especially in the metropolitan area of Vienna, but also in other smaller cities).....in Vienna they have established their own drug scenes.....*'
- Informants were asked how much they agreed with the statement 'Minority ethnic people in Austria are more involved than the rest of the population in selling drugs - particularly heroin - and drug-related crime.' Five disagreed, 2 did not know, and 1 agreed.
- According to the Annual Report of the Federal Ministry for the Interior, (Federal Ministry for the Interior, 2001), organised drug supply '*is dominated by foreign criminal groups*' and the involvement of Austrian citizens in the smuggling and supply of heroin, cocaine, and ecstasy is on an individual basis. Statistics on charges for supplying drugs show that 'non-Austrians' figure disproportionately.

BIBLIOGRAPHY

The questions in the questionnaire were compiled from data in Khan K, Zervoullis K, Carpentier C, Hartnoll R (2000): Mapping available information on social exclusion and drugs, focusing on 'minorities' across 15 EU member states. EMCDDA scientific report, Volume 2.

Informants were asked to give details of any documents they thought would inform this project. The following were cited by informants and/or provided to the research team:

AC Company (1999): Development of a European network for the target group of mobile drug users. Guide: Austria, Germany, Great Britain, the Netherlands. AMOC DHV: Amsterdam.

AG SCHOP (1999): Erhebung Schottenring. Die soziale, gesundheitliche und rechtliche Lage der Jugendlichen vor Ort. Wien.
This project focused on a specific group of socially disadvantaged youths - all from immigrant families - at a Vienna 'scene location,' where the youth and drug scenes mingle.

Eisenbach-Stangl I (2002): Drug policy as policy with foreigners? Fantasies and realities in Austria today. Contemporary Drug Problems (in press).
A detailed examination of the link between drug policy and foreigners, drug offence reporting systems, and the reality. Eisenbach-Stangl interviewed about 20 professionals who work either in the drugs field or with foreigners for information for this study. Includes many references.

Federal Ministry for the Interior (2001): Zentralstelle zur Bekämpfung der Suchtgiftkriminalität. Department II/BK/8.

Jahresberichte über die Suchtgiftkriminalität in Österreich. BMI: Wien.
Annual reports on drug Delinquency, which provide data on all reports to the police for violations of the Narcotic Substances Act and include statistics on 'foreigners' and more qualitative information on patterns and groups of organised drug trafficking.

ÖBIG (2001): Drogenspezifische Problemlagen und Präventionserfordernisse bei Jugendlichen.
A study on protective factors against and risk factors for problematic drug use amongst young people. In addition, the needs and requirements for target groups specific intervention were studied. In the context of the general objectives, the study also referred to the specific situation of young people from immigrant families.

Reports to the police for violations of the Narcotic Substances Act, 2001.

Report on the drug situation in Austria, 1999. ÖBIG.

Salman R, Tuna S, Lessing A (1999): Handbuch der interkulturellen Suchthilfe. Edition psychosozial.

Springer A, Uhl A (1999): Die Wiener Drogenszene (The drug scene in Vienna).

BELGIUM

Overview of findings

There is little systematic collection of quantitative data on the drug use of people living in Belgium, whatever their ethnic group (Khan et al, 2000). Therefore, although some research on the drug-using patterns of Black and minority ethnic (BME) groups has been conducted, the knowledge base is patchy and confused. This is clearly illustrated by the lack of consensus and the large proportion of 'I don't know' responses to the specific questions asked by this study, including those on the prevalence of drug use amongst particular BME groups, routes of administration, and whether or not BME drug users are reached by, and presenting to, drug services. With this sparse knowledge base firmly in mind, the findings of the study can be summarised as follows:

- There is drug use amongst North Africans from Morocco, Tunisia and Algeria, but it is not known whether or not this involves injecting. There is no information on the drug use of other Africans living in Belgium.
- Turkish people in Belgium use drugs, but there is no information on whether or not these are injected.
- No information was given to this study on the drug use of Asians, Gypsies / Roma, Americans (who are mainly from Central and South America), and those from Oceania (Australia, New Zealand and the Pacific Islands).
- Amongst those from other European Union (EU) countries living in Belgium, more drug use occurs amongst those from the member states in the south (particularly Italians and Greeks).
- There is drug use amongst immigrants from Central and Eastern European countries (CEEC).
- Second and third generation Moroccans and Turkish people are more likely to use drugs than the first generations of these groups.
- Turkish people and illegal immigrants from CEEC countries are reluctant to approach drug services, preferring to deal with drug use within the family.
- Black Africans (excluding those from North Africa), Asians, Turkish people, Gypsies / Roma, and Central and South Americans were thought to be involved in drug distribution.

Data collection

At least a 30.6% response rate was achieved from the individuals and organisations contacted for information (see details overleaf). During the data collection period, it came to the attention of the research team that some drugs researchers who had received the questionnaire circulated an email urging others not to respond. The aim of the project and the origin of the statements in the questionnaire appear to have been misunderstood by these individuals, who saw the survey as a tool to stigmatise Black and minority ethnic (BME) drug users, and who were concerned about implications of the results in terms of immigration policy. Two complaints along the same lines were received directly by the research team. We are grateful to the intervention of a respected drugs researcher who contacted complainants in their own language to allay their fears. This individual did, however, think that we could have been more precise about the purpose and objectives of our study and how the results would be used - specifically by clarifying what we meant in the accompanying letter which said that results would 'inform the development of appropriate policies and services.' By this phrase, we, of course, meant 'appropriate *drug* policies and services,' but it is a measure of the sensitivity of this topic in Belgium that a more sinister interpretation was put upon it.

Future directions

For progress to be made in the development of drug services for BME groups, the knowledge base must be expanded, and ethnic monitoring and targeted needs assessments are necessary. Needs assessments - using both qualitative and quantitative research methods - should include an examination of specific BME groups in Belgium in relation to the link between social exclusion and drug use, and to barriers to drug service access and uptake.

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The following individuals or organisations are thanked for their assistance in this project. We are equally grateful to the information from those who wished to remain anonymous or did not indicate that they could be named.

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Pascale Jamoulle	Joep Oomen	Stijn Vandevelde
Wouter Vanderplassen		

RESPONSES

Response rate	at least 30.6%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	72	
Responses	22	
Questionnaires completed	8	
Other information	6	
No information	8	Reasons for not providing information: 6 said they had no information 2 because the project asked for subjective perceptions and they believed that results would therefore be prone to 'serious errors' and 'racist interpretations'

OCCUPATIONS OF RESPONDENTS

Research institution / university	12
Drug services	3
Prisons (from Prison Watchdog Commission of Brussels and Superior Council of Prison Policy)	2
Royal Commission of Patronage	1
European NGO Council on Drugs and Development (ENCOD)	1
European Addiction Severity Index (EuropASI)	1
International organisation	1
Unknown	1

FURTHER CONTACTS

7 further contact details of individuals or organisations were given by informants.

BLACK NORTH AFRICAN: MOROCCAN, TUNISIAN, ALGERIAN (MAGHREBIAN)

One respondent questioned this categorisation, pointing out that the Maghrebian population in Belgium - who arrived in the country during the 8th century - is not regarded as a Black and minority ethnic group.

The total number of Africans in Belgium in 1998 was 194,538, of which 68% were from Morocco (Khan et al, 2000). Moroccans are the second largest foreign group in the country (other European Union nationals comprise the largest group).

- Informants were asked how much they agreed with the statement 'There is drug use amongst Black Africans in Belgium.' All but one agreed that this was accurate: of the 8 who responded, 5 agreed, 2 strongly agreed and 1 did not know.
- An informant who worked in Belgian prisons reported that people arriving from North African countries do use drugs, including those who are in prison.
- One informant reported that second and third generation Moroccans are more likely to use drugs than those who came to Belgium in the first wave of immigration.
- Informants had less knowledge about injecting drug use amongst Black North Africans. The questionnaire asked how much they agreed that 'Black North Africans living in Belgium are less likely to inject drugs than Europeans living in the country.' Of 8 responses, 6 did not know, 1 disagreed and 1 agreed.
- The final statement in this section of the questionnaire asked for the level of agreement with 'The drug use of Black North Africans is increasing their social exclusion.' There was no consensus: of 8 responses, 3 agreed, 1 strongly agreed, 2 strongly disagreed and 1 did not know.

OTHER BLACK AFRICAN (excluding Black North Africans from Morocco, Tunisia and Algeria)

The total number of Africans - other than those from Morocco - in Belgium in 1998 was 61,707 (Khan et al, 2000). Africans other than Moroccans are the fourth largest foreign group in the country (there are more Moroccans, Turkish people and other European Union nationals).

- Informants reported that people from African countries living in Belgium included those from Burundi, the Congo, Nigeria, Rwanda, Senegal, and Somalia.
- Informants were asked how much they agreed with the statement 'Black Africans (excluding Black North Africans) in Belgium seem to be less likely to have a drugs problem than other ethnic minority groups in the country.' The majority (6) did not know, 1 disagreed and another agreed.
- No information on the drug use of these groups was given by informants, other than from one respondent who reported that *'they use drugs a little, but are more likely to be involved in their sale.'*

TURKISH

In 1998, there were 73,818 Turkish people living in Belgium (Khan et al, 2000), making Turkish people the third largest foreign group after other European Union nationals and Africans.

- Six of the 8 informants who responded to the statement 'There is drug use amongst Turkish people living in Belgium' agreed it was correct, whilst 2 strongly agreed.
- One informant reported that second and third generation Turkish people are more likely to use drugs than those who came to Belgium in the first wave of immigration.
- One informant reported a growing tendency for young Turkish females to use drugs.
- Only one of the 8 who responded to the statement 'Turkish people in Belgium are less likely to inject drugs than Europeans' knew anything about this aspect of the drug use of Turkish people: 7 did not know and 1 disagreed.
- Of 8 informants, 3 agreed and 1 strongly agreed that 'This group are a close-knit, closed community, which makes it difficult to discover details about their drug use and for drug agencies to work with.' However, 1 informant strongly disagreed and 3 did not know.

One informant disagreed with the statement because in their experience in Charleroi, the Turkish community was not closed, nor unconcerned about drug use and prevention initiatives.

However, another informant agreed that it was difficult for substance use treatment and prevention initiatives to reach Turkish people, and that, even when they did, there were problems disseminating information to this community, involving their social networks, language difficulties, and a lack of culturally appropriate responses.

- Khan et al (2000) reported that the drug use of Turkish people is increasing their social exclusion, and the questionnaire asked informants how much they agreed with this. Four agreed, 1 strongly agreed, 2 strongly disagreed and 1 did not know.
- Informants were not specifically asked about the involvement of Turkish people in drug distribution, but one respondent reported - from their experience working in Belgian prisons - that they were.

ASIAN

In 1998, there were 25,677 people from Asia living in Belgium (Khan et al, 2000).

Khan et al did not specify from which Asian countries those living in Belgium came. Informants to this study named Bangladesh, China, India, Iran, Iraq, Pakistan, the Philippines and Thailand.

- Khan et al (2000) reported that Asian people living in Belgium seem to be less likely to have a drugs problem than other minority groups. Informants had little knowledge of this, however: of the 8 who indicated how much they agreed with this statement, 7 did not know and only 1 agreed. Another informant said that the Asian population of Belgium is small, making it difficult to assess their drug-using behaviour.
- Only one informant had any other information about the drug use of this group, reporting that, in their experience, *'Asians are more involved in trafficking than consumption.'*

GYPSY / ROMA

The size of the Gypsy population in Belgium is unknown (Khan et al, 2000).

- Eight informants responded to the statement 'Gypsies / Roma in Belgium seem less likely to have a drugs problem than other minority groups.' Seven of them did not know and only 1 agreed.
- Only one informant had any other information on drug use amongst this group, reporting that in the course of their work in prisons, they encountered some, plus *'a small amount of trafficking.'*

AMERICAN

- Informants reported that there were few North Americans living in Belgium, and the majority of them are from Central and South America (Khan et al, 2000 put the total number of Americans in the country in 1998 at 22,035). No information on the drug use of this population was reported.
- One informant reported that Americans in prison in Belgium for drug-related offences are usually Central and South American and are there for '*drug transporting offences*' (although it is not clear whether or not this refers to 'drug mules' / 'bodypackers.').

OTHER EUROPEAN UNION (from Austria, Denmark, France, Finland, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, UK)

Khan et al (2000) report that this was the largest group of foreigners living in Belgium in 1998. The total population was 562,046.

- One informant reported that drug use amongst Italians and Greeks - who, they added, have a more marginal social position in Belgium than other European Union (EU) nationals - is relatively high. However, another informant maintained that drug use amongst people from other EU member states in Belgium is not a '*frontline issue*.'
- An informant reported that third and fourth generation Italians, Greeks, Spaniards and Portuguese in Belgium use drugs problematically, but that there is no substantial information on this. Another said that second and third generation Italians and Greeks are more likely to use drugs than those who came to Belgium in the first wave of immigration.
- One informant pointed out that government officials from different European Union (EU) member states live in Brussels, and that this affluent population has access to drugs and no economic problems acquiring them. The informant added that '*often, in order to protect parents' image (if the parents are Eurocrats), children who pose problems are sent back to their home country.*'

OTHER EUROPEAN (EXCLUDING EUROPEAN UNION)

Khan et al (2000) report that, in 1998, the total number of Europeans living in Belgium (excluding those from European Union and Turkey) was 17,975.

- Whilst one informant thought that the drug use of Eastern Europeans in Belgium was not an issue for concern, another reported that over the last few years the number of Central and Eastern Europeans clients of drug services has noticeably increased, and that this pointed to a '*widespread increase*' in drug use amongst these populations.
- One informant reported that, unlike Turkish people, Moroccans, Greeks and Italians, the first generation of Central and Eastern Europeans in Belgium are more likely to use drugs than later generations.
- Another informant reported that many Central and Eastern Europeans were illegal immigrants and were therefore afraid to approach drug agencies if they had a drug problem. They added that it is therefore difficult to give a quantitative indication of their drug use.

OCEANIA: AUSTRALIAN, NEW ZEALANDER, PACIFIC ISLANDERS (from, for example, Somoa, Cook Islands, Fiji Islands, Solomon Islands, Tahiti, Papua New Guinea)

- Khan et al (2000) put the number of people from Oceania in Belgium in 1998 at only 690. No information on their drug use was received by this project. When asked how much they agreed with the statement 'Pacific Islanders in Belgium seem less likely to have a drugs problem than other minority groups' all 7 informants who responded said they did not know. Another informant reported never having encountered Australians or New Zealanders amongst drug users.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN BELGIUM

- Khan et al (2000) point out that there is no quantitative data on the drug use of BME groups in Belgium, and several informants echoed this, commenting that because of this lack, the information they provided was from their own experience.

One added that data from police statistics are a poor substitute for comprehensive surveys, and are biased because, as far as drug use is concerned, the police are *'much, much more active in some areas where ethnic minorities live.'*

One respondent pointed out that *'there is no generally used indicator for ethnicity. Mostly, nationality is used as an exclusion variable, leading to a serious underestimation of the number.'*

- Of 8 informants who gave their opinion of the accuracy of the statement 'Amongst the non-white ethnic groups in Belgium, fewer females than males use drugs,' 5 agreed and 3 did not know.
- Eight informants indicated how much they agreed with the statement 'Of all the minority groups in Belgium, Africans, Turkish people and Southern Europeans are most likely to be in prison for drug-related offences.' Three did not know, 3 agreed, 1 strongly agreed and 1 disagreed.
- In terms of drug treatment:

There was no consensus over the statement that 'Little information is available on the drug use of minority ethnic groups in Belgium, because drug agencies do not collect information on their minority ethnic clients.' 3 did not know, 2 agreed, 1 strongly agreed, 1 disagreed and 1 strongly disagreed. Khan et al (2000) note the resistance by drug services to collecting such data.

The questionnaire also asked how much informants agreed with the statement 'Of all the minority groups in Belgium, Africans, Turkish people and Southern Europeans are most likely to be in contact drug treatment services.' Of 8 responses, 3 did not know, 3 agreed, 1 strongly agreed and 1 disagreed.

Of 8 responses asking how much informants agreed that 'In Belgium, drug treatment, other interventions concerning drugs, and drug policies are targeted at the whole population, irrespective of their ethnic background,' 2 did not know, 1 agreed, 3 strongly agreed, and 2 disagreed. One informant added that '*Drug treatment doesn't differentiate, but it is more difficult for ethnic minorities to get into drug treatment.*' Another thought that cultural differences may require different responses, '*but this remains a guess.*'

Of 8 responses asking for the level of agreement with the statement "Some ethnic minority groups in Belgium appear to have developed their own methods of coping with drug use, such as sending the drug user back to the country of origin or attempting to detoxify them with a 'home detoxification,'" 4 informants did not know, 1 agreed, 2 strongly agreed and 1 strongly disagreed.

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Informants were asked to give details of any documents they thought would inform this project. The following were cited by informants and/or provided to the research team:

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DENMARK

Overview of findings

Statistical data reported to this study on the drug use of Black and minority ethnic (BME) groups in Denmark derived from prison and drug treatment services and give some indication of the drug use of those who come to the attention of these services. These data were supplemented by observation from those working in the drugs field and can be summarised as follows:

- The link between traumatic experiences of war and problematic drug use is suggested in the case of people from the Middle East, Pakistan, and Central and Eastern European Countries.
- Turkish people and Iranians are the largest foreign groups in drug treatment in Denmark.
- Qat (or khat) use amongst Somalis is common.
- Organised groups of Africans are reported to be selling cocaine in Denmark.
- Little information about the drug use of Sri Lankans, Gypsies / Roma, North Americans, Eskimos / Greenlanders, and Vietnamese was provided and these groups rarely appear in drug treatment statistics.
- Of Western Europeans, Norwegians are the third largest foreign group seeking drug treatment in Denmark.
- It was suggested that problematic drug users from Turkey and Central and Eastern European countries are relatively young.
- It was suggested that there are no major differences in the drug use of BME groups in Denmark compared to the rest of the population.

Data collection

At least a 32.5% response rate was achieved from the individuals and organisations contacted for information (see details overleaf). However, although ethnic monitoring is carried out within the drug treatment system and in prisons, and provided useful information for this study, informants gave few further contacts and only one study (on prisoners) concerning BME groups and drug use was referenced.

Future directions

The information provided to this study reveals gaps in the knowledge base concerning the drug use of many of the BME groups in Denmark, including some of the largest. These gaps should be filled by qualitative and quantitative research in order to assess patterns of drug use and to inform the development of appropriate interventions. It appears that there are some interventions aimed at specific BME groups in Denmark: information from these would be a useful starting point for further research.

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Eric Allouche
Lars Buhl
REITOX National Focal Point

RESPONSES

Response rate	at least 32.5%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	40	
Responses	13	
Questionnaires completed	5	
Other information	4	
No information	4	Reasons for not providing information: 3 would not give an opinion not based on ' <i>scientific</i> ' or ' <i>precise</i> ' knowledge 1 because they thought the study was ' <i>ethically problematic</i> '

OCCUPATIONS OF RESPONDENTS

Drugs research / university	9
Drug service	2
Government (Ministry of Justice)	1
REITOX National Focal Point	

FURTHER CONTACTS

3 further contacts were given by informants.

MIDDLE EASTERN: LEBANESE, IRAQI, IRANIAN

Khan et al (2000) report that almost 62,000 people from these three countries lived in Denmark in 1998, making them the second largest Black and minority ethnic group there, after Turkish people.

- Informants were asked how much they agreed that 'problematic drug use occurs amongst some people from the Middle East living in Denmark after they have undergone traumatic experiences during wars in their countries.' There was no consensus that this was the case: of 5 responses, 1 strongly disagreed, 2 agreed and 2 did not know.

An informant from a drug service added that Lebanese male clients who had fought in wars had been given flunitrazepam (Rohypnol) *'in order that they could fight,'* but had not started to use drugs in a problematic way until they were travelling to, or had arrived in, Denmark.

- One informant thought that alcohol was the preferred substance amongst this group.
- It was reported that the Well-being Committee Admission Register for Drug Misusers in Treatment shows that Iranians are the largest foreign group in Denmark's drug treatment system (Khan et al, 2000, report that, in 1998, Iranians were the 7th largest BME group in Denmark, totalling 19,100 people).
- An informant from a drug treatment service reported that Iranians understand 'drug misuse' in very *'medically-orientated'* terms: they interpret 'misuse' as a poisoning (a bad physical reaction) and do not acknowledge the term as a description of psychological reactions.
- One informant reported that drug users had told them that people from the Middle East were involved more in distributing drugs than in using them.

TURKISH

Khan et al (2000) report that Turkish people were the largest Black and minority ethnic group living in Denmark in 1998, comprising 82,500 people.

- A clinician from drug service reported that there are few first generation Turkish people in treatment in Denmark, but, more often, those from the second generation are treated for drug - including heroin - dependency.
- It was reported that the Well-being Committee Admission Register for Drug Misusers in Treatment shows that Turkish people are the second largest foreign group in Denmark's drug treatment system.
- One informant reported that there are rumours that Turkish Kurds are *'heavily involved'* in heroin distribution.

SOMALI

Khan et al (2000) report 24,000 Somalis living in Denmark in 1998.

- Three informants reported that qat (or khat) use is common amongst Somalis in Denmark.

One of the above informants added that Somalis are very rarely seen in the Danish drug treatment system.

- It was reported that a Somalian had contacted the Medical Office of Health, Copenhagen and Frederiksberg, because he thought that Somalis in the city used too much qat, but that no action was taken on this by the Medical Office of Health.
- Other than qat use, no informant had any further data on the drug use of this group.
- One informant reported that, as Somalis have access to *'cheap drugs'* from Somalia, they are involved in drug distribution. This informant gave no evidence of this claim. However, another informant reported a *'small army of Africans selling cocaine, mainly in the summertime,'* and that the distribution system seems very organised. This informant did not know whether or not these dealers are using drugs themselves, and did not state from which African countries they come.

PAKISTANI

In 1998, there were 23,300 Pakistanis living in Denmark (Khan et al, 2000).

- It was reported that the Well-being Committee Admission Register for Drug Misusers in Treatment shows that there are Pakistanis in Denmark's drug treatment system because of drug - including heroin - dependency.
- One informant reported that, in their clinical experience, most Pakistanis who have sought treatment for drug use are political refugees and *'have got into misuse due to, among other things, trauma.'*
- One informant remarked that Pakistanis in Denmark had access to *'good drugs.'*

SRI LANKAN

In 1998, there were 14,200 people from Sri Lanka living in Denmark (Khan et al, 2000).

- One informant reported that this group uses cocaine.
- It was reported that the Well-being Committee Admission Register for Drug Misusers in Treatment shows that very few people from Sri Lanka seek treatment for drug use.

ESKIMOS (GREENLANDERS)

Khan et al (2000) do not report population statistics for this group.

- Two informants commented on the drug use of this group, concurring that amongst them, alcohol use is a far bigger problem than the use of other substances.

One of these informants added that the alcohol use of Greenlanders impacts negatively on Danish people who live in the same area.

The other informant thought that *'tablets'* (presumably prescription drugs) were also used by this group.

- It was reported that the Well-being Committee Admission Register for Drug Misusers in Treatment shows that people from Greenland very seldom seek treatment for drug use.

CENTRAL AND EASTERN EUROPEAN: FROM POLAND AND THE FORMER YUGOSLAVIA

In Denmark in 1998, there were 36,900 people from the former Yugoslavia and 17,300 from Poland (Khan et al, 2000) making Central and Eastern Europeans the second largest BME group in the country.

- Two informants reported that people from Central and Eastern European countries use heroin. One added that cannabis is also used by this group, and the other than alcohol is their most frequently used substance.
- It was reported that the Well-being Committee Admission Register for Drug Misusers in Treatment shows that former Yugoslavians are included in the client statistics for heroin use, and that they are relatively young.
- A clinician added that their impression is that drug use by former Yugoslavians had either begun in their homeland because of experiences of war, or that leaving their country and living in a different society was a contributory factor.

OTHER EUROPEAN (EXCLUDING CENTRAL AND EASTERN EUROPEANS)

- It was reported that The Well-being Committee Admission Register for Drug Misusers in Treatment shows a number of clients from other European countries, particularly from the northern countries and especially Norwegians, who are the third largest foreign group seeking treatment in Denmark.

VIETNAMESE

Khan et al (2000) report that 14,200 people from Vietnam lived in Denmark in 1998.

- No information about the drug use of this group was reported to this study, other than that The Well-being Committee Admission Register for Drug Misusers in Treatment rarely shows clients from Vietnam.

GYPSY / ROMA

Khan et al (2000) report that estimates of the Gypsy population in Denmark range from 1,500 - 10,000.

- It was reported that The Well-being Committee Admission Register for Drug Misusers in Treatment rarely shows Gypsy / Roma clients. No other information about the drug use of this group was reported to this study.

NORTH AMERICAN

- No information on the drug use of this group was given to this study, other than that they do not appear in statistics from the Well-being Committee Admission Register for Drug Misusers in Treatment.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN DENMARK

- Informants were asked how much they agreed with the statement 'Young members of minority ethnic groups in Denmark are more likely to use heroin than the rest of the population.' Of 5 responses, 3 disagreed, 1 strongly disagreed and another did not know.
- One informant had asked police, outreach workers, representatives of treatment centres and doctors for any new information about the drug use of BME groups in Denmark. The result was that there were no reports of significant changes or major differences in the drug-using patterns of BME groups compared to the rest of the population. This was illustrated by the example of 'hash clubs' which are run by BME groups, but the members are *'of all kinds.'*

Another informant agreed that there was no difference between the drug use of BME groups and the rest of the population, reporting that the use of *'stronger drugs'* by both BME groups and by Danes was the result of social problems.

- Informants were asked their level of agreement that 'Non-native Danish people are over-represented in the population of those with a criminal conviction for drugs offences.' The majority of responses - 4 of 5 - did not know, whilst 1 disagreed.
- The general conclusions of a study by the Criminal Body of Denmark (2001) show that in 2000, although 13% of prisoners were from an '*ethnic background*' (Khan et al, 2000, report that the proportion of immigrants and their descendants in Denmark at 6.6%), a smaller proportion than those with Danish backgrounds had '*documented misuse problems*' when they were incarcerated (33%:55%). However, the researchers who conducted this study were not allowed access to information on the crimes for which inmates had been sentenced.

Data from the same study show that of 8,193 prisoners receiving drug treatment in prison in 2000, 542 (6.6%) gave their citizenship other than as Danish and were recorded as immigrants or refugees. Of these, 383 said they were first generation and 121 were second generation. Over half had not named their home country, but of those who had, the largest groups were Iranians (81), Turkish people (48) and Norwegians (45).

- Informants were asked how much they agreed with the statement 'Some efforts are being made to target drug services at minority ethnic groups thought to be at risk of using drugs.' Of 5 responses, 3 disagreed and 2 did not know.

Khan et al (2000) reported that a drugs project in Aarhus is targeting young Arabs but that there is little information on the project's methods and results. When asked about this project, only 1 of 5 informants knew about it.

- AC Company (2001) - a project set up to provide information and allow comparisons of drug services for '*mobile foreign drug users*' (ie from BME groups) in Europe - report that 6.6% of drug users in treatment in Denmark are foreign nationals, and of those, 4.7% are first generation immigrants and 1.5 are second generation. The proportion of foreign nationals in drug treatment in Copenhagen is much higher, reaching 14% of all clients in 1998. AC Company conclude that BME groups are not over-represented in drug treatment statistics.

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FINLAND

Overview of findings

Although little statistical data were provided to this study by its informants, the high response rate and degree of consensus indicates a strong qualitative knowledge base on the drug use of some of the major Black and minority ethnic (BME) groups in Finland. That said, little is known the drug use of some other BME groups, as indicated in the following summary:

- There is little information on the drug use of Gypsies / Roma, but few appear in drug service statistics. There is some evidence that members of this group are involved in drug distribution.
- There is no information on the drug use of Asians other than those from Vietnam. Informants from the police service reported that there is drug use (including heroin injecting) amongst Vietnamese people in Finland. There is also some suggestion that members of this group are involved in the distribution of heroin.
- The majority of informants agreed that there is qat (or khat) use amongst Somalis in Finland, but there is little other information about their drug use.
- There was thought to be drug use in the club / party scene amongst other Black Africans, and some members of this group were also thought to be selling so-called 'soft' drugs.
- There was a consensus amongst informants that there is heroin use amongst Ingrians - particularly by young members of this group - and that they are involved in heroin distribution. Attempts are currently being made to attract Ingrians into drug treatment.
- There are indications there is heroin use amongst Russians in Finland and involvement in its distribution by members of this group. Barriers to current attempts to attract these drug users into treatment include language and Russians drug users' worries about confidentiality.
- There is a suggestion that Russians and Ingrians in Finland are not assimilated into Finnish society.
- There is no information on the drug use of Saami (Laps), Estonians, Americans, and Central and Eastern Europeans, and very little on the drug use of Iraqis.

- Western European and Swedish-Finnish people living in Finland are thought to use drugs in a '*recreational*,' rather than problematic, way.
- Overall, BME groups in Finland do not use drug services, despite attempts to attract some of these communities to do so.

Data collection

At least a 71.1% response rate was achieved from the individuals and organisations contacted for information (see details overleaf). This statistic excludes responses to a mailshot to 351 BME community organisations on a database provided by an informant: these questionnaires were sent at the very end of the data collection period, and, at the time of writing, have attracted only 5 responses. However, the database may not have been updated for some time: many questionnaires were returned to the research team marked 'moved premises' or 'address not recognised.' Due to time restraints, it was not possible to send reminders to these organisations to complete the questionnaire, nor to investigate the whereabouts of those whose contact details were incorrect.

Future directions

The high response rate by individuals and organisations contacted for this study can be interpreted as a willingness by researchers and drug treatment services (who together comprised the majority of informants to this study) to engage in this issue. Some attempts to attract Russian-speaking (including Ingrians) drug users to drug services are currently underway. However, there is some evidence that other BME groups in Finland are using drugs, and needs assessments should be conducted amongst them, particularly those with relatively large populations, which, according to Khan et al (2000) are Gypsies / Roma, Asians, Africans, Estonians and Central and Eastern Europeans. The results of these needs assessments, together with information from evaluations of the existing initiatives for Russian-speaking drug users, should particularly include information on barriers to service uptake, in order to inform further service development.

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RESPONSES

Response rate	at least 71.1%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	45 (+351)*	
Responses	32 (+5)*	
Questionnaires completed	18 (+0)*	
Other information	10 (+2)*	
No information	4 (+3)*	Reasons for not providing information: 4 (+3)* said they had no information

*these were Black and minority ethnic community organisations in Finland - see p2 of this profile for details of the research team's attempt to contact 351 of them.

OCCUPATIONS OF RESPONDENTS

Drug services	15	Research / university	7
Police	2	Journalist	1
Immigration worker	1	Cultural planning officer	1
Social worker	1	Unknown	1
Government (Department of Criminal Policy)	1		
BME Community organisation	2 (+5* - see above)		

FURTHER CONTACTS

13 further contacts were given, comprising 12 individuals or organisations.

GYPSY / ROMA

Khan et al (2000) report that there were 10,000 Gypsies living in Finland at the end of 1998.

- Little information was provided on the drug use of Gypsies / Roma in Finland. Only two informants (one of them a police officer) reported that there is drug use amongst them.
- A drugs worker reported that a rehabilitation centre in Yärvenpää has had only 3 Gypsy / Roma clients in the last 20 years (although no details on the size of the Gypsy / Roma population in that area were available to the research team).
- Informants were asked how much they agreed that 'There are specialised drug services for Gypsies in Finland, but no details about them exist.' Of 17 responses, 6 strongly disagreed, 1 disagreed, 5 did not know, and 4 agreed.

An informant from a drug service added that Gypsies / Roma are *'not really connected to services in Finland.'*

Another informant believed that this group were increasingly likely to access drug services because *'They are rejected from their community if they are drug users.'*

- Informants were asked how much they agreed that 'This group is increasingly involved in selling drugs.' Of 17 responses, 7 did not know, 7 agreed, one of them strongly, 2 disagreed and 1 strongly disagreed.

A police officer reported that Gypsies / Roma sell cannabis and some prescription drugs.

Another informant added that the police report that in the Kallio area of Helsinki, older males from this group sell drugs, predominantly amphetamine.

However, a researcher believed that, although Gypsies / Roma are known to be involved in drug distribution, there is no evidence to indicate that this is increasing. This informant added that, as drug distribution is an international activity, *'this may not appear so attractive to Gypsies.'*

ASIAN

Khan et al (2000) did not specify from which Asian countries people living in Finland originated, only that, in total, there were around 18,000 there at the end of 1998. Other than the statements below, the information given to this study concerned Vietnamese people only, and appears in the following section.

- One informant from a drug service thought there was possibly a need for drug services amongst Thai people in Finland, who - females especially - do not currently access drug services.
- Another informant reported that there was no Asian population in Yärvenpää.

VIETNAMESE

- Whilst one informant from the police service had no information about the drug use of Vietnamese people in Finland, another police officer reported drug use - particularly of cannabis, and by young people - amongst this group.
- One informant said that in the Kallio area of Helsinki, the police report evidence of intravenous heroin use among the Vietnamese. The informant added that these drug users are not socially excluded - they are generally fluent in Finnish, have completed the Finnish education system, are employed or run their own business, and some are married to Finns. This informant thought that heroin use is connected to clan / gang-culture, and that their heroin use began in Finland, not in Vietnam.
- An informant from a drug service thought there was possibly a need for drug services amongst Vietnamese as they are *'very much detached from drug services – particularly Vietnamese women.'*
- Fourteen informants indicated how much they agreed that 'Some young Vietnamese people living in Finland are involved in heroin smuggling and the drugs market.' 8 did not know, 5 agreed, and 1 strongly agreed.

SOMALI

The total number of Africans living in Finland at the end of 1998 was 9,158, although it is not specified from which countries they came. Two-thirds of them were male (Khan et al, 2000).

- Informants were asked how much they agreed that 'Qat (or khat) is used by some members of this group.' Of 14 responses, the majority (11) agreed, 7 of them strongly agreeing. A further 3 informants did not know, one of whom - from a drug service - believed that *'This kind of information is only published by police and their statistics.'*
- One informant reported that there is cannabis use amongst Somalis, but no other information on the drug use of this group was received.
- An informant from a drug service reported that efforts to attract Somalian drug users into treatment have failed.
- One informant reported that Somalis in Finland are involved in selling drugs.

OTHER BLACK AFRICAN (EXCLUDING SOMALI)

The total number of Africans living in Finland at the end of 1998 was 9,158, although it is not specified from which countries they come. Two-thirds of them were male (Khan et al, 2000).

- 'Hard' drug use by members of this group was not reported:

One informant reported that *'soft'* drugs are used by Ghanaians, Gambians and Congolese, and another that cannabis is used by Moroccans.

An informant from the police reported cannabis use amongst Black Africans, and a researcher reported a police study which showed that in the Kallio area of Helsinki, this group use cannabis at clubs / parties.

- Three informants reported involvement in drug distribution by Black Africans:

According to police officers and clubbers, *'Arabs'* sell ecstasy in clubs.

There is some evidence (from police statistics, drug user interviews and from *'common knowledge'*) that some Black Africans sell drugs in certain subcultural settings such as *'reggae and rave.'*

An informant reported that people from Ghana, Gambia, and the Congo are involved in drug distribution.

INGRIAN

The number of Ingrians in Finland was not reported by Khan et al (2000).

- The majority the informants who indicated how much they agreed with the statement 'There is heroin use amongst members of this group' thought that was accurate: of 16 responses, 6 agreed, 7 strongly agreed, and 3 did not know.

Two informants reported that heroin smoking is '*popular*' amongst Ingrians. Another said that drug use is '*common*' within this group and a third that a '*large proportion*' of young Ingrians used drugs.

A police officer reported that in 1999 in Helsinki, there were over 100 known Ingrian heroin users under the age of 20.

An informant reported that the Police Department of Helsinki claim that there are a growing number of young Ingrians using drugs, but another informant thought their drug use was decreasing.

- An informant from the police service reported that Ingrians in Finland use Subutex that is sold on the illicit market.
- When asked how much they agreed that 'Attempts are being made to encourage young Ingrian drug users to access treatment,' of 16 responses, only 1 disagreed: 7 agreed, 5 strongly agreed and 3 did not know.

One informant from a drug service added that this group were probably those most in need of drug treatment in Finland.

- One informant, from the police service, reported that '*some Ingrians in Finland have problems with their identity, due to having their roots in Russia.*'
- An informant reported that the Police department of Helsinki claims that a growing number drug-connected crimes are committed by young Ingrians.

A researcher added that their own studies showed that Ingrians are involved in drug-related crimes such as the theft of bicycles and car stereos, that are sold to buy drugs.

- Informants were asked how much they agreed with the statement 'Members of this group are involved in heroin smuggling.' The majority agreed: of 16 responses, 10 agreed, 4 strongly agreed, and 2 did not know.

OTHER RUSSIAN (EXCLUDING INGRIAN)

The total number of Russians in Finland at the end of 1998 was 31,384, making them the second largest foreign group there after the Swedish-Finnish group (Khan et al, 2000).

- Young Russians who were using heroin before they came to Finland were reported by one informant, who added that this group *'tend to form their own groups and preserve their own culture - for example, by frequenting clubs that play Russian trance music.'*
- Two informants reported that a number of Russian prostitutes working in Finland are drug users, one specifying that heroin is used.
- An informant from the police service reported that Russians in Finland use Subutex that is sold on the illicit market.
- Respondents were asked how much they agreed with the statement that 'Large amounts of heroin come into Finland from Russia.' There were 15 responses: 1 did not know, 6 agreed, and 8 strongly agreed.

Two researchers reported that former Soviet Union citizens have strong connections to heroin markets in their homeland, as they were using heroin before they came to Finland. One added that Russians have connections to transnational organised criminal networks.

Another informant reported that *'Super strong heroin seems to come more and more from Russia.'*

Another reported that the heroin coming to Finland was from Afghanistan, but came via Russia.

- An informant reported that, after the needs of this group were highlighted, drug services in Finland are now being directed towards Russians. However, 2 others discussed problems with this strategy:

A researcher said there were difficulties for drug workers trying to make therapeutic connections with drug users from this group, particularly with the males. Many are worried that confidentiality will be breached if they attend a drug service, and that they will be reported to the police and lose their visas.

An informant from a drug service reported that language is a big barrier to Russians accessing drug services.

SAAMI (LAPS)

No informant had any experience nor information about drug use amongst this group who, Khan et al (2000) report, numbered 1,688 at the end of 1998. One pointed out that *'one should remember that they are one of the truly original ethnic groups in Europe, and not comparable to the later incomers.'*

CENTRAL AND EASTERN EUROPEAN (FROM THE FORMER YUGOSLAVIA, ROMANIA, BULGARIA)

Khan et al (2000) report that in 1998, Central and Eastern Europeans were 'newcomers' to Finland, comprising around 4,000 people.

- No information about the drug use of this group was reported to this study.

OTHER EUROPEAN (EXCLUDING CENTRAL AND EASTERN EUROPEANS)

- Only one informant reported on the drug use of this group, saying that there is *'recreational'* drug use within the *'rave culture'* in Finland, mainly amongst Europeans visiting or living in Helsinki and that they *'seem to use ecstasy, cocaine and cannabis more often than Finnish youth.'* However, the respondent added that the number of foreigners within the *'recreational drug scene'* in Finland comprises only a few hundred people.

IRAQI

- Little information on the drug use of Iraqis in Finland was reported to this study:

One informant from a drug service reported that *'For religious reasons, drug use is quite limited.'*

Another thought that some young Iraqis use drugs.

- Two informants reported that that Iraqis were involved in drug distribution, although one (a researcher) said this was only occasional.

ESTONIAN

Khan et al (2000) report that in 1998, Estonians were 'newcomers' to Finland, comprising around 7,000 people.

- No information on the drug use of Estonians in Finland was given to this study.
- When asked how much they agreed with the statement that 'There is an increase in drug smuggling into Finland from Estonia, mainly of amphetamine,' 14 of 16 informants agreed, 7 of them strongly. A further 2 did not know.

An informant from the police service added that Estonians were also involved in the distribution of drugs at wholesale level.

A researcher believed that Estonia is the most important drug smuggling route into Finland. Another cited an article from Central European Review, 7 February 2000, reporting that the Finnish Interior Minister and Criminal Police Commissioner maintained that Estonia is the '*number one source of drugs for Finland*,' aided by corrupt police officials. The Prime Minister of Estonia demanded proof of these allegations.

The researcher above added that prison and police data show a number of Estonians who are in Finnish prisons for drug crimes.

AMERICAN

Khan et al (2000) report a 'visible minority' of around 6,000 Americans lived in Finland in 1998, although they did not detail from which American countries they came.

- No information about the drug use of Americans was reported to this study.

SWEDISH-FINNISH

Khan et al (2000) report 239,269 Swedish-Finnish people as an 'assimilated minority' in Finland in 1998, making them the largest foreign population group there. However, an informant from a community organisation said the group was so assimilated that they should not be regarded as a BME group.

- Only 2 informants commented on the drug use of this group, both saying that they are involved in '*recreational*,' rather than problematic, drug use.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN FINLAND

- When asked how much they agreed with the statement that 'An indication that drugs are used by ethnic minorities in Finland is provided by the city of Helsinki's targeting of immigrants in their strategy to combat drugs,' of 16 responses, 9 agreed, 5 did not know, 1 disagreed, and 1 strongly disagreed.
- The questionnaire asked how much informants agreed that "Very few 'non-native' Finnish people use drug services." Of 16 responses, 9 agreed, 3 strongly agreed, 3 did not know, and 1 disagreed. Evidence to support this high level of agreement was provided as follows:

A review of the services at the A-Clinic Foundation revealed that services in larger cities have seen an increase in non-Finnish clients. However, these numbers are still small.

The Järvenpää Addiction Hospital has not had any BME clients.

An outpatient clinic based in Lappeenranta reported that there is currently a total of 1,549 foreign inhabitants in the town, representing 2.6% of the total population. Although these comprise many different nationalities, the majority (1,133) are Ingrian or Russian. However, the clinic sees very few BME clients.

An informant from a drug service thought that *'it may be only a matter of time before drug services reflect the situation in Finland's prisons'* (where BME groups are over-represented).

- One informant pointed out that, in Finland, concern over alcohol use *'overshadows'* drug use.
- An informant from a drug service stressed that research amongst BME groups in Finland is necessary to assess the situation regarding their drug use. The informant continued that although there has been a recent focus of targeting services at Russian-speaking groups, these activities are in their early stages.
- Informants were asked how much they agreed that 'Drug trafficking to Finland is increasingly being conducted by members of minority ethnic groups.' Of 16 responses, 6 did not know, 6 agreed, 3 strongly agreed, and 1 disagreed.

BIBLIOGRAPHY

The questions in the questionnaire were compiled from data in Khan K, Zervoullis K, Carpenter C, Hartnoll R (2000): Mapping available information on social exclusion and drugs, focusing on 'minorities' across 15 EU member states. EMCDDA scientific report, Volume 2.

Informants were asked to give details of any documents they thought would inform this project. The following were cited by informants and/or provided to the research team:

Helsinki Police Department statistics.

Kestilä L: thesis.

Includes a comparative analysis on the cannabis use of amongst Finnish-Swedish youths and Finnish-speaking youths, although the subject of the thesis is not primarily drug use. Contact laura.kestila@health.fi

Central European Review, Vol 2, No 5, 7 February 2000.

This is an internet publication -

<http://www.ce-review.org/00/5/estonianews5.html>

FRANCE

Overview of findings

Under French legislation, ethnic monitoring cannot be conducted, and, as demonstrated by Kahn et al (2000), little information on the drug use of Black and minority ethnic (BME) groups can be teased out from the relevant data. A drugs researcher commented to this study that *'Government, as well as professionals in contact with drug users, are extremely careful not to stigmatise these groups.'* This informant added that the result of these restrictions is that:

'It is not possible to create a list of different types of drug consumption linked to nationalities, nor to try to compare consumption between French nationals and foreigners living in France.'

This situation, and the lack of information from those asked by the research team to participate in this study (see details on p121), means that it is extremely difficult to make even tentative statements about the drug use of each BME group in France. As will be seen later in this profile, the most detailed information received by this study was locally specific, and it cannot be assessed whether or not it applies elsewhere in the country. Nevertheless, some qualitative data were provided to this study by researchers and drug service providers.

The following is a summary of the findings, but should be read taking into account all of the above comments:

- At music events (*'concert rap, manifestation techno, manifestations festives techno'*) in Provence Alpes Côte d'Azur, some Maghrebians use cannabis only, and some sell cocaine and ecstasy. Increasing cocaine use amongst Maghrebians has been reported.
- Maghrebians use a drug service in Paris that includes a needle exchange.
- Although it is thought that few Maghrebian females use drugs, a drug service in Paris reported on a study that included a small number of female clients from this group.
- Although there is research that shows other Black Africans in France do not use drugs, this group are amongst the clients of a drug service in Paris that includes a needle exchange.

- There is evidence that some young Black Africans sell 'soft' drugs in the suburbs of some French cities, and that some Black Africans are involved in transporting heroin and cocaine across the Spanish border into France.
- Although no information on the drug use of Dom-Tom (Black Caribbeans) was given to this study, this group are amongst the clients of a drug service in Paris that includes a needle exchange.
- The only information on the drug use of Asians in France is a reference to research that showed they are less likely to use drugs than French people.
- There are rumours that there is cannabis and cocaine use amongst Tzigane / Gypsies / Roma, including by young people, who are also selling these drugs. Research from Montpellier supports the rumours that there is drug use and involvement in drug distribution amongst this group.
- There is evidence that Tzigane / Gypsies / Roma are involved in transporting heroin and cocaine across the Spanish border into France.
- There is a lack of uptake of drug services by Tzigane / Gypsies / Roma drug users in Montpellier.
- There is no information on the drug use of Turkish people in France.
- At '*free-parties*' and '*manifestations techno type technivals*,' young people from other European Union countries - mainly Italians and those from the UK - use 'dance drugs,' including opiates to 'come down' from stimulants.
- Other European Union nationals are amongst the clients of a drug service in Paris that includes a needle exchange.
- There is evidence to suggest that people from BME groups are targeted by the police, including in relation to drug offences.

Data collection

Although at least a 24.2% response rate was achieved from the individuals and organisations contacted for this study, the proportion providing information was very low (see details on p121). Of 24 respondents, only 9 completed the questionnaire and/or gave further information and 10 gave only details of others the research team should contact. The remaining 5 responses were to say they had no information. Almost all responses commented on the strict legislation surrounding ethnic monitoring in France.

Future directions

Under the current legislation in France, ethnic monitoring of drug users (in treatment, in prison, or in surveys, for example) and evaluation of drug services in relation to BME groups are not possible. In addition, it appears that drug services cannot explicitly target BME groups, although there are drug services in areas that have a large BME population. Thus, the knowledge base on this issue is extremely limited. However, the information received by this study indicates that qualitative research amongst BME communities provides some data on drug-using patterns and barriers to service access that could usefully inform the development of existing drug services. In the context of the restrictions on monitoring, researching and providing services for BME groups in France, qualitative research on issues surrounding drug use amongst these communities should therefore be strongly encouraged.

ACKNOWLEDGEMENTS

The following individuals or organisations are thanked for their assistance in this project. We are equally grateful to the information from those who wished to remain anonymous or did not indicate that they could be named.

Laurent Faure
Catherine Reynaud
REITOX National Focal Point

RESPONSES

Response rate	at least 24.2%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	99	
Responses	24	
Questionnaires completed	3	
Other information	16	10 of these responses gave no information other than details of others the research team should contact.
No information	5	Reasons for not providing information: 4 said they had no information. They comprised researchers or drug service workers who added that they had no information because their organisations do not conduct ethnic monitoring. 1 because they no longer worked in the drugs field

OCCUPATIONS OF RESPONDENTS

Researcher / university	11	Drug services	5
Librarian (from drug-related library / database)	2	Media	2
International drug-related organisation	2	Unknown	1
		REITOX National Focal Point	

FURTHER CONTACTS

21 further contacts were given by informants, comprising a total of 16 individuals or organisations.

BLACK NORTH AFRICAN: MOROCCAN, TUNISIAN, ALGERIAN (MAGHREBIAN)

Khan et al (2000) tentatively report that Maghrebians are the second largest foreign population living in France, comprising 38.7% of the total foreign population (the largest group of foreigners are other Europeans, and the Tzigane / Gypsy / Roma community are not categorised as 'foreign').

- Khan et al (2000) reported that a larger proportion of Black North African females use stimulants compared to French females, and informants were asked how much they agreed with the accuracy this. Of 3 responses, 2 strongly disagreed and 1 strongly agreed.

One informant emphatically said that, as research in France cannot report ethnicity, the statement can be neither confirmed nor denied.

One of those who strongly disagreed with the statement reported that their research did not show that members of this group used stimulants.

Another who strongly disagreed reported that, in Provence Alpes Côte d'Azur, their work (including drug education) that has put them into contact with this group has revealed that female Maghrebians were **less** likely to use cocaine and amphetamine - or any other drug - than French women, and that the drug use of the Maghrebian population as a whole is less than that of French people.

- There were some Maghrebian females using the drug services of Espoir Goutte d'Or (EGO) in 2001 (EGO, 2001).
- Maghrebian drug users were noted in an evaluation of a needle exchange service run by EGO in 1997, and were amongst the clients of EGO's drug services in 2000 (EGO, 1997; 2000b).
- The informant from Provence Alpes Côte d'Azur gave other details about the drug use of Maghrebians, stressing that they were apparent only in districts of that province that are characterised by a large Maghrebian population:

Musical events - '*concert rap, manifestation techno*' - are attended by Maghrebians, particularly males, who use cannabis and sometimes alcohol, rejecting other drugs. On rare occasions at these events, benzodiazepines that have been diverted to the illicit market are consumed with alcohol by young Maghrebians.

Maghrebians are increasingly attending '*manifestations festives techno*' where they sell cocaine and ecstasy.

Increasing cocaine consumption by Maghrebians has been reported by members of this group themselves.

- Missaoui L, Tarrius A (2000), report on research on the collaboration between Moroccans and people from French and Spanish '*good families*' in transporting heroin and cocaine from Barcelona and the south of France.

OTHER BLACK AFRICAN (excluding Black North Africans from Morocco, Tunisia and Algeria)

- There were some Black African females using the drug services of Espoir Goutte d'Or (EGO) drug services in 2001 (EGO, 2001).
- Black African drug users were noted in an evaluation of a needle exchange service run by EGO in 1997, and were amongst the clients of EGO's drug services in 2000 (EGO, 1997; 2000b).
- One informant reported that, according to a study conducted by Laws'Links Consulting Sciences and Law Section (groupe Excelsior Neuromedia), this group do not use drugs, although organised groups of young Africans sell 'soft drugs' in the suburbs of some French cities, where they are targeted by police.
- Missaoui L, Tarrius A (2000), report on research on the collaboration between Black Africans and people from French and Spanish '*good families*' in transporting heroin and cocaine from Barcelona and the south of France.

BLACK CARIBBEAN ('DOM-TOM')

It was reported to this study that this group included those from Guadeloupe and Martinique.

- There were some Dom-Tom females using the drug services of Espoir Goutte d'Or (EGO) drug services in 2001 (EGO, 2001).
- Dom-Tom drug users were noted in an evaluation of a needle exchange service run by EGO in 1997, and were amongst the clients of EGO's drug services in 2000 (EGO, 1997; 2000b).

ASIAN

Khan et al (2000) tentatively report that Asians comprise 11.8% of the foreign population living in France (the largest group of foreigners are other Europeans, followed by Maghrebians, and the Tzigane / Gypsy / Roma community are not categorised as 'foreign').

- One informant reported that, according to a study by Laws'links and groupe Collectif Asiatique de Neuromedia, Asian people in France are less likely to use drugs than French people.
- No other information on the drug use of this group was provided to this study.

TURKISH

- No information on the drug use of this group was provided to this study.

TZIGANE / GYPSY / ROMA

Khan et al (2000) report that there are 500,000 - 600,000 members of the Tzigane / Gypsy / Roma community in France.

- One informant reported, from their observations in areas where the Tzigane / Gypsy / Roma population are concentrated, that this group has rejected drugs because the community suffered greatly from AIDS during the 1980s, after younger members were injecting heroin.

However, the same informant reported that it was rumoured that, amongst this group there is cannabis use, and the use and sale of cocaine amongst the younger generations.

- Ridez and Leglise (2000) report on a drug - HIV prevention initiative amongst young male Gypsies in Montpellier following a series of reports of drug use in that community - including by a growing number of young people, involvement in drug distribution, and a lack of uptake of drug services and health education initiatives.
- Missaoui L, Tarrus A (2000), report on research on the collaboration between Gypsies and people from French and Spanish '*good families*' in transporting heroin and cocaine from Barcelona and the south of France.

OTHER EUROPEAN UNION (from Austria, Belgium, Denmark, Finland, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, UK)

Khan et al (2000) tentatively report that other Europeans are the largest foreign population living in France comprising 40.7% of the total foreign population, followed by Maghrebians (the Tzigane / Gypsy / Roma community are not categorised as 'foreign').

- One informant had observed '*free-parties*' on the border between France and Italy and just inside in Italy (because there are laws preventing these events in France). They reported that Italians who attended used the same drugs as the French - mainly amphetamine, ecstasy, cocaine, LSD and ketamine, but also heroin and rachacha as comedowns from stimulants (rachacha is an opiate substance, homemade from poppy heads, and smoked like cannabis in a joint, chillum or bhang). At these events, this informant noted an increase in cocaine use - particularly by freebasing - and a decrease in the use of LSD.

The same informant reported that young French drug users say cocaine, ecstasy, heroin, amphetamine, LSD and ketamine are used by other European Union nationals at '*manifestations techno type technivals*' which last for several days. The informant also noted that a large proportion of users and seller of drugs used at these events are '*les voyageurs* [*New Age travellers*] *Anglais*.'

- In 2000, there were some other European Union nationals amongst the clients of drug services - including a needle exchange - run by Espoir Goutte d'Or (EGO) (EGO, 2000b).

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN FRANCE

- The questionnaire asked how much respondents agreed that 'Levels of drug use amongst minority ethnic groups in France are rising.' Of 3 responses, 1 did not know and 2 agreed.

Another informant emphatically said that, as research in France cannot report ethnicity, the statement can be neither confirmed nor denied.

- Most of those who participated in this study stressed that the lack of ethnic monitoring in France means that knowledge on the drug use of BME groups is extremely sparse.

AC Company (2001), a project set up to provide information and allow comparisons of drug services for '*mobile foreign drug users*' (ie from BME groups) in Europe, has no information on the drug service use of BME groups in France.

- Several informants pointed out that there are no research studies on this theme, although one believed that some information could be found in students' theses.

One informant believed, however, that such studies *had* been conducted, but that the results were not publicly available.

- An informant thought that BME groups coming to France from other parts of Europe in recent years '*pose a real problem*' by both selling and using drugs. They, too, stressed that there has been no research on this issue, however.
- Of 3 responses asking for the level of agreement with the statement that 'The proportion of members of ethnic minority groups with a criminal conviction for drug use and/or selling drugs is higher than for the rest of the population,' 2 agreed and 1 strongly disagreed.

One informant added that BME groups are targeted by the French police at music festivals.

Another informant emphatically said that, as research in France cannot report ethnicity, the statement can be neither confirmed nor denied, but that crime statistics do allow study of '*the various repressive policies (from the police and the criminal justice system) towards foreigners.*'

- Esprit Goutte d'Or (EGO) is a project based in the Goutte d'Or district of Paris that is a well-known drug-using and dealing area. The project is a focal point and mutual aid network around drug use and HIV / AIDS, and offers a range of social and health services - including a needle exchange - and training in community work, AIDS and hepatitis prevention, and the reduction of drug-related harm, aiming to involve all members of the community in all its activities. EGO sent 4 reports on their activities and research to this study (EGO 1997; 2000a,b; 2001) and a leaflet on their activities. However, given the strict regulations surrounding ethnic monitoring in France, it is not possible to extract information from these reports about the drug use of any particular group, nor to make comparisons between groups. The reports do, however, provide data on the ethnicity of the drug service clients. North Africans (Maghrebians) are the largest client group and there are also clients from other African countries and 'Dom-Tom' (Black Caribbeans). French or other European Union nationals are in the minority (EGO is located in an area that has a large population of Maghrebians, other Black Africans and Dom-Tom). EGO recognises the drug use - social exclusion link, but is extremely cautious about explicitly adding 'immigrant' to the equation.
- An informant from the REITOX National Focal Point commented on the issue of BME-targeted drug services in France: *"If there are 'community' type actions at local level in France.....they are in a minority and do not represent national, public, and policy orientations."* The informant continued by reporting one exception to this: a national educational health programme that has published and disseminated some HIV information and prevention documents for immigrants. The informant added that some health literature targeting BME groups has been produced at local level, however.

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The questions in the questionnaire were compiled from data in Khan K, Zervoullis K, Carpentier C, Hartnoll R (2000): Mapping available information on social exclusion and drugs, focusing on 'minorities' across 15 EU member states. EMCDDA scientific report, Volume 2.

Informants were asked to give details of any documents they thought would inform this project. The following were cited by informants and/or provided to the research team:

AC Company (2001): European network for the target group of mobile drug users. Guide: Denmark, France, Greece, Ireland, Poland, Portugal, Spain, Sweden, Switzerland. AMOC DHV: Amsterdam.

Aubel S, Debock C, Pariat M (1989): Mohamed au pays de la drogue. Jeunes issus de l'immigration maghrébine et toxicomanie: essai d'analyse du processus. Psychotropes, vol 3, automne 1989:105-121.

EGO (Espoir Goutte d'Or)

(1997): Rapport d'évaluation du programme d'échange de seringues de l'Association EGO.

(2000a): Rapport d'évaluation interne PES STEP, Année 2000.

(2000b): Rapport d'activité 2000.

(2001): Projet femmes.

Leaflet on activities (*in English*).

Law'Links Consulting Sciences: Health and Law.
Not yet published. The research team assumes that this publication includes the following, which are quoted in this profile:

Laws'Links Consulting Sciences and groupe Excelsior Neuromedia (law section).

Laws'Links and groupe Collectif Asiatique de Neuromedia.

Toxibase

A search by an informant on Toxibase for relevant publications in the last 2 years produced 10 documents, but only 2 of them were concerned with drugs and BME groups in France (the others were about BME groups in other countries). These were:

Missaoui L, Tarrus A (2000): Quand les enfants des 'honorables familles locales' entrent, sans consommer, dans les trafics transfrontaliers d'héroïne. (When the children of the 'honourables families locals' enter, without use, in the heroin traffic cross-border). *Psychotropes*, 6, (1): 81-106

En Catalogne Espagnole et en Languedoc-Roussillon, les Gitans sont désignés par la rumeur, mais aussi par les « mises en scènes » sécuritaires (police, médias ...) comme les « Ethniques » impliqués dans les trafics d'héroïne et de cocaïne entre Barcelone et le Sud de la France. Cet article expose une recherche récente qui fait apparaître la réalité complexe de rapports intenses entre Gitans et fils de « bonnes familles » autochtones, autour des collaborations pour les trafics transfrontaliers d'héroïne. Ces jeunes français ou espagnols qui ont été approchés sont issus de familles qui, sans être nécessairement fortunées, se caractérisent par une forte cohésion, une grande continuité dans l'implantation territoriale locale, et les attributs ordinaires de la respectabilité. Trafiquants occasionnels ou plus réguliers, mais non-consommateurs des drogues dures qu'ils manipulent, ils sont en majorité engagés dans des études supérieures. Leur invisibilité et les réseaux sociaux auxquels ils ont accès représentent des atouts de choix pour les organisateurs des trafics transnationaux qui modifient leurs stratégies de production et de commercialisation dans le sens d'une plus grande diversification de l'offre et d'une plus grande proximité des clientèles. Ce travail qui combine des descriptions chiffrées et des études de cas donne à voir les mécanismes d'entrée-sortie dans ce monde parallèle, les relations qui se nouent avec les Gitans, les Noirs-Africains, les Marocains, engagés dans le trafic, les processus de récupération familiale ou, au contraire, de rupture qui font basculer le cours de vies dans un univers à la fois d'inter-reconnaissance et de perte des anciennes attaches territoriales.

Ridez S, Leglise Y (2000): Prévention VIH-toxicomanie en milieu gitan. (HIV and drug addiction prevention in gypsy environment). *Etudes Tsiganes*, 14: 71-75

Dans le département de l'Hérault, où s'est déroulée l'action, il n'y a pas pour le moment de concertation institutionnelle forte pour apporter une

réponse cohérente aux difficultés d'insertion des populations de la communauté gitane sédentarisée. L'association Cesam migrations santé Languedoc a mené une action de prévention primaire VIH-toxicomanie auprès des jeunes hommes gitans de Montpellier. La mise en place de cette action fait suite à une série de constats : circulation et consommation de drogue dans la communauté, usage grandissant de drogues chez les enfants, absence de gitans dans les structures de soins pour toxicomanes et absence d'actions d'éducation pour la santé adaptées. Cette action s'est concrétisée en une intervention de type communautaire sur la base d'une prévention par les pairs.

GERMANY

Overview of findings

Responses to requests for information for this study included those that said the term 'minority ethnic' does not have any credence in Germany. Several informants pointed out the lack of research on drug use amongst Black and minority ethnic (BME) groups in Germany, and Khan et al (2000) suggest that policy makers may not address the issue in order not to stigmatise these groups further. The information reported to this study can be summarised as follows:

- Central and Eastern European drug users in Germany began to use drugs in their home countries. There is a suggestion that this group seek drug treatment later than other clients.
- Drug use amongst Russians in Germany began in Russia. Heroin and cannabis are used amongst this group.
- Heroin, cannabis and polydrug use were reported amongst Turkish people. It is suggested that drug use is higher amongst the second generation than amongst the first wave of immigrants, and that drug use starts at an older age than amongst Germans.
- There is injecting heroin use amongst Iranians who had used opium in Iran. Some members of this group continue to use opium in Germany.
- It is suggested that:
 - cocaine and cannabis are used amongst Black North Africans, and drug use is increasing amongst West Africans
 - there is heroin use amongst Indians in Germany and few drug users from this group seek help from drug services
 - heroin is used amongst the Sinti / Roma population in Germany and drug users hide their use from their families
 - the drug use of other European Union nationals living in Germany is no different from that of Germans, and few drug users from this group are clients of drug treatment services.
- No information was given to this study on the drug use of people living in Germany from Sri Lanka, Afghanistan, the Philippines, and Vietnam.

Data collection

There was at least a 20.2% response rate from individuals and organisations in Germany who were asked to participate in this study (see details overleaf). Of these, the majority were from informants working in drug services.

It is surprising that although the Federal Health Ministry began a needs assessment of the drug use of BME groups in Germany in 2000, no information on the progress - nor the results - of this was received by this study.

Future directions

The results of this study suggest that the knowledge base on the drug use of BME groups in Germany is extremely sparse, including amongst drugs researchers and drug services. To widen the knowledge base and for the development of appropriate responses, ethnic monitoring and targeted surveys and needs assessments are necessary. Needs assessments - using both qualitative and quantitative research methods - should include an examination of specific BME groups in relation to the link between social exclusion and drug use, and to barriers to drug service access and uptake. Extensive dissemination of the results would stimulate an apparent lack of debate on, and awareness of, the issues surrounding the drug use of BME groups.

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Christian Haasen	Thomas Kuhlmann
Udo Schneider	D Schwarz
Wilhelm Unkel	

RESPONSES

Response rate	at least 20.2%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	104	
Responses	21	
Questionnaires completed	9	
Other information	6	
No information	6	Reasons for not providing information: 5 said they had no information 1 said they had no time to complete the questionnaire

OCCUPATIONS OF RESPONDENTS

Drug service	14
Drugs research / university	3
Health service	2
European organisation	1
Unknown	1

FURTHER CONTACTS

13 further contacts of individuals or organisations were given by informants.

CENTRAL AND EASTERN EUROPEAN (MAINLY FROM THE FORMER YUGOSLAVIA AND POLAND)

Khan et al (2000) report that in Germany in 1997, there were 616,499 people from the former Yugoslavia and 220,443 from Poland. They add that the number of people coming to Germany from the former Yugoslavia was increasing at that time.

- When asked how much they agreed with the statement that 'Members of this group started using drugs only after coming to live in Germany,' the majority of 8 responses (6) disagreed. 1 did not know and 1 agreed.
- One informant reported that the main focus of concern about problem substance use amongst Yugoslavians in Germany is older, male alcohol users.
- An informant from a drug service reported that drug users from Central and Eastern Europe seek treatment for drug use later in their drug-using careers than other clients, following much family pressure. The informant added that this group *"are badly dependent and want a 'quick fix' to the problem."*

RUSSIAN

Khan et al (2000) do not report the number of Russians in Germany. One informant to this study reported that there are four groups of Russians in the country. The largest comprises immigrants from Russia and Kazakhstan (categorised as Aussiedler / ethnic Germans) of which there were 2,000,000 in the late 1990s. There are also groups of Russian Jewish refugees, seasonal workers, and bi-national families (mostly East German Russians).

- An informant from a drug service said very little is known about drug use amongst Russians.
- 2 informants reported that heroin and cannabis is used amongst Russians in Germany.
- The questionnaire asked for the level of agreement with the statement that 'Members of this group started using drugs only after coming to live in Germany.' The majority (6) of 8 responses disagreed, 1 of them strongly. 1 agreed and 1 strongly agreed.
- An informant from a drug service, who agreed with the statement above, reported that, of their service's 640 clients a year, 10 - 15 were Russian, and that they had severe dependency problems that had begun in Russia.

TURKISH

Khan et al (2000) report that in 1997, there were 1,612,623 Turks in Germany, and they comprised one-third of the population that is categorised as 'foreign.'

- Two informants reported that there is heroin use amongst the Turkish population in Germany, and one added that cannabis was also used by members of this group. Another informant added that there is polydrug use amongst this population.
- One informant reported that drug use is higher amongst the second generation than the first generation of immigrants from Turkey.
- The informant above added that, amongst Turkish people, drug use begins at an older age than amongst Germans, possibly due to '*protective factors*.'

IRANIAN

Khan et al (2000) report that in 1997, there were 81,331 Iranians living in Germany.

- 3 informants reported that the main drug used amongst this group is heroin. They added that Iranians who use drugs in Germany had used opium in Iran, but had changed to injecting heroin in Germany. Some continue to use opium, however, upon which they are dependent.

BLACK NORTH AFRICAN: MOROCCAN, TUNISIAN

Khan et al (2000) report that, in Germany in 1997, there were almost 62,000 people from Morocco and over 24,000 from Tunisia.

- Only 1 informant reported on drug use amongst this group, saying that cocaine and cannabis are used.

OTHER BLACK AFRICAN (EXCLUDING MOROCCAN AND TUNISIAN)

Khan et al (2000) do not report the size of the population of African-Germans and people from the former German colonies in Africa.

- Only 1 informant - from a drug service - reported on drug use amongst this group, saying that it is increasing amongst West Africans, and '*often related to psychotic episodes.*'

SRI LANKAN

Khan et al (2000) report that there were 32,705 Sri Lankans living in Germany in 1997.

- No information on the drug use of this group was given to this study.

INDIAN

Khan et al (2000) report that there were almost 24,000 Indians living in Germany in 1997. No informant responded to an item in the questionnaire for the current study asking if there were also other South Asians (from Bangladesh and Pakistan) living in the country.

- An informant from a drug service reported on the drug use of this group, saying that the main drug used amongst Indians is heroin, that members of this group are occasionally seen in drug services, with '*often observed psychotic episodes.*'

AFGHANI

Khan et al (2000) report that there were 22,500 people from Afghanistan living in Germany in 1997.

- No information on the drug use of this group was given to this study.

PHILIPPINE

Khan et al (2000) report that there were 19,530 Filipinos living in Germany in 1997.

- No information on the drug use of this group was given to this study.

SINTI / ROMA

Khan et al (2000) report that the Sinti / Roma population in Germany is estimated at 50,000 - 70,000.

- An informant from a drug service was the only one to report on the drug use of this group, saying their service *'often see heroin dependency and it is hidden from the family.'*

VIETNAMESE

Khan et al (2000) report that, in 1997, there were 33,381 Vietnamese people living in Germany.

- No information on the drug use of this group was given to this study.

OTHER EUROPEAN UNION (from Austria, Belgium, Denmark, Finland, France, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, UK)

In 1997, there were 1,325,400 people from other European Union countries living in Germany (Khan et al, 2000).

- 1 informant reported that there were no major differences between the drug use of other European Union (EU) nationals and German drug users.
- Another said that they *'practically never hear'* of people from other EU countries in drug services.

Another informant reported that this group uses only crisis intervention services.

An informant from a drug service said that Danes are seen in drug services in some areas of Germany.

OTHER BLACK AND MINORITY ETHNIC GROUPS IN GERMANY

- One informant reported that there are drug users from Switzerland in the south of Germany.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN GERMANY

- Although the questionnaire asked for the level of agreement that 'Males from ethnic minority groups (excluding those from other European Union countries) are more likely than the rest of the population to be receiving drug treatment,' no informant indicated whether or not they agreed with the statement.
- One informant said that the term 'ethnic minority' has *'a dubious legal meaning and these groups are not investigated.'*
- AC Company (1999), a project set up to provide information and allow comparisons of drug services for *'mobile foreign drug users'* (ie from BME groups) in Europe, report that in Germany *'The problems of mobile foreign drug addicts is difficult to record. That is why there is no urgent requirement for action by many institutions...[except] in the areas bordering Germany [where the issue] is looked at differently.'*
- In 2000, the Federal Health Ministry began a needs assessment of the drug use of BME groups in Germany. However, no information on the progress - nor the results - of this was received by this study.
- Search is a project set up in Germany by Landschaftsverband Westfalen-Lippe (LWL) with partners from several other European Union countries. It aimed to examine the drug use of refugees and asylum seekers and develop adequate, culturally-sensitive responses. An informant sent an outline of this project, which ran from October 2000 to March 2002. However, no other informant reported on it, and results do not appear to be available on the LWL website.

BIBLIOGRAPHY

The questions in the questionnaire were compiled from data in Khan K, Zervoullis K, Carpentier C, Hartnoll R (2000): Mapping available information on social exclusion and drugs, focusing on 'minorities' across 15 EU member states. EMCDDA scientific report, Volume 2.

Informants were asked to give details of any documents they thought would inform this project. The following were cited by informants and/or provided to the research team:

AC Company (1999): Development of a European network for the target group of mobile drug users. Guide: Austria, Germany, Great Britain, the Netherlands. AMOC DHV: Amsterdam.

Dill H et al (2002): Riskverhalten junger Migrantinnen und Migranten. Bundesministerium für Gesundheit. Baden-Baden, Germany.

Hermann M, Schwantes U (2000): Migranten und Sucht. Bundesministerium für Gesundheit. Baden-Baden, Germany.

Vorgelegt von; Boos-Nunning U et al (2002): Migration und Sucht. Bundesministerium für Gesundheit. Baden-Baden, Germany.

GREECE

Overview of findings

The following summary should be interpreted with caution, as only 7 individuals gave information to this study:

- There is drug use amongst the Turkish Muslim population.
- Informants agreed that members of the Gypsy Muslim population are involved in the use and distribution of cannabis and heroin.
- There is evidence that, because of their social exclusion, Gypsies who use drugs are difficult for drug services to engage.
- Little is known about the drug use of the Pomaki Muslim population, although there is evidence that some Pomaki women are using large amounts of tranquillisers prescribed to them.
- There is heroin use amongst the Russian population of Greece and a suggestion that they are involved in the distribution of drugs.
- Some Albanians are thought to be '*heavily involved*' in both using and distributing drugs.
- There is a suggestion that some Ukrainians in Greece both use and sell drugs.
- There was no consensus on whether or not there are any drug services in Greece that target drug users from Black and minority ethnic (BME) groups.

Data collection

There was at least a 20% response rate (see details on p142) from the individuals and organisations contacted for this project. No statistical data were provided. Khan et al (2000) note that, until recently, Greece has little experience in dealing with Black and minority ethnic (BME) groups, and that there is little demographic data or information on their characteristics. Similarly, there is relatively little research on drug use on Greece. It follows that research on the drug use of BME groups in Greece is sparse.

Future directions

The data from the qualitative research reported in this profile (Panagou, 2000, 2002) show the value of this method of collecting data about the consequences of social exclusion, patterns of drug use and barriers to service access. Such research amongst BME groups in Greece should be encouraged, and, together with ethnic monitoring of drug service clients and in surveys of drug users, would provide data for needs assessments to inform the development of appropriate responses.

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Marina Papadi	Emily Panagou
REITOX National Focal Point	

RESPONSES

Response rate	at least 20%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	35	
Responses	7	
Questionnaires completed	4	
Other information	3	

OCCUPATIONS OF RESPONDENTS

Social worker	2
Psychologist	1
University	1
Drug worker	1
Unknown	1
REITOX National Focal Point	

FURTHER CONTACTS

22 further contacts of individuals or organisations were given by informants. In addition, a list of a 17 BME organisations in Greece was provided, but unfortunately arrived too late for the questionnaire to be sent to them, especially as, in most cases, no postal nor email addresses were included.

Khan et al (2000) report that "*The only 'recognised' minority until today has been the so-called 'Muslim' minority living in Western Thrace.....Estimations about its size vary between 100,000 and 150,000. Most are of Turkish origin.....*" This group also includes Pomaki and Gypsies.

GYPSY

Khan et al (2000) report that there are about 300,000 Gypsies living in Greece.

- When asked how much they agreed that 'The Muslim population of Gypsies in Greece is not involved with drugs in any way,' all 4 responses disagreed, 2 of them strongly.

One informant added that drug use (principally cannabis) is '*part of the culture*' of Gypsies and of the males particularly: because of this, and because '*the conditions under which they live,*' this group's access to drugs has been easier in recent years. Thus, drug use has increased.

Another informant reported that their research amongst Muslim (and Christian) Gypsies in Greece shows that they are '*heavily involved*' with drugs. There are areas in the suburbs of Athens where Gypsy dealers live and sell drugs, and many of these dealers use drugs, mainly heroin and cannabis (Panagou, 2000).

- One informant said that the media had reported on Gypsies' involvement in drug distribution.
- A researcher reported that according to drug workers and social workers, '*Gypsy addicts are not easy-going clients in therapeutic programmes. Cultural differences (sense of time, way of life, social and economic exclusion) are some of the main reasons for refusal towards treatment*' (Panagou, 2000).

TURKISH

- The questionnaire asked how much agreement there was with the statement that 'The Muslim population of Turkish people in Greece is not involved with drugs in any way.' All 4 responses disagreed, one of them strongly.

One informant said that the media reports that members of this group are involved in the use and distribution of drugs.

Another added that they had asked for information from the Preventative Centre of South Xanthe (Xanthe is situated in Evros, and is home to a large Muslim population), and it was reported that there is drug use amongst this group.

POMAKI

- Of 4 informants who indicated how much they agreed that 'This Muslim population is not involved with drugs in any way,' 2 disagreed and 2 did not know.
- Another informant added further information that they had obtained from the Preventative Centre of South Xanthe (Xanthe is situated in Evros, and is home to a large Muslim population). The Centre told this informant that the special characteristic of this group is the increased use of prescribed drugs (mainly tranquillisers) by women and particularly by those whose partners are away for long periods of time (at sea, for example). These drugs are prescribed to the women by general practitioners.

RUSSIAN

- A researcher / drug service provider to socially excluded groups in Greece reported that Russians (especially Caucasians) arriving in Greece between 1989 and 1992 used to drink opium filtered from opium leaves in Russia, where it had '*always been a normal and totally accepted social habit.*' As opium leaves are not easily found in Greece and drinking opium is not culturally accepted there, these Russians found a similar and relatively cheap substitute in heroin (Panagou, 2002).
- An Alternative Therapy Community (ARGO) was contacted for information by one informant who reported to this study that:

The opium drinking route to heroin described above applies to only a small proportion of Russians in Greece.

Young Russians who left Russia in childhood or early adolescence began using drugs in Greece.

Some Russians in Greece pretend to be / appear to be Greek: these individuals are heavily involved in drug distribution.

Russians from Georgia use and sell drugs.

ALBANIAN

- There is a large Albanian population in the region of Epirus, and one informant reported that, from their experience of people who visit an advice centre there, and from information from the police, there is increasing drug use amongst this group. This informant suggested that this may be due to '*many individuals of Albanian origin*' being involved in the systematic importation and distribution of drugs from Albania in Greece, and this group therefore have '*easy access*' to drugs.
- Another informant said that the media reported that Albanians in Greece use drugs and are involved in their distribution.
- A researcher / drug service provider reported that Albanians in Greece are '*heavily involved*' in the distribution of drugs. Their research shows that drug users report that a group of Albanian drug dealers are '*responsible for*' the increase in use of heroin and cannabis in Greece, especially by adolescents, as they are selling low quality heroin and cannabis at low prices.

OTHER BLACK AND MINORITY ETHNIC GROUPS IN GREECE

- One other BME group was mentioned, by one informant, who said that Ukrainians in Greece sell and use drugs.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN GREECE

Khan et al (2000) report that Greece has about 1 million 'foreigners,' which is around 10% of the total population. In addition, it is assumed there are around 200,000 illegal immigrants.

- The questionnaire asked how much informants agreed that 'In Greece, there are no drug services that target minority ethnic groups.' Of 4 responses, 2 disagreed, 1 agreed, and 1 did not know.
- One informant added that drug advice services have been set up for Russians via the INTEGRA / KETHEA programme in the Psychiatric Hospital of Thessaloniki. This informant reported that existing drug services also provide advice to BME groups in Greece, although they did not specify the nature of this.
- AC Company (2001), a project set up to provide information and allow comparisons of drug services for '*mobile foreign drug users*' (ie from BME groups) in Europe, do not report any information on the drug service use of BME groups in Greece.

BIBLIOGRAPHY

The questions in the questionnaire were compiled from data in Khan K, Zervoullis K, Carpentier C, Hartnoll R (2000): Mapping available information on social exclusion and drugs, focusing on 'minorities' across 15 EU member states. EMCDDA scientific report, Volume 2.

Informants were asked to give details of any documents they thought would inform this project. The following were cited by informants and/or provided to the researchers:

AC Company (2001): European network for the target group of mobile drug users. Guide: Denmark, France, Greece, Ireland, Poland, Portugal, Spain, Sweden, Switzerland. AMOC DHV: Amsterdam.

De Putter J (1998): AIDS and STDs and Migrants, Ethnic Minorities and other Mobile Groups: The State of Affairs in Europe.
Defines the ethnic and religious groups in Greece.

Panagou E (2002): Drug addiction, psycho-social and criminological aspects (qualitative research). Athens: Criminology issues, vol 3, ed Legal Library.

Panagou E (2000): Streetwork programmes for drug addicts: qualitative research. Panteion University of Athens, MA dissertation
The research used participant observation and content analysis of 66 interviews with drug users.

IRELAND

Overview of findings

A recent rapid rise in immigration into a country which was formerly characterised by emigration means that there is a growing number of Black and minority ethnic (BME) groups in Ireland. However, very little is known about drug use amongst these populations. The most detailed information given to this study was concerned with the indigenous Travellers, by far the largest BME group in the country (apart from other European Union nationals), although it should not be assumed that proportionally more Travellers use drugs than either other BME groups or the rest of the population. The findings from the study can be summarised as follows:

- As a socially-excluded group, Travellers (particularly young people) are at risk of problematic drug use. There is drug use - including some heroin use - amongst this population in Ireland, and some evidence that it is increasing.
- There are no specific drug services that target Travellers although it is thought they are under-represented as drug service clients.
- Drug users from the UK (including Northern Ireland) comprised 84% of other European Union nationals in treatment in Ireland in 2000.
- There was no information on the drug use of Central and Eastern Europeans, Black Africans, and Asians, who appear very rarely in drug treatment statistics.
- There was no information on the drug use of Oceanians (Australians, New Zealanders and Pacific Islanders), Americans, nor Canadians. These groups do not appear in drug treatment statistics.
- New groups of immigrants and asylum seekers in Ireland are from Latvia, Lithuania, the Philippines, South Africa, and the Ukraine. Nothing about their drug use was reported to this study.
- There is some concern over BME groups in Ireland because of the drug use - social exclusion link, and also that drug use amongst young immigrants may rise as they become integrated into their local Irish community.

Data collection

At least a 19.5% response rate was achieved from the individuals and organisations contacted for information (see details overleaf). This relatively low response is best explained by one of the study's informants:

'One of the difficulties of looking at drug use in the ethnic context is the problem of racism. There has been a noticeable rise in public utterances and displays of racism in Ireland in the last few years, although allegations of drug misuse have not been a prominent feature of the invective...It could also be the case that an excessive desire to avoid or eliminate racism and discrimination may lead some to ignore, deny or overlook drug misuse in ethnic communities...[in addition] data collection in certain subject areas has been neglected for many years due to budgetary and other constraints. This has begun to be rectified over the last five years or so, but there are still deficiencies with fundamentals such as baseline data and compatible computer systems.'

Future directions

In Ireland, the combined phenomena of the recent rise in immigration, sensitivity surrounding ethnic monitoring, and the lack of data on drug use amongst BME groups clearly need to be addressed, in order that the knowledge base is expanded and the appropriate responses can be developed. Although there is some from drug treatment statistics, they cannot give the whole picture, and needs assessments - using both qualitative and quantitative research methods - should be conducted. These should include an examination of specific BME groups - including Travellers - in relation to the link between social exclusion and drug use, and to barriers to drug service access and uptake.

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Deidre McCarthy	Martin Murphy
Mary O'Brien	Maura Seabrook
Sinead Smith	

RESPONSES

Response rate	at least 19.5%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	77	
Responses	15	
Questionnaires completed	7	
Other information	4	
No information	4	Reasons for not providing information: 4 said they had no information

OCCUPATIONS OF INFORMANTS

Researcher	5
Drug services	4
Traveller organisation	2
Education	1
Social worker	1
Government	1
Accountant (drug-related organisation)	1

FURTHER CONTACTS

11 further contacts of individuals or organisations were provided by informants.

Khan et al (2000) report much sensitivity over ethnic monitoring in Ireland and although a question on ethnicity used to be included in drug surveys, informants are now asked only for their nationality. In the 2001 census, Travellers were the only group asked about ethnicity.

Few population statistics are given in this profile because the latest available are from 1996, and during the last few years, the number of immigrants to Ireland has increased dramatically.

TRAVELLERS

Khan et al (2000) report that the total population of Travellers in Ireland is unknown, and estimates range from 10,000 (1996 census) - 22,000.

The most detailed information sent to this study was concerned with the indigenous Travellers, by far the largest BME group in the country apart from other European Union nationals, although it should not be assumed that proportionally more Travellers use drugs than either other BME groups or the rest of the population.

Note: Irish Travellers have a different history, ancestry, and language to the Gypsy / Roma populations found in some other countries. However, both groups are nomadic peoples and as a result, there are many similarities, especially in terms of experiences of discrimination and racism.

- The questionnaire asked for the level of agreement with the statement that 'This group are beginning to use drugs problematically, particularly the younger members.' Of 7 responses, 4 strongly agreed and 3 did not know.
- Other information supporting this statement came from Pavee Point (Hurley, 1999), an organisation that is a partnership of Irish Travellers and settled people working together to improve the lives of Irish Travellers by supporting their human rights:

There is a growing drug problem among the Traveller community throughout the country.

There is a perception amongst both service providers and Traveller organisations that heroin use is currently a minor problem in the Traveller community, yet there is growing local and anecdotal evidence that this may be increasing.

- An informant from Pavee Point also listed the factors which put young Travellers at risk of drug use. These include the risk factors for any disadvantaged young person, but also young men who have alternated living in Ireland and in the UK, and young women who are prescribed drugs from their GP. Pavee Point (Hurely, 1999) also report that the relationship between Travellers and the Gardai (police) is poor and often conflictual, a situation that has further marginalised young Travellers.
- The questionnaire asked for the level of agreement with the statement that 'It is easier for Travellers to access illegal drugs than to get served in pubs, from which they are often barred.' This appears to be accurate: of 7 responses, 3 strongly agreed, 2 agreed, and 2 did not know.
- The majority of informants agreed with the statement that 'Drug users who are Travellers do not attend drug treatment services.' Of 7 responses, 4 agreed (2 of them strongly) and 3 did not know. Pavee Point (Hurley, 1999) also report that:

There are no specific drug services targeting the needs of Travellers.

Service providers have identified the need to develop an outreach, targeted dimension to their work in order to facilitate Travellers' access to, and uptake of, existing services. The needs of this marginalised - and sometimes nomadic - group cannot be met solely through geographically-based services, whose clients often need to fulfil residency requirements.

Travellers have been excluded, '*whether intentionally or unintentionally*', from the first and second drug strategies (Ministerial Task Forces on Measures to Reduce the Demand for Drugs, 1996, 1997) and from the first reports and proposed actions of the Local Drugs Task Forces.

- Another informant reported that Irish Travellers' health status is drastically worse than that of the general population, so their drug use may also be proportionately higher. On the other hand, they continued, Travellers' main health problems of morbidity and mortality are so severe that drug problems '*may be well down the list of priorities for health action*': indeed, The National Traveller Health Strategy 2002 - 2005 does not highlight drug use as an issue.
- One informant reported that '*It is known that a small minority of Travellers in some areas are involved in drug dealing, mainly cannabis.*'

CENTRAL AND EASTERN EUROPEAN (POLISH, MOLDOVAN, ROMANIAN)

- An informant reported that in the last 2 years, people from Latvia, Lithuania and Poland are amongst the highest groups of immigrants in Ireland. They added that, in 2001, around one-sixth of 10,000 applications for refugee status came from people from Romania, and a much smaller proportions from Moldova, Russia, and the Ukraine.
- The questionnaire asked how much agreement there was that 'Central and Eastern Europeans in Ireland do not appear in treatment statistics, but there is concern that they might be using drugs because of the drugs-social exclusion link.' Of 7 responses, 4 agreed and 3 did not know.
- AC Company (2001) report that anecdotal evidence from drug agencies suggests that there is drug use amongst people from Central and Eastern European countries living in Ireland.

BLACK AFRICANS (for example, Algerian and Nigerian)

- An informant reported that, in 2001, around a third of 10,000 applications for refugee status came from people from Nigeria. In addition, South Africans were amongst the largest groups of new immigrants.
- When asked for the level of agreement with the statement that 'Black Africans in Ireland do not appear in treatment statistics, but there is concern that they might be using drugs because of the drugs-social exclusion link,' of 7 responses, 4 agreed and 3 did not know.
- AC Company (2001) report that anecdotal evidence from drug agencies suggests that there is drug use amongst Black Africans living in Ireland.
- One informant quoted from National Drug Treatment Reporting System which shows that in 1999, only 1 of 6,443 drug users in treatment in 1999 and 1 of 6,379 in 2000 was African (from Zambia and Somalia respectively).
- An informant reported that a recent phenomenon in Ireland was the attempted importation of large amounts of drugs by Black Africans from South Africa. The informant added *"Apparently the 'mules' involved are not professional drug smugglers; in general they are hard-up [economically poor] people lured by the prospect of making easy money."*

ASIAN

- One informant reported that people from the Philippines were amongst the largest groups of new immigrants from Asia.
- Informants knew little about the drug use of Asians in Ireland:

One informant said they had known only one Asian person (from Hong Kong) who had had drug treatment.

Another informant reported that the National Drug Reporting System statistics show that, of 6,443 clients in 1999, 5 were from an Asian country: 3 from Iran, 1 from Taiwan, and 1 from Vietnam. In 2000, of 6,379 clients, there was just 1 Asian, from Bahrain.

OCEANIANS: AUSTRALIAN, NEW ZEALANDER, PACIFIC ISLANDERS (from, for example, Somoa, Cook Islands, Fiji Islands, Solomon Islands, Tahiti, Papua New Guinea)

- No information on the drug use of this group was given to this study.

AMERICAN (USA) AND CANADIAN

Khan et al (2000) report that people from the USA and Canada living in Ireland in 1996 were the second largest immigrant group (but still comprised only one-fifth of immigrants from other European countries).

- One informant said they occasionally encountered drug users from this group.

OTHER EUROPEAN UNION (from Austria, Belgium, Denmark, Finland, France, Germany, Greece, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, UK)

Khan et al (2000) report that, in 1996, people from other European Union (EU) countries living in Ireland were by far the biggest group of immigrants, comprising almost 70% of the total. An informant to this study reported that other Europeans still comprise the largest foreign population in Ireland

- One informant reported other EU nationals with drug problems in Dublin, and an informant from a drug service reported that people from Italy and Portugal, but mostly from the UK, use a needle exchange service in the city. The drug of choice of these clients is heroin, but cocaine powder and crack cocaine are also used, mainly by the UK clients.
- AC Company (2001) report a '*clear rise*' in drug use amongst other EU nationals living in Ireland, particularly those from England, Italy and Spain.
- Another informant provided statistics from the National Drug Treatment Reporting System (NDTRS) for 1999 and 2000 (see table below), showing that, of people from other EU countries living in Ireland, UK drug users are by far the largest group in treatment. However, these statistics do not indicate whether these clients are from Northern Ireland or from other parts of the UK (England, Scotland and Wales).

National Drug Treatment Reporting System Other European Nationals in treatment

Nationality	1999	2000
German	5	3
Danish	-	1
Spanish	1	2
French	3	1
UK, including Northern Ireland	84	90
Italian	6	5
Portuguese	2	1
Swedish	1	1
Finnish	-	3
Dutch	1	-
Total EU (non-Irish)	103	107
Total N of NDTRS	6443	6379

OTHER BLACK AND MINORITY ETHNIC GROUPS IN IRELAND

In the questionnaire, informants were asked to give details of any Black and minority ethnic groups missing from the previous sections, and any information they had about the drug use of these groups.

- An informant noted that one of the phenomena associated with Ireland's recently-acquired national wealth has been an increase in the numbers of immigrants, including refugees and asylum seekers, in what has traditionally been a country characterised by emigration. They reported that, in the 10 years prior to 2000, the highest number of immigrants (apart from other European Union nationals) were from the USA. However, in the last 2 years, the highest number of immigrants came from Latvia, followed by the Philippines, Lithuania, South Africa and Poland.

This informant continued that around 10,000 people from over 100 countries sought asylum in Ireland in 2001, although the number of successful applications was less than 500). Around one-third were from Nigeria, followed by Romania (around one-sixth) and, in much smaller proportions, from Moldova, the Ukraine and Russia.

- No information about the drug use of any of the above groups was given to this study.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN IRELAND

- AC Company (2001) report that a range of drugs are used by BME groups in Ireland, and that these groups are thought to be particularly *'hard to reach.'* AC Company also report that drug service staff indicated the need for *'user-friendly drug services'* targeting these groups and expressed concern that drug use may rise amongst young immigrants as they become more integrated into their local Irish community.
- There was no disagreement with the statement that *'Very few members of minority ethnic groups in Ireland have contact with drug treatment services'* in the questionnaire. Of 6 responses, 1 did not know and 5 agreed, 2 of them strongly.

Another informant said that some outreach work with Black and minority ethnic (BME) groups is being attempted. This informant believed that *'models from mainland Europe should be used to shape our responses.'* When some potential informants to this study were contacted by telephone, many also said they wanted to learn appropriate responses from the UK and other EU member states.

An informant had recently attended a conference in Ireland, along with many drug service workers and managers in the country, and noted that *'When I brought up the matter of the drug use of BME groups in informal conversations, the comments I got gave me the impression that, as immigration rates rise, people know that this issue is going to have to be addressed soon.'* When some potential informants to this study were contacted by telephone, some made the same comment.

- On the drug use of BME groups in Ireland, one informant wrote:

"The Department of Justice, Equality and Law Reform has responsibility for general immigration procedures and for refugees and asylum seekers, but seems to have been taken by surprise by the influx of the latter. The whole issue has been badly managed: there are major delays in processing applications; accommodation and 'dispersal' have been arranged in a haphazard fashion; issues such as the right to work, social welfare and 'direct provision' have been mishandled. It is possible that the ensuing social problems among the refugee community might exacerbate or promote drug misuse, but this notion is wholly speculative."

This informant also thought that, although immigrants who used drugs in their home countries probably continued to do so in Ireland, they have *'heard no evidence or suggestion that this is happening locally on any significant scale.'*

BIBLIOGRAPHY

The questions in the questionnaire were compiled from data in Khan K, Zervoullis K, Carpentier C, Hartnoll R (2000): Mapping available information on social exclusion and drugs, focusing on 'minorities' across 15 EU member states. EMCDDA scientific report, Volume 2.

Informants were asked to give details of any documents they thought would inform this project. The following were cited by informants and/or provided to the research team:

AC Company (2001): European network for the target group of mobile drug users. Guide: Denmark, France, Greece, Ireland, Poland, Portugal, Spain, Sweden, Switzerland. AMOC DHV: Amsterdam.

Hurley L (1999): Pavee Point Youthstart 1998-9 Drugs and the Traveller Community Project. August 1999. Pavee Point.

Irish Refugee Council (<http://www.irishrefugeecouncil.ie>).

Ministerial Task Forces on Measures to Reduce the Demand for Drugs (1996, 1997).

The National Traveller Health Strategy 2002-2005.

ITALY

Overview of findings

A large proportion of the information on the drug use of Black and minority ethnic groups (BME) in Italy that was received by this study was concerned with heroin use only. The following is a summary of the findings:

- There is heroin use amongst Black North Africans (Maghrebians from Algeria, Morocco and Tunisia), who smoke the drug.
- There was no consensus over whether Black North Africans were more involved in drug-related crime than other BME groups in Italy.
- There is some evidence of an increase in heroin use amongst Egyptians - including by injection - and of an increase in drug use by people from Cameroon, Mali and the Sudan.
- There are suggestions that, in Italy, there is:
 - qat (or khat) use amongst Somalis
 - heroin use amongst Sri Lankans
 - heroin use - including by injection - amongst Chinese people
 - heroin use amongst South Americans.
- There was no information on the drug use of South Asians (from Bangladesh, India and Pakistan), but they do not use drug services.
- Amongst immigrants from Central and Eastern European countries, there is little information on the drug use of those from Albania, the largest group in Italy. Heroin users from Bosnia, Poland, Romania, Russia the Ukraine, and the former Yugoslavia were reported to be receiving treatment for heroin use.
- There is injecting heroin use amongst Bosnian, Polish, and Ukrainian drug service clients, and it was reported that many of those from Bosnia and Poland are infected with HIV and hepatitis, as they are unaware of safer injecting practices.
- Very little information was given to this study on the drug use of Gypsies / Roma, and people from other European Union countries.

- No information was given to this study on the drug use of Filipinos, people from the USA and Central America, Iraqis, Oceanians (from Australia, New Zealand and the Pacific Islands).
- There is evidence that there is an increase in the number of foreigners charged with drug-related offences in Italy.

Data collection

At least a 24.1% response rate was achieved from the individuals and organisations contacted for information for this study (see details overleaf). Most informants were from drug services, and much of the information received was concerned with heroin-using clients.

Future directions

The results of this study indicate that the knowledge base of the drug use of BME groups in Italy is poor and there appears to be little consideration of how cultural factors may impact on drug-using patterns. Drug service statistics provide only a partial picture: further research and needs assessments are needed. These investigations should include both qualitative and quantitative research methods to gather data on drug-using patterns, the link between social exclusion and drug use, barriers to drug service access and uptake, and the successes and failures of drug services in attracting BME drug users. Results should be used to inform the development of appropriate drug services for BME groups.

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Stefania Totaro	Polomo Valerixio
Ludovico Verde	

RESPONSES

Response rate	at least 24.1%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	58	
Responses	14	
Questionnaires completed	8	
Other information	3	
No information	3	Reasons for not providing information: all said they had no information

OCCUPATIONS OF RESPONDENTS

Drug service	6
Research / university	4
Government / drug policy	3
International organisation	1

FURTHER CONTACTS

56 further contacts were provided by informants, comprising a total of 53 individuals or organisations.

BLACK NORTH AFRICAN: ALGERIAN, MOROCCAN, TUNISIAN (MAGHREBIAN)

Khan et al (2000) report that Moroccans were the largest Black and minority ethnic (BME) group in Italy in 1998, numbering 145,843 - 11.7% of the total immigrant population and over half of the total number of Africans registered as living in the country. There were also over 47,000 Tunisians, who were the sixth largest group. Algerians did not feature in the 20 largest immigrant groups in 1998.

- An informant reported that the Addiction Register Service shows that the primary drug of Maghrebians in drug treatment in Italy is heroin (which they call 'kobtett') that is smoked, and 2 informants from drug services confirmed this.

One of these informants added that these clients had not used heroin in their home countries, where their drug use had been limited to cannabis.

One drug service said that 50% of their clients receiving drug treatment are North African.

- The questionnaire asked for the level of agreement with the statement that 'North Africans are more involved in drug-related crime than other minority ethnic groups.' There was no consensus amongst the 7 responses: 3 disagreed, 3 agreed, and 1 strongly agreed.

One informant reported North Africans selling drugs in public squares in Italy's cities.

Another informant added that this group was no more involved in criminal activities than drug users from any other group.

OTHER AFRICAN (excluding North Africans from Algeria, Morocco and Tunisia - for example, Egyptian, Gambian, Ghanaian, Libyan, Senegalese, Tanzanian)

Khan et al (2000) report that the largest groups of other Africans living in Italy in 1998 were Senegalese (almost 36,000) and Egyptians (27,664). Informants to this study added people from Cameroon, Mali, Somalia, and the Sudan.

- One informant said that heroin is smoked and injected amongst other Africans in Italy. This informant added that young female Africans are working as prostitutes and using drugs.
- An informant from a drug service reported a large increase in the number of Egyptian clients, who injected heroin. Another drug service reported very few clients from African countries other than North Africa.
- An informant from a mobile drug service noted an increase in the numbers of drug users from the Sudan, Mali and Cameroon.
- One informant reported there is qat (or khat) use amongst Somalis in Italy.

SOUTH ASIAN (FROM BANGLADESH, INDIA AND PAKISTAN)

In 1998, there were around 200,000 Asians in Italy, including 25,320 from India. Those from Pakistan and Bangladesh did not feature in the 20 largest immigrant groups (Khan et al, 2000).

- Nothing about the drug use of this group was reported to this study, and 3 informants from drug services said they never had any South Asian clients.

SRI LANKAN

Khan et al (2000) report over 31,000 Sri Lankans in Italy in 1998.

- One informant reported an increase in heroin use amongst Sri Lankans, but another from a drug service said that they never had any clients from this group.

PHILIPPINE

Khan et al (2000) report that the number of people from the Philippines living in Italy in 1998 was 67,574, making them the third largest immigrant group at that time.

- The informants to this study had no information on the drug use of Filipinos in Italy, although one commented that substance-using problems amongst this group featured mainly alcohol, not other drugs.

CHINESE

Khan et al (2000) report that there were over 38,000 Chinese people in Italy in 1998.

- Only one informant had any information about the drug use of this group, reporting that there is heroin use amongst them, and that some Chinese heroin users inject the drug.

This informant added that there were language problems for drug services trying to communicate with Chinese people.

SOUTH AMERICAN (BRAZILIAN, COLOMBIAN, PERUVIAN)

Khan et al (2000) reported almost 27,000 Peruvians and almost 20,000 Brazilians in Italy in 1998, but Colombians did not feature in the 20 largest immigrant groups. An informant to this study added Venezuelans to this group.

- One informant reported Venezuelans are changing their drug of choice from cocaine to heroin.
- One informant from a drug service reported small numbers of heroin-using clients from South America.

CENTRAL AND EASTERN EUROPEAN (FOR EXAMPLE, ALBANIAN, CROATIAN, FORMER YUGOSLAVIAN, MONTENEGRO, POLISH, ROMANIAN, SERBIAN, SLOVENIAN)

Khan et al (2000) report that over 232,000 people from Central and Eastern European countries (CEEC) were registered as living in Italy in 1998. The largest group was from Albania, comprising 91,537 people, the second largest immigrant group: there was a 4,400% increase in the number of Albanians in the country between 1990 and 1998. People from Croatia, Poland, Romania, and the former Yugoslavia also feature in the 20 largest BME groups in Italy. Informants to this study added Russians and Ukrainians to the list of immigrants from CEEC.

- Despite the size of the Albanian population in Italy, only 1 informant knew anything about their drug use, reporting that, from their personal experience, cocaine is used amongst this group.
- An informant from a drug service reported that they have clients from Poland and Bosnia, most of whom are injecting heroin and many of whom are infected with HIV and hepatitis. This informant added that these clients have little knowledge about the transmission and prevention of these diseases.
- Informants from other drug services reported a few Polish, Romanian, and former Yugoslavian clients who are using heroin.
- Two informants reported an increase in Russian drug service clients as the substance of choice amongst them changes from alcohol to heroin.
- An informant from a drug service reported that their Ukrainian clients are mostly heroin injectors, but that they also have alcohol problems.
- One informant reported that drug users from CEEC countries buy their drugs from North Africans, who sell them in public squares in Italy's cities.

GYPSY / ROMA

Khan et al (2000) provide no information on the size of this population in Italy.

The only informant who had any information on the drug use of Gypsies / Roma in Italy was from a drug service. They said that there is problematic alcohol use amongst them and a small increase in the use of heroin. However, very few members of this group used the service.

OTHER EUROPEAN UNION (from Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Luxembourg, Netherlands, Portugal, Spain, Sweden, UK)

In 1998, there were almost 142,000 people from other European Union (EU) countries living in Italy. The largest group were from Germany, France and the UK (Khan et al, 2000).

- An informant from a drug service reported having French, English, German and Austrian clients who used heroin, some of them injecting the drug. Another informant from a drug service reported only 1 EU heroin-using client - from France. A third informant from a drug service reported only sporadic use of their services by people from the EU.

USA

- Khan et al (2000) report that people from the USA comprised the fourth largest immigrant group in Italy in 1998 (almost 56,000 people), but no information on their drug use was given to this study, other than by an informant from a drug service who reported that they do not have clients from the USA.

OTHER BLACK AND MINORITY ETHNIC GROUPS IN ITALY

- Informants were asked if there were any groups missing from those in the above sections. They added Iraqis, Oceanians (from Australia, New Zealand and the Pacific Islands) and Central Americans, but did not provide any information about the drug use of these groups.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN ITALY

- The questionnaire asked how much informants agreed that "The number of 'foreigners' appearing in court charged with drug-related offences is increasing." Of 7 responses, 4 agreed, 2 of them strongly, 2 did not know and 1 disagreed.
- One informant added that foreigners who are involved in the criminal justice system have more difficulties coping with it than Italians because *'they do not have the same rights and knowledge about how to work the system.'*

BIBLIOGRAPHY

The questions in the questionnaire were compiled from data in Khan K, Zervoullis K, Carpentier C, Hartnoll R (2000): Mapping available information on social exclusion and drugs, focusing on 'minorities' across 15 EU member states. EMCDDA scientific report, Volume 2.

Informants were asked to give details of any documents they thought would inform this project. The following were cited by informants and/or provided to the research team:

Caritas (2001): Immigration statistic dossier, 2001. Rome: Caritas. *It presents data about migration on International, European and Italian context. Particularly, in regard to Italian context, it provides data concerning new admittance flow, immigrants in Italy, social-working insertion, social-cultural and religious insertion of immigrants and concerning different situation pertinent to every region.*

Censis (1999): The legal confines of multi-ethnic society. Rome: Censis. *It concerns a research showed from Censis to the Senate of the Italian Republic in April 1999, that analyses the most important aspects about immigration in Italy. Among these the connection between immigration and crime, in particular drug crimes. Available on <http://www.censis.it>*

Ministry of Interior (2000): National Report. Department of Police - Central Directorate against Drugs. *The Report is divided into five sections: in the first section is introduced the organizational structure of the Central Directorate against drugs; in the second section are described features and effects of principal drugs; in the third and fourth section are provided statistics about operations against drugs, people given up to justice and drugs confiscated selected on national, regional and local district level; at the end in fifth section are illustrated data about death for overdose.*

Ministry of Labour and Social Affairs (2000): National Report to Parliament on Drug Status in Italy. Ministry of Labour and Social Affairs, Department of Social and Security Affairs - Central Directorate for Drugs. *The Report is divided into three sections: the first section is about the politics intended to fight the drug addiction that European Union, the Italian Parliament and the Government put into action during 2000; in the second section are collected statistics about the drug addiction; in third section the data are analysed.*

Ranieri F, Cerbini C, Diamauro PE (2002): Nuove droghe e nuove etnie.
Milan: Armando Editore.

SNS Integra (1999): Integra Projects' Compendium, II Phase. Rome.
This document collects the files of the projects financed in Italy in the second phase of the EU Initiative Employment – Integra.
This document can be obtained from ISFOL, Via G.B. Morgagni, 30/E, 00161 Roma. Tel: +39 06 445901. Fax: +39 06 44590421. Website <http://www.isfol.it>

LUXEMBOURG

Overview of findings

In 1999, there were 152,900 'non-natives' in the small country of Luxembourg. Overall, the National Drug Monitoring System shows that this group is over-represented as treatment demanders and drug use offenders, although little information on the substances used by each Black and minority ethnic (BME) group was given to this study. The findings can be summarised as follows, bearing in mind that the information comes from only 6 informants and mainly from drug treatment statistics:

- Portuguese drug users are over-represented in drug treatment statistics, but not as clients of a drug service for young people who have been referred there by the juvenile justice system, parents, schools and other professionals.
- There is a suggestion that young (under 18 years) Portuguese people in Luxembourg are using cannabis only.
- There is no information on the drug use of former Yugoslavians, Cap Verdeans and other Black Africans living in Portugal. In 2000, these groups each comprised 1% of foreign drug users in treatment, and, overall, this proportion has been decreasing since 1994.
- Americans have not appeared in Luxembourg's drug treatment statistics since 1994.
- Drug users in treatment from European Union countries other than Portugal come from Italy, France, Belgium, Germany and Spain.
- Whilst there is evidence that a larger proportion of BME groups in Portugal use heroin and cocaine than Luxembourgiens, there is also evidence that the drug-using patterns of these groups are no different from those of the rest of the population.

Data collection

The research team had relatively few contacts for Luxembourg, although a 42.1% response rate was achieved from the 19 individuals or organisations who were asked to participate (see details overleaf). The research team is particularly grateful for the detailed information on drug users in treatment provided by the REITOX National Focal Point.

Future directions

Although the drug treatment statistics provided to this study give some indication of the problematic drug use of BME groups in Luxembourg, there is little information on the drug-using patterns of those who do not access drug services. Surveys using qualitative and quantitative research methods should be conducted amongst these populations - including amongst their young members - in order that the picture of their drug use given by treatment statistics can be confirmed or otherwise and that appropriate responses can be developed.

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Henri Grün Alain Massen
Egide Urbain REITOX National Focal Point

RESPONSES

Response rate	at least 42.1%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	19	
Responses	8	
Questionnaires completed	4	
Other information	2	
No information	2	Reasons for not providing information: 2 individuals to whom the questionnaire was addressed were no longer employed by the organisation

OCCUPATIONS OF RESPONDENTS

Drug service	3
Research / university	3
Schoolteacher	1
REITOX National Focal Point	

FURTHER CONTACTS

8 further contacts with individuals or organisations were provided by respondents.

PORTUGUESE

Khan et al (2000) point out that *'Portuguese citizens living in Luxembourg (do) represent an ethnic minority in terms of self exclusion rather than social stigmatisation or exclusion.'* The proportion of Portuguese people in Luxembourg in 1999 was 10% (almost 56,000) of the total population, and 36.5% of the non-native population, making them by far the largest foreign group in the country.

- The Centre de Prévention des Toxicomanies (CePT) and ZepF (Germany) conducted three surveys in Luxembourg on lifetime prevalence of drug use - in 1997/98, 1999, and 2000. These showed that Portuguese people have lower lifetime prevalence rates of cannabis use than Luxembourgiens.
- The REITOX National Focal Point (NFP) reported that in 2000, 51% of foreign drug users in treatment were Portuguese, and that the proportion has been 50% or more since 1996, apart from 1998 when it was 47% (see table on p7 of this profile).

In the case of young Portuguese drug users, a different picture emerges from an informant from MSF-Solidarité Jeunes, an organisation working with drug users under the age of 18, who are referred there by the juvenile justice system, parents, schools and other professionals. Most clients use cannabis only. The informant reported that young Portuguese people are not disproportionately referred to the service and that most of their clients are Luxembourgian.

- Of 4 responses asking for the level of agreement with the statement 'Portuguese drug users receiving drug treatment in Luxembourg are younger than other people receiving drug treatment,' all disagreed.
- Of 4 responses asking for the level of agreement with the statement that 'Half of all foreign drug law offenders in Luxembourg are Portuguese,' 1 strongly disagreed whilst 3 agreed, one of them strongly.
- The questionnaire asked how much informants agreed that 'Portuguese drug users are over-represented in the statistics on drug-related deaths.' There was no consensus: of 4 responses, 1 disagreed, 2 did not know, and 1 agreed.
- Origer (1999) conducted a comparative study of Portuguese drug users in treatment in Portugal and in Luxembourg. The questionnaire compiled for the current study asked 3 questions based on data from Origer's results:

Of 4 responses asking how much agreement there was with the statement 'Portuguese drug users in Luxembourg are less likely to use opiates as their main drug than those living in Portugal, ' 2 disagreed, 1 agreed and 1 did not know.

When asked how much they agreed that 'Portuguese drug users living in Luxembourg are more likely to inject drugs than those living in Portugal, ' of 4 responses, 1 disagreed, 2 agreed (one of them strongly), and 1 did not know.

Of 4 responses asking for the level of agreement with the statement that 'Portuguese injectors living in Luxembourg appear to be less likely to share injecting equipment than those living in Portugal, ' 1 disagreed, 2 agreed (one of them strongly) and 1 did not know.

The NFP added that HIV positive status rate is lower for Portuguese addicts living in Luxembourg compared with those living in Portugal.

- The NFP also reported that Portuguese people dependent on drugs who lived in Luxembourg had a lower educational level but a higher employment rate than those living in Portugal.

FORMER YUGOSLAVIAN

- The NFP reported that in 1997, 7% of foreign drug users in treatment came from the former Yugoslavia, but that this number had decreased to 1% in 2000 (see table on p7 of this profile).
- It is rare for young Yugoslavians to be referred to MSF-Solidarité Jeunes.

BLACK AFRICAN (FROM CAP VERDE)

- The NFP reported that in 2000, 1% of foreign drug users in treatment were from Cap Verde, and another 1% were from other African countries (see table on p7 of this profile)
- An informant working with young drug users at MSF-Solidarité Jeunes reported that the service has some clients from Cap Verde, but they are not over-represented. Most clients of this service use cannabis only.

AMERICAN (USA)

- The NFP reported that there have been no American clients receiving drug treatment in Luxembourg since 1994 (see table on p7 of this profile).
- MSF-Solidarité Jeunes reported that they have never had young American clients referred to the service.

OTHER EUROPEAN UNION (from Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Netherlands, Portugal, Spain, Sweden, UK)

- 4 informants indicated how much they agreed that 'French and Italian drug users are more likely than people from the rest of the European Union to be receiving drug treatment in Luxembourg.' 2 disagreed, 1 strongly agreed, and 1 did not know.

As shown in the table on p7 of this profile, in 2000, French and Italians were more likely to be in treatment in Luxembourg than other EU nationals, apart from the Portuguese. However, there are larger proportions of people from France and Italy living in Luxembourg than there are from other EU countries (except Portugal).

The informant from MSF-Solidarité Jeunes reported that young French and Italian drug users are not over-represented in clients referred to the service, most of whom use cannabis only.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN LUXEMBOURG

- The Centre de Prévention des Toxicomanies (CePT) and ZepF (Germany) conducted three surveys in Luxembourg on lifetime prevalence of drug use - in 1997/98, 1999, and 2000. Although few members of BME groups were questioned and results may not be representative, these surveys showed that there were no great statistical differences in terms of lifetime prevalence of drugs between Luxembourgiens and BME groups.

However, CePT reports that other studies have shown that more members of BME groups use heroin or cocaine than the rest of the population.

- The questionnaire asked for the level of agreement with the statement that 'The proportion of 'non-natives' seeking drug treatment in Luxembourg is high compared to the rest of the population.' Of 4 responses, 3 disagreed (2 of them strongly) and 1 did not know.

The NFP pointed out that that situation regarding BME drug users and drug use could be better described as *'The proportion of 'non-natives' indexed by the National Drug Monitoring System in Luxembourg is high compared to the rest of the population (drug monitoring system = treatment demanders + drug use law offenders)' or "The proportion of 'non-natives' drug use offenders in Luxembourg is high compared to the rest of the population."*

- The REITOX National Focal Point provided the research team with the following data on foreign drug users in treatment in Luxembourg. They show that drug users from some other European Union countries are over-represented as drug treatment clients, especially those from Portugal, but also, to a lesser extent, from France and Spain. Other BME groups in the country are under-represented.

	% of total foreign population in 1999	% of all foreign drug users in treatment						
		1994	1995	1996	1997	1998	1999	2000
Portuguese	36.5	30	43	50	47	50	54	51
Italian	13.1	34	27	20	15	20	11	10
French	11.5	11	15	13	19	21	17	17
Belgian	9.0	5	4	5	3	4	4	8
German	6.7	6	3	1	3	0	5	4
UK	2.9	2	0	0	0	0	1	0
Dutch (from the Netherlands)	2.5	2	1	2	0	0	1	0
Spanish	1.9	0	0	0	0	5	4	3
Greek	0.8	2	0	0	0	0	0	0
Total from EU countries other than those above	3.3	0	0	0	0	0	0	0
Cap Verdean	total 11.8	2	4	3	2	0	2	1
African		2	1	3	3	0	1	1
Former Yugoslavian		2	2	3	7	0	2	1
USA		2	0	0	0	0	0	0
TOTAL N	152,900							

Source: REITOX National Focal Point

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The questions in the questionnaire were compiled from data in Khan K, Zervoullis K, Carpentier C, Hartnoll R (2000): Mapping available information on social exclusion and drugs, focusing on 'minorities' across 15 EU member states. EMCDDA scientific report, Volume 2.

Informants were asked to give details of any documents they thought would inform this project. The following were cited by informants and/or provided to the research team:

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NETHERLANDS

Overview of findings

As described in the section entitled 'Data collection,' overleaf, the following summary of the findings from this study should be interpreted bearing in mind that only 5 informants provided data.

- It is assumed that problematic drug use amongst Turkish people is low, partly because members of this group (especially females) are not in contact with drug services. However, there is also a suggestion that this group has difficulties accessing drug services and that their drug use is hidden within their community.
- There is heroin use amongst the Surinamese population in the Netherlands, mainly by older males. Surinamese drug users are the largest foreign group in drug treatment.
- There is problematic drug use and other criminal activity amongst adolescent boys from the Moroccan community. Few Moroccans appear in drug treatment statistics, but there is heroin and cannabis use amongst those who do.
- There is qat (or khat) use amongst people from some other Black African countries, and injecting heroin use is also found in this group.
- There is heroin use amongst the Moluccan population in the Netherlands.
- There is drug use and other criminal activity amongst adolescent boys from the Antillian community. Cocaine appears to be the drug of choice amongst Antillian drug users, who do not inject the drugs they use. Members of this group are involved in the importation of cocaine as 'drug mules' / 'bodypackers'.
- There is qat (or khat) use amongst people from the Middle East and a suggestion that heroin and opium are used by some members of this group.
- There is little information on the drug use of people from Central and Eastern Europe and Russia, although it is suggested that people from the former Yugoslavia and Russia are involved in the distribution of heroin in the Netherlands.
- There is little information on the drug use of Gypsies / Roma / Sinti, who are '*noticeably absent*' from drug treatment statistics.

- Little information was given to this study on the drug use of people in the Netherlands from other European Union countries, China, South America, and the USA.
- Over the last decade, there has been little research on the drug use of BME groups in the Netherlands, although surveys to remedy this have recently been piloted. Currently, it is not known if the drug use of BME groups is different to that of the rest of the population.
- There has been some investigation into BME drug users' lack of uptake of drug services and their high drop-out rate: reasons suggested for these include that services are too 'white-orientated'; lacking in cultural sensitivity; language barriers; a lack of knowledge about what drug services offer; a distrust of confidentiality; and insufficient attention by services to drug users' families.
- There have been several initiatives - some instigated by BME groups - to address the lack of appropriate drug services for BME groups in the Netherlands, but these are often on an ad hoc basis.

Data collection

There was at least a 12.5% response rate from the individuals and organisations contacted to participate in this study (see details on p180) - the lowest for the 16 countries included in this study and less than half the average of all responses. Moreover, only 5 of the 10 responses provided information, although this was very comprehensive, and the research team is particularly grateful to the REITOX National Focal Point (NFP) for a detailed overview of the current situation.

The Netherlands has a long history of immigration and is described by Kahn et al (2000) as a multicultural society, so the lack of response is surprising, although it may be the result of, as the NFP pointed out, the *'lack of evaluation, reporting, and exchange [that] has caused stagnation in the knowledge and expertise'* of those working with BME drug users.

Future directions

The NFP reported to this study that, overall, the lack of research over the last decade has created a *'blind spot'* in terms of the drug use of, and related service provision for, BME groups, although it is recognised that the 'hidden' knowledge base is considerable. Clearly, in order for the development of appropriate responses, the *'stagnation in the knowledge and expertise'* of those working with BME drug users must be addressed.

Systematic ethnic monitoring and targeted needs assessments are necessary. Needs assessments should include an examination of specific BME groups in the Netherlands in relation to the link between social exclusion and drug use, and to barriers to drug service access and uptake. In some of the other countries participating in this study, qualitative research has been shown to be a valuable tool to accessing and understanding drug use and the related issues amongst BME groups, and should be conducted alongside quantitative surveys and ethnic monitoring in order to increase the apparently sparse current knowledge base. In addition, BME groups should be effectively engaged in discussions on the development of appropriate drug services. Results of this work should be widely disseminated amongst researchers, drug services, policy makers, and drug service planners and providers in order that the drug use of BME groups can be tackled and those involved can update their expertise.

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Ederhard Schatz
REITOX National Focal Point

RESPONSES

Response rate	at least 12.5%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	80	
Responses	10	
Questionnaires completed	4	
Other information	1	
No information	5	Reasons for not providing information: all said they had no information

OCCUPATIONS OF RESPONDENTS

Drugs research / university	4
Drug policy organisation	2
International organisation	1
European drugs organisation	1
Health service	1
REITOX National Focal Point	

FURTHER CONTACTS

8 further contacts of individuals or organisations were given by informants.

The questionnaire began with a statement that there was very little information about the drug use of specific Black and minority ethnic (BME) groups in the Netherlands. Other than general questions about the drug use of BME groups in the country, the questionnaire contained only 1 question relating to a specific group (Moluccans). The sections for each of the other groups therefore began by asking informants to give any information they had about their drug use.

TURKISH

Khan et al (2000) report that there were 300,000 Turkish people in the Netherlands in 1999.

- An informant from a drug service reported that heroin use was neither a large nor a hidden problem amongst the Turkish population in the Netherlands.

Another informant agreed, reporting that the drug use of this group does not appear to be higher than amongst the general population, and that drug use amongst young Turkish people is no different from that of young people from other BME groups.

One informant reported that the number of drug-dependent Turkish people is increasing, and that, from their contacts with this population, they, too recognise this.

One informant reported that some Turkish people are involved in large-scale heroin distribution, but that their use of heroin is *'probably quite low.'*

- One informant from a drug service reported that Turkish people are rarely found amongst their clients who are prescribed methadone. They added that their service has never had a Turkish female client, nor encountered any females from this group who had been arrested for drugs offences.
- Another added that if drug problems arise, however, accessing drug services is more difficult for these *'deprived youths'* than it is for Dutch drug users.

An informant added that *'the Turkish are known to keep their problems within the family or even to send them back to Turkey.'*

Two informants noted that the drop-out rate amongst Turkish drug users in outpatient treatment is relatively high compared to Dutch clients (National Drugmonitor; IVZ/IVO, 1999).

Another reported that *'The co-operation relationship between addiction treatment and the Turkish population is not optimum'* (Ögel, 1997).

- The Tjandu Foundation runs self-help drug prevention courses for young Turkish people.

SURINAMESE

Khan et al (2000) report that there were 299,000 Surinamese people in the Netherlands in 1999.

- Research on HIV prevalence amongst injecting drug users has reported that most Surinamese drug users in the Netherlands do not inject (Wiessing et al, 1997), and this was confirmed by an informant to this study.
- An informant reported that young Surinamese males who migrated to the Netherlands in the mid-1970s were very vulnerable to heroin use and to becoming involved in small-scale street trading of drugs. Today, some of these remain dependent on heroin and are highly visible in the streets of Amsterdam. The informant added that the number of white Dutch heroin users is higher but they usually do not buy and sell their drugs on the street. The informant's impression is that problematic heroin use amongst the Surinam population is mainly restricted to the older males: *'I think the second generation is more careful, most of them have some examples in their family of how you could end up if you start using heroin.'*

Another informant agreed that there is more problematic drug use amongst the older generation of Surinamese people than amongst younger generations, because the former are more poorly-educated and were unprepared for life in the Netherlands.

- One informant reported that Surinamese drug users in Amsterdam are targeted by - and use - the services offered by the Intermurale Motivation Centre. Another added that such services were initiated in an effort to reach this group because existing service had failed to engage them (Campell en Pinas).
- One informant noted that Surinamese are the largest foreign group in drug treatment in the Netherlands, but that the drop-out rate amongst this group is relatively high compared to Dutch clients (IVZ/IVO, 1999). An informant reporting findings from the National Drugmonitor also said that the drop-out rate amongst Surinamese in outpatient treatment was higher than for Dutch clients.

- An informant reported that the National Drugmonitor shows that Surinamese score above the mean for heroin as a primary problem when entering drug treatment.

BLACK AFRICAN (INCLUDING CAP VERDEANS, MOROCCANS, AND SOMALIS)

Moroccans

Khan et al (2000) report that there were 253,000 Moroccans in the Netherlands in 1999.

- One informant sent information about the work of the Arrazi Prevention Project (APP) with North Africans in the Netherlands, and in addition to extracts in this section, the full text of this response is given in the Bibliography section of this profile.
- Moroccan adolescent boys have more problems with drug use, addiction and criminality than other groups (APP).

One informant believed that Moroccans should be looked at separately from other North Africans in the Netherlands, as they - especially young males - find it difficult to assimilate. They agreed with APP that there is a high crime rate amongst young Moroccan males and '*excessive drug use,*' especially of cannabis.

- It is commonly assumed that Moroccan parents lack knowledge about drugs, about drug services in the Netherlands: drugs are rarely discussed amongst Moroccan families (APP).
- An informant reported that the National Drugmonitor shows that Moroccans score above the mean for heroin and for cannabis as primary problems when entering drug treatment, and that the drop-out rate for those receiving outpatient treatment is relatively high compared to Dutch clients.
- An informant reported that few Moroccans access drug services, but that drug services come into contact with this group when they are arrested for drugs offences.

- In an attempt to remedy the lack of drugs awareness and low uptake of drug services by Moroccans, the Arrazi Prevention Project developed and implemented an education course for parents that was, importantly, initiated in co-operation with Moroccan interest groups in the Netherlands. The course aimed to enhance discussions about drugs and criminality in Moroccan families in specific Amsterdam neighbourhoods, and to facilitate access to drug services. After the course, more than 80% of participants thought that drugs and criminality should be more discussed amongst members of the Moroccan community, whereas only 47% of the non-participants did so (APP).

The Tjandu Foundation runs self-help drug prevention courses for young Moroccans.

Other Black Africans

Other than Moroccans, Khan et al (2000) do not give the size of the Black African population in the Netherlands.

- On the drug use of other North African groups, it was reported to this study that:

The drug use of Algerians in the Netherlands is similar to that of Moroccans.

There is substance use amongst Cap Verdeans and Somalis.

There is a population of people from Ghana in the Netherlands, although an informant said they had never heard anything about drug-related problems amongst this group.

Qat (or khat) is used with alcohol amongst North African males in the Netherlands, and that the effects of this are *'hard to combine with a proper job.'*

12 - 15% of *'street junkies'* in Rotterdam are of North African origin and many of them are illegal immigrants. They use heroin, and, unlike other heroin users in the Netherlands (including Dutch users), the majority inject the drug. Polydrug use is common amongst this group (APP - see bibliography for further details of this project).

In North African cultures, discussion about drugs is rare (APP).

Bosman et al (1999) show that amongst North African street prostitutes, there is a strong relationship between drug use and syphilis infection.

- APP reported that drug prevention initiatives for North Africans are sparse and this group is difficult to reach (especially those who are illegal immigrants), so in Rotterdam, an experimental peer support project was targeted at this group, 75% of whom had never had contact with drug services in the city. The peer supporters distributed clean injecting equipment and condoms, and information about safer sex and drug services.
- An informant reported that drug treatment centres in Amsterdam have established contact via the imam (religious leaders in mosques) to the parents of young North Africans males who are at risk of drug use. This strategy aims at facilitating access to help and information from drug services.
- One informant reported that North African drug users are targeted by the services offered by, for example, the Intermurale Motivation Centre.

MOLUCCAN (FROM THE DUTCH EAST INDIES)

Khan et al (2000) report that there were 46,000 Moluccans in the Netherlands in 1999.

- One informant reported 'severe' drug problems amongst the second generation of Moluccans in the Netherlands.
- The questionnaire asked informants how much they agreed that the statement that 'Moluccans in the Netherlands believe that they can deal with drug problems within their own community, and do not seek outside help.' There was only 1 response: the informant did not know.

An informant added that the statement is probably outdated, because, although Moluccans can be described as a closed community, there are some people from it working in drug services in areas where there are large Moluccan populations, in an effort improve access by this group.

Another informant reported that it is important to this community that they have '*their own treatment.*' The informant added that all other help should follow on from what they have already done for themselves.

- An informant reported that the National Drugmonitor shows that Moluccans score above the mean for heroin as a primary problem when entering drug treatment.

- One informant reported that drug services targeting this group have been initiated because existing services have failed to engage them (Campell en Pinas).
- The Tjandu Foundation runs self-help drug prevention courses for young Moluccans.

CARIBBEAN (ANTILLIAN)

Khan et al (2000) report that there were 93,514 Antillians living in the Netherlands in 1997.

- One informant reported that, like Moroccans, Antillians are *'also a difficult group,'* especially young males who have recently arrived in the Netherlands and amongst whom there is *'a lot of aggression, criminality and drug use.'*
- Research on HIV prevalence amongst injecting drug users has reported that most Antillian drug users in the Netherlands do not inject the drugs they use (Wiessing et al, 1997).
- An informant reported that the National Drugmonitor shows that Antillians score above the mean for cocaine as a primary problem when entering drug treatment, and that the drop-out rate for those receiving outpatient treatment is high compared to Dutch clients.
- One informant reported that some people from the Dutch Antilles are heavily involved in the cocaine trade as 'drug mules' or 'bodypackers,' and some young males are selling base cocaine in the streets. This informant suggested that the proceeds from these activities are used *'to buy fancy shoes [although] some of them will probably slide into cocaine addiction themselves.'*
- One informant reported that Antillian drug users in Amsterdam are targeted by the services offered by the Intermurale Motivation Centre.
- An informant reported that articles appear daily in the media reporting drug dependency amongst Antillians and associated problems of drug smuggling, especially by those who swallow drugs to import them.
- The Tjandu Foundation runs self-help drug prevention courses for young Antillians.

MIDDLE EASTERN: AFGHANI AND IRAQI

Khan et al (2000) do not report the size of this population in the Netherlands.

- An informant reported that, from their experience working in the drugs field, opium is used amongst Middle Eastern groups in the Netherlands, and that some of these drug users will change to heroin use.

Another informant reported that there are many signs of drug use amongst this group, but few statistics to show that it occurs.

- One informant reported that there is qat (or khat) use amongst this group.

Another informant added that there are articles in the press about neighbours of these groups being troubled by the noisy gatherings fuelled by qat use.

- One informant reported that no specific attention is being given to these groups by drug services.

CENTRAL AND EASTERN EUROPEAN (INCLUDING THOSE FROM THE FORMER YUGOSLAVIA)

- Little information about the drug use of this group was reported to this study:

One informant thought that some immigrants from the former Yugoslavia and the former Soviet Union are involved in the heroin trade, and that some of them may begin to use the drug themselves, as there have been reports of overdose deaths amongst people from these countries.

An informant from a drug service said that people from Central and Eastern European countries sometimes appear in drug treatment statistics, but not in proportions that draw any attention to them.

GYPSY / SINTI / ROMA

- Only one informant had any information about the drug use of this group, and reported that they are '*noticeably absent*' from drug treatment statistics. The informant added that contact with Gypsies is very difficult, and the best way is via easy access / low threshold initiatives and word-of-mouth. The informant added that it is their impression that if Gypsy drug users do access drug treatment, the chance of drop-out are relatively high, due to large cultural differences.

OTHER EUROPEAN UNION (from Austria, Belgium, Denmark, France, Finland, Germany, Greece, Ireland, Italy, Luxembourg, Portugal, Spain, Sweden, UK)

- Little information on the drug use of this group was reported to this study:

one informant said that English tourists *'are causing quite a lot of nuisance'* in the centre of Amsterdam by spending their holidays mixing cannabis and alcohol *'and ending up sick.'*
- AC Company (1999) report that *'hard drug tourists'* from European Union countries bordering the Netherlands (Belgium, France, and Germany) cause problems in the large border cities as they visit the country briefly to buy drugs and are led by *'drugrunners'* to drug sellers.
- AC Company (1999) also report *'soft drug tourists'* who visit coffeeshops in the Netherlands to use cannabis, and that most of these come from neighbouring countries.

OTHER BLACK AND MINORITY ETHNIC GROUPS IN THE NETHERLANDS

- Informants were asked if any BME groups were missing from those in the previous sections. People from China, South Americans (from Argentina, Chile and Nicaragua) and the USA were added.
- 2 informants commented on drug use amongst these groups:

An informant from a drug service said that although people from the USA rarely appear in drug treatment or drug-related arrest statistics, 3 tourists from the USA died of overdose in Amsterdam in 2001.

Bosman et al (1999) show that amongst South American street prostitutes, there is a strong relationship between drug use and syphilis infection.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN THE NETHERLANDS

- Of 3 responses asking for the level of agreement with the statement that 'There is very little information available on the drug use of minority ethnic groups living in the Netherlands,' 1 did not know and 2 agreed.

An informant reported that *'It is almost impossible to find out the size of the groups of immigrant addicts. Several sources say that the numbers of immigrant addicts that don't apply to addiction treatment centres is large.'*

The REITOX National Focal Point pointed out that overall, the lack of research on this issue over the last decade has created a *'blind spot'* in terms of the drug use of, and related service provision for, BME groups, although it is recognised that the *'hidden'* knowledge base is considerable. To remedy this, the Dutch Health Research and Development Council and the Netherlands Organization for Scientific Research (ZON/NWO) have funded six projects focusing on BME groups. Four of these were concerned with the effectiveness and quality of care for BME groups and two provided information on why BME drug users make relatively little use of drug services (NWO/ZON, 1999).

- 3 informants indicated how much they agreed with the accuracy of the statement 'In the Netherlands, there are proportionally more drug addiction problems amongst minority ethnic groups than amongst the rest of the population.' There was no consensus: 1 disagreed, 1 did not know, and 1 agreed.

One informant reported that recent research shows approximately equal occurrence of drug problems amongst BME groups and the rest of the population. They add that this research should be repeated, however, as there may be differences according to age, and that there are possibly relatively more young people from BME groups who are dependent on drugs.

An informant added that the National Drugmonitor also reveals that survey data do not show significant differences in lifetime prevalence of drug use between native Dutch people and BME groups. However, in these surveys, *'immigrants'* are not defined by country of origin, but appear as one category. The National Drugmonitor recommends more specific survey data in order to gain knowledge of drug use amongst the different BME groups, and surveys have been piloted in Amsterdam by Antennae and in the MAD monitors in some other regions.

One informant said that, in general, although drug use amongst BME groups is lower than that of the rest of the population, they agreed that **problematic** drug use is proportionally higher among BME groups.

An informant reported that the National Drugmonitor shows that the primary problems of BME groups when entering drug treatment vary according to the group: Moluccans, Moroccans, and Surinamese score above the mean for heroin, people from the Dutch Antilles for cocaine, and Moroccans for cannabis.

Statistics on the 32 overdose deaths in Amsterdam in 2001 reveal that around two-thirds of those who died had been born in another country.

Only one informant reported that BME groups are **over**-represented in drug treatment statistics, and that this indicated the possible size and severity of the drug problem amongst them. However, the source of this information was not given.

Black and minority ethnic groups and drug services

- Of 3 responses asking for the level of agreement that 'Drug agencies in the Netherlands have failed to provide adequate services for ethnic minority groups, despite an acknowledgement from the government that there are drug problems within these communities,' 2 disagreed and 1 agreed.

An informant believed that treatment and help for all those dependent on drugs is the same for every drug user, regardless of their ethnicity. However, they continued, drug treatment possibilities for illegal immigrants in Amsterdam are restricted to those involved in prostitution or with serious health problems.

Another informant said that the establishment of the PMV, which was formed by Tjandu, Arrazi and several other BME organisations, is a clear signal that the existing drug services for BME groups are insufficient. This informant added that '*All the research in this field underwrites this opinion.*'

- Broers and Eland (2000) report on a study amongst drug service workers and BME and Dutch clients. Results included the finding that BME drug service clients often distrust Dutch medical care, seeing it as too orientated towards white people, too medical and materialistic, and lacking cultural sensitivity. Drug workers, however, believed that BME drug users expect that professionals will solve their addiction problem and do not take responsibility for their own behaviour. The authors add that self-reflection is not part of many BME cultures, and feelings of pride, honour or shame delay reactions to the drug treatment process. Furthermore, some male

BME drug users do not easily accept help from female drug workers. The authors conclude that more time should be spent on problem formulation with BME drug service clients, and ex-clients from BME groups could help support the treatment of new clients.

Van Wamel and Eland (2001) explored the reasons why BME drug users do not access drug services, reporting the same reasons as Broers and Eland (above). In addition, the authors report that a significant reason for not seeking help is that BME drug users have no experience of the Dutch treatment system and hold a negative image of it. This image is partly because BME drug users know others for whom treatment has 'failed' (ie the client has relapsed), and also because ex-clients have reported bad experiences. These bad experiences are partly due to clients' unrealistic expectations of treatment, but also to the treatment method and the rules and agreements surrounding it.

An informant reported that the National Drugmonitor shows BME drug users are under-represented in both inpatient and outpatient treatment, especially that involving group treatment. Whilst it is assumed that BME inpatient clients have a higher drop-out rate than other clients, the National Drugmonitor stresses that data on the inpatient drop-out rate are not collected systematically enough to be deemed reliable.

- An informant reported that the National Drugmonitor lists the perceptions of drugs workers in relation to the low uptake / high drop-out rate of BME drug users entering treatment. Perceived reasons for the low uptake of drug services were:

BME groups do not know (enough) about drug services or the image of it is negative

illegal immigrants avoid contact with official institutions

the language barrier

BME drug users do not trust the confidentiality of drug services and do not want to be 'officially' identified as a problem drug user

Moroccans, and especially Turkish people, prefer to keep problems within the family rather than seek help from outside.

Drugs workers think that the high drop-out rate amongst BME clients is due to:

BME drug users' view of their problem is incongruent with that of drug services

distrust of regular care from drug services

renewed craving for drugs

cultural difficulties when being treated by young female drug workers

communication problems with drug workers or with native Dutch drug users in group sessions

insufficient attention by drug services to the family of the client.

The informant concluded from the above that, even when BME drug users '*seem to be integrated in their behaviours,*' cultural influences impact their drug treatment and its outcomes.

Initiatives addressing the drug use of BME groups

- Several initiatives addressing the drug use of BME groups were reported to this study:

The Tjandu Foundation is the national Moluccan foundation, and has expanded its activities from the original Moluccan target group to other BME groups. The project 'Ethnic Minority Youngsters and Creative Forms in Addiction Prevention' is based on experience and the self-help approach, and has produced manuals for creative and educational activities for the Moluccan, Antillian, Turkish, and Moroccan communities. A film about Moluccan drug users has also been produced. An interim report (Tjandu Foundation, 1999) shows a substantial reduction in the number of Moluccans dependent on '*hard*' drugs.

Illegal immigrants are offered drug services at St Paul's Church and the Boumanhouse in Rotterdam, and by AMOC in Amsterdam.

An informant from a drug service reported that they have clients from countries where there are wars, and drug treatment is complicated by the traumas these clients have undergone. Some drug services have addressed this issue via co-operation with mental health services for asylum seekers.

The Arrazi Prevention Project targeting Moroccans (see the Bibliography of this profile).

NWO/ZON (1999) gathered information about drug problems, the interventions that are used, and bottlenecks in prevention and care for BME drug users. Compared to white drug users, the drop-out rate is higher for these groups while receiving inpatient treatment, but lower in methadone maintenance programmes. Recommendations include increasing the number of BME drug workers in order to increase culturally-specific knowledge and the acceptability of workers to BME clients; increasing accessibility to drug services by BME drug users; and adapting drug services in order to meet their needs.

- The REITOX National Focal Point (NFP) concluded that, whilst small-scale drug prevention and treatment initiatives have been conducted, they are often on an ad hoc basis. The lack of evaluation, reporting, and exchange of information has caused stagnation in the knowledge and expertise of those working with BME drug users. The NFP recommend an examination of the influence of culturally-specific expertise on the quality of care for BME drug users, but stress that the feasibility of the implementation of targeted services is a prerequisite for a valid measurement of their effectiveness.

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The Arrazi Prevention Project

Moroccan adolescent boys show more problems with drug use, addiction and criminality than other groups. It is commonly assumed that their parents lack knowledge about drugs, about the available addiction care in the Netherlands and other related factors. It is not common to talk about drugs in Moroccan families.

Though a decrease of drug-related problems among Moroccan boys is a long-term target, a first step is the development and implementation of a special education course initiated in co-operation with Moroccan interest groups in the Netherlands. The course should enhance discussions about drugs and criminality in Moroccan families in specific Amsterdam neighbourhoods. Second, it should facilitate guidance toward regular Dutch addiction care and enhance parenting competence.

The importance of the course was stressed by almost all Moroccan parents, especially because it was initiated by Moroccan interest groups and directed toward parents. Women were more positive than men and females were more inclined to recommend the course to other parents compared to male participants. Many participating parents already know about the role of the Dutch judiciary system and the police force with regard to drug-related criminality, though a substantial part of them thought this was still insufficient. The need for information about the school system, youth problems and youth care was higher.

Their thoughts about the effects of the course were moderately positive. Most effectiveness was assigned to information about Dutch society, the school system and child problems. The attitudes on education, school were slightly more positive than before and more positive on drugs and criminality. Parents who participated were also sharing their opinions more than non-participants. More than 80% thought that one should talk about drugs and criminality (against 47% of the non-participants). A strong need was felt to continue with this courses, but organising these in co-operation with Moroccan interest groups is said to be a prerequisite.

Mothers are traditionally more difficult to approach than fathers. Mothers participated less but were more enthusiastic about the project. However, the group of participating mothers is probably not representative for Moroccan mothers in the Netherlands.

Experimental project for North-African drug users in Rotterdam

More than 12-15% of street junkies in Rotterdam are of North African origin most of them illegally staying there. Injecting opiates occurs very much, unlike Dutch opiate users. This subpopulation - very movable, with multiple cultural backgrounds, living from prostitution, and highly inaccessible - is a high risk group for infectious diseases. Besides, in North African cultures one is not supposed to talk about drug use and sexual contacts. Preventive activities are sparse and these people are difficult to reach because they are often illegal inhabitants (this appeared to be true for more than half of the contacted people). Evaluation of an experimental peer support project among this target group gives some preliminary results.

Of thirty-five potential peers, 14 were trained and eight were ultimately chosen and six finished the whole project. Field workers were not able to select female peers. Eight male peers were coached by field workers. They had contacts with 595 male drug users. More than 90% were multi-drug users. Amongst them were 76 foreign drug tourists and 22 users coming from other cities. More than half of the approached members of the target group had an illegal status. Some 75% never had contact with regular addiction care in Rotterdam.

In most cases peers gave advice about safe sex and distributed syringes and condoms. Specific information about these contacts (how and what) is not available. Most contacts were once only. Repeated contacts were mainly informal and were not perceived anymore as peer education talks, thus not registered as such. It was supposed that the distribution of materials was received as more important than peer education. Drug users rather receive syringes from peers than from professionals.

Most probably this sample was biased but there were no data available to test this hypothesis. Furthermore, most contacts with drug users were once-only and the content of this contact remained unknown. The effects were and could not be measured.

NORWAY

Overview of findings

The small number (5) of informants to this study were based in Oslo, and were associated with one or the other of two organisations working on drug use in the city. There was no disagreement amongst them on the issues surrounding the drug use of Black and minority ethnic (BME) groups, and the information they provided can be summarised as follows:

- Although the drug use of BME groups in Norway appears to be increasing, little research has been conducted on this and related issues.
- The drug-using street scene in the centre of Oslo includes injecting heroin users from Iran, Iraq, North Africa (Algeria, Morocco and Tunisia), Gambia, Ethiopia, and Pakistan. Some of these drug users are involved in selling drugs.
- There is qat (or khat) use amongst Somali men aged 30+. There is 'hard' drug use amongst younger Somalis.
- Socially-excluded young people from BME groups are hanging around the centre of Oslo and using mainly cannabis, but some also use amphetamine, ecstasy and other 'dance drugs,' and smoke heroin. Cannabis, ecstasy and other 'dance drugs' are sold by these young people. This group are vulnerable to developing problematic drug use, not least because of their contact with older drug users who are part of the established drug-using street scene.
- BME drug users are under-represented as clients of drug services. Reasons for this include:
 - problematic drug use is hidden within their communities
 - they lack information about drug services and the range of treatment options
 - some BME groups do not share the basic philosophy underlying drug treatment regimes in Norway
 - drug services do not know how to attract BME drug users
 - drug workers lack the knowledge to work with BME groups.
- People from BME groups are over-represented in the drug-related crime statistics.

Data collection

At least a 62.5% response rate was achieved from the 8 individuals and organisations contacted for information (see details overleaf). This study was already underway when the Centre for Ethnicity and Health began to develop links with the Norwegian Temperance Alliance around BME community engagement issues, and the Alliance volunteered to participate, providing the contact details of others who could also help. Norway is not a member of the European Union (EU) and was therefore not included in the study by Khan et al (2000). Unlike other EU countries, a questionnaire drug use of BME groups in Norway asking for levels of agreement with statements could therefore not be compiled. Instead, contacts were given a list of general questions on this issue.

Future directions

The informants who participated in this study expressed concern over the drug use of BME groups and the related service provision in Norway, and highlighted that little research has been conducted on these issues. However, several research projects and/or drug service initiatives to remedy this - particularly amongst young people from BME groups - are underway in Oslo. These research projects include qualitative research methods, and results are currently providing valuable data to inform the appropriate development of drug services. The value of qualitative research to conduct needs assessments and action research, expand the knowledge base, and inform future surveys was recognised by several informants, one of whom stressed that investigation of how members of these BME groups respond to different interventions should be included. The current concern and initiatives are to be applauded and should be extended to cover all BME groups and the whole of Norway.

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Else Hartmann-Johnsen
Karin Holt
Moses Kuvoame

RESPONSES

Response rate	at least 62.5%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires* sent	8	
Responses	5	
Questionnaires* completed	4	
Other information	1	

*Khan et al (2000) were not required to include information on the drug use of Black and minority ethnic groups in Norway in their report, and a questionnaire asking for levels of agreement with statements could therefore not be compiled. Instead, contacts were given a list of general questions on this issue.

OCCUPATIONS OF RESPONDENTS

Drug service	3
Researcher	1
Norwegian Temperance Alliance	

FURTHER CONTACTS

4 further contacts of individuals were given by informants to this study.

The small number (5) of informants to this study were based in Oslo, and were associated with one or the other of two organisations working on drug use in the city. There was no disagreement amongst them on the issues surrounding the drug use of Black and minority ethnic groups. Given the above, unlike the profiles for other countries in this study, the data presented here are not attributed to any particular individual or organisation.

Black and minority ethnic groups in Norway

In recent years, there has been an increase in the Black and minority ethnic (BME) population of Norway, the numbers and origins of which are shown in the table below. Most of this population live in Oslo and some groups are clustered in particular localities in that city.

Black and minority ethnic groups in Norway, 2001

Region	Country	N
Balkan	Yugoslavia	17,063
	Bosnia-Herzegovina	13,186
	Croatia	2,092
Asia	Iraq	12,630
	Iran	12,230
	Pakistan	24,915
	India	8,277
	Philippines	10,059
	Vietnam	16,804
	Sri Lanka	11,043
Africa	Morocco	7,100
	Somalia	10,318
South America	Chile	8,641

Source: Statistics Norway 2001

The drug use of Black and minority ethnic groups in Norway

- There is little research on any aspect of the drug use of Black and minority (BME) ethnic groups in Norway.
- Over the last two years, it is thought that an increasing number of BME groups in Norway are using drugs. More have been seen in the drug-using street scene in the centre of Oslo, although there has not been a systematic count of their numbers.
- Uteseksjonen is the outreach section of the Agency for the Prevention and Treatment of Drug and Alcohol Problems (Rusmiddelstaten). Uteseksjonen reported problematic drug users from Iran, Iraq, North Africa (Algeria, Morocco and Tunisia), Gambia, Ethiopia, and Pakistan. These drug users are mainly injectors who are part of the drug-using street scene in central Oslo, of which BME drug users account for around 40%. The average age of people from BME groups in this location is around 30.
- Health / social workers on the mobile HIV/AIDS information service (Infobussen) have reported an increase in the number of BME drug users who obtain clean injecting equipment from the bus. Approximately 100 such clients, representing 22 different BME nationalities, were interviewed by workers (Stoffmisbruk 5/94). The proportion of BME clients using the bus differs according to its location, and are greatest in areas of Oslo where there is a large BME population. In total, it is estimated that around 5% of clients are from BME groups.
- Uteseksjonen includes an initiative targeting the BME young people who hang around the centre of Oslo. Some of these are second generation immigrants and others came to Norway as unaccompanied minors. Many of these socially-excluded young people belong to subcultures that are organised around the use and sale of drugs and other criminal activities. This group uses mainly cannabis, but some also use amphetamine, ecstasy and other 'dance drugs,' and smoke heroin. Uteseksjonen has noted the contact between some of these young people and older members of the established drug-using street scene in the same area. Clearly, these young people are vulnerable to the development of problematic drug use.
- BME groups are increasingly registered by Uteseksjonen as injecting heroin, but one informant was unsure whether the increase can be explained by more BME people arriving in Norway or because their drug use was previously hidden.
- Somali men aged 30+ use qat (or khat) whereas younger Somalis use 'hard' drugs.

Differences between the drug use of the general population and that of Black and minority ethnic groups

- There are some data showing that proportionally more young white Norwegians use drugs than young people from BME groups. However, the 'harder' the drug, the smaller the difference between BME drug users and the rest of the population.
- Qat (or khat) use is almost exclusively restricted to Somalis.
- The unproblematic use of cannabis and alcohol is more apparent in the general population than amongst BME groups, many of whom are total abstainers.
- There are no differences in the proportions of BME drug users and the rest of the population who in treatment for the problematic use of cannabis, amphetamine, cocaine, or prescription drugs, but a larger proportion of BME drug users in treatment have problems with heroin.
- Whilst second generation immigrants are more likely to use drugs than the first generation, the Oslo Youth Survey 1996 showed that young people from BME groups are more likely than the rest of the young population to use drugs other than cannabis, and are at a higher risk of doing so.
- Uteseksjonen has not noticed much difference in the drug use of the young people from BME groups and young Norwegians who are part of the Oslo drug-using street scene. Heroin is the main drug used by both groups and both groups inject it.
- BME groups are over-represented in drug-related crime statistics. The perpetrators per 1,000 inhabitants is 0.9 for Norwegians but 1.4 amongst non-Western immigrants (Norway Statistics, 2000). The statistics do not, however, differentiate between the different BME groups, nor whether the arrest was for possessing, using or distributing drugs. There are indications from these data that non-Western immigrants are more likely to be stopped and interrogated by the police.

Black and minority ethnic groups and drug distribution

- Many young people from BME groups - mostly Somalis - are using and selling cannabis. The reason these young people give for selling cannabis is that they have problems getting a legal job, although they are not uneducated.
- BME drug users from the drug-using street scene in central Oslo sell drugs, often describing themselves as '*small dealers*,' and the Norwegians as the '*big dealers*.'
- Young people hanging around the centre of Oslo include those from BME groups selling cannabis and 'dance drugs' (such as ecstasy).
- There are rumours that people from the former Yugoslavia and Northern Africa have a central role in drug distribution in Norway.

Black and minority ethnic drug users and drug services

- BME drug users are under-represented in drug treatment services in Norway. One recent study in Oslo has shown that 2.7% of clients of a drug service were from BME groups, yet came from areas where non-Western immigrants comprised up to 33% of the population. Reasons for this under-representation suggested by informants to the current study were:

Problematic drug use by members of BME groups is hidden within their communities.

As BME groups are generally sceptical about public services, they may feel the same about drug services, hence their low uptake.

There is a popular belief that most BME drug users do not seek treatment for their drug use because they rely on their families for help, they are more concerned with the taboo their communities often associate with drug use and dependence, are ashamed that they have a drug problem, and hide it in order not to shame the family. However, one informant reported that there are no studies in Norway that confirm these perceptions.

A study by Bern (2000), reveals that most BME drug users in treatment do not share the basic philosophy underlying drug treatment regimes in Norway. This group do not regard drug dependence as their main problem, but are more concerned about unemployment, housing, etc. Thus, one informant concluded, '*their social and psychological need hierarchy seems to be different from that of ethnic Norwegian drug*

addicts' and if this is the case, to be successful, drug services must become more sensitive to the needs of BME clients and ensure that their policies and practices do not exclude these groups.

BME drug users lack information about drug services and the range of treatment options. One informant reported BME drug users enrolling on treatment programmes with no idea of what is involved. Another said *'Our minorities, less integrated into the workforce, also lack competence about the social services in Norway. Some material shows that minorities see their drug/alcohol problem as a private issue and therefore of no concern to public services. It also seems that minorities going through detoxification rarely seek further help at a treatment centre. The samples are, however, too small to draw any firm conclusions.'*

Drug services do not know how to attract BME drug users and drug workers lack the knowledge to work with this group, making BME clients feel unwelcome: cultural differences *'are a major hindrance in work with these patients.'*

The treatment system in Norway is too focussed on alcohol.

Uteseksjonen reports that, amongst those BME drug users who do enrol on drug treatment programmes, there is a high dropout rate, although *'it is not clear'* whether this dropout rate is higher than that of other clients.

- There have been no statistics on clients' ethnicity from the Acute Detoxification Unit at the University Hospital (Akuttinstitusjonen) in Oslo since 1994.
- There are very few drug services targeting BME drug users in Norway and BME drug users are expected to use existing drug services. One exception is based at Uteseksjonen in Oslo. This initiative includes targeting young members of BME groups who are involved in selling and using cannabis in one area of the city, have problems including those related to drugs, and are at risk of problematic drug use. A report is currently being prepared on this, and focuses on young people (mainly Somalis) and the process of marginalisation (Kuvoame and Dugstad, forthcoming).
- The A-centre in Oslo, an outpatient treatment programme mainly for alcohol users in which BME populations are currently under-represented, is currently working to gain more knowledge about drug use amongst BME groups in order to make their services more accessible to these groups.
- There is particular concern about the drug use of second generation immigrants, and Rusmiddelstaten is funding a drug prevention project targeting this group.

The Norwegian media and drug use amongst Black and minority ethnic groups

- Until recently, very little attention was given to BME drug users in the Norwegian media, apart from reports of police arrests of large scale traffickers. However, there has been a recent focus on the increasing number of BME drug users in the drug-using scene in the centre of Oslo and much negative focus on Somalis.
- Media reports on drug use amongst young people from BME groups tend to be sensationalist and give the impression that this phenomenon is increasing very quickly. Such accounts do not address the issues surrounding the drug use of BME groups, but tend to make broad, stigmatising generalisations.

BIBLIOGRAPHY

Informants were asked *'Is there any literature/research on the drug use of BME groups in Norway? If yes, please give the references.'* The following were cited:

The drug use of, and related service provision for, BME groups is the theme of a workshop at the Seventh International Metropolis Conference being held in Oslo in September 2002, and will include a discussion on the implications of current research for the development of relevant policy and services.

A-centre (forthcoming, 2002).

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A qualitative study of BME clients and employees in drug treatment services.

Holt K (forthcoming, October 2002).

A report on 100 clients of a polyclinical drug service looking at the differences between immigrant and Norwegian clients with a view to informing service development.

Kuvoame M, Dugstad H (forthcoming). Oslo: Uteseksjonen.

A report on young cannabis users and sellers, mainly from Somalia.

Norway Statistics (2000): Report 2000/18.

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Øia T (2000): NOVA rapport 3.

A study of marginalisation and the development of problematic behaviour amongst BME adolescents using an analysis of self-report data from the Oslo Youth Survey, 1996.

Oslo Youth Survey, 1996.

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Stoffmisbruk 5/94.

A study of BME drug-using clients who use the mobile service, Infobussen.

Stortingsmelding (Parliamentary report), Nr 16, 1996-97.

PORTUGAL

Overview of findings

Ethnic monitoring of health service clients is not undertaken in Portugal and there is therefore no quantitative data on the drug use of those Black and minority ethnic (BME) drug users who access drug services. However, the detailed responses obtained from informants from drug services and other organisations in Portugal have provided valuable qualitative data on the drug use of BME groups, which can be summarised as follows:

- There is problematic drug use amongst the Gypsy population of Portugal, and this is increasing. Drug users include Gypsies as young as 12 years.
- Many comments on the drug use of Gypsies were characterised by explicit or implicit references to the link between social exclusion and drug use.
- There was no consensus amongst informants as to whether or not Gypsies are under-represented in drug services.
- It was strongly suggested that Gypsy drug users do not use drug services because of a refusal to admit to a drug problem, a sense of shame, and a reluctance to seek help from outside their community. Already socially excluded, drug use thus further excludes the Gypsy community.
- There is problematic drug use amongst Black Africans in Portugal, and a suggestion that this occurs mostly amongst the second generation. Drug use by Cap Verdeans was specified by two informants, and the drug use - social exclusion link thought particularly to apply to this group.
- There is evidence that there is injecting drug use amongst drug users from Angola and Mozambique.
- Black Africans - particularly Cap Verdeans - are over-represented in statistics on drug distribution offences.
- There is very little information on the drug use of people from Asia, Central and South America, the USA, and other European Union countries, and no information on the drug use of people from Oceania (Australia, New Zealand and the Pacific Islands).

- There is no information on the drug use of people from Central and Eastern Europe who have recently arrived in Portugal.
- The majority of informants agreed that BME groups in Portugal are over-represented in drug-related crime statistics.

Data collection

At least a 25.5% response rate was achieved from the individuals and organisations who were asked to participate in this study (see details overleaf). It is unfortunate that a large proportion of the 42 further contacts were received too late for questionnaires to be sent to them.

Future directions

Several informants pointed out that it is against the Portuguese constitution to create services especially for BME groups. However, this study has provided evidence that mainstream drug services may not be able to offer an appropriate response to the drug use of, particularly, the Gypsy and Black African populations in Portugal. For progress to be made to tackle the drug use of BME groups, and thus aid the development of drug services, needs assessments are therefore necessary. These - using both qualitative and quantitative research methods - should include an examination of specific BME groups in Portugal in relation to the link between social exclusion and drug use, and to barriers to drug service access and uptake.

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José Machado Pais	Alexandrina Teles

RESPONSES

Response rate	at least 25.5%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	47	
Responses	12	
Questionnaires completed	10	
Other information	2	

OCCUPATIONS OF RESPONDENTS

Drug service	4
Community worker	2
Researcher / university	1
Social worker	1
OLHO - VIVO (Association for the Defence of Heritage, Environment and Human Rights)	1
Unknown	3

FURTHER CONTACTS

42 further contacts were given by informants, comprising a total of 40 individuals or organisations.

GYPSY

Khan et al (2000) report that estimates of the size of the Gypsy population in Portugal (where they are categorised as Portuguese citizens) range between 50,000 and 60,000. This makes them the second largest Black and minority ethnic (BME) group in the country (Black Africans are the BME largest group).

- Almost all informants commented that problematic drug use amongst Gypsies in Portugal is increasing.

- Two informants reported that very young Gypsies are using drugs:

One informant said that their work with Gypsy communities has revealed many young drug users - aged from 12 - and that these young people also have at least one family member distributing and/or using drugs.

An informant from a drug service added that their service's biggest problem is in treating very young Gypsy drug users, as it does not have programmes specifically tailored for them.

- The questionnaire asked for the level of agreement with the statement that 'Gypsies do not attend drug treatment services.' There was no consensus: of 10 responses, 3 strongly disagreed, 2 disagreed, 1 did not know, and 4 agreed.

Although it was reported that the Portuguese constitution does not permit ethnic monitoring, and so Gypsies cannot be registered by drug services as such, informants from 5 services across Portugal reported that they have Gypsy clients who used drugs, including Programa de Promoção Social dos Ciganos (PPSC / Social Promotion Programme for Gypsy Communities), Centro de Atendimento a Toxicodependencia (CAT) Treatment Centre, and The Red Cross.

- Several informants from drug services discussed their experiences of working with drug users from the Gypsy community:

One informant reported that their family therapy programme has been successful with Gypsy drug users and their families: the service believes that Gypsy communities are much more receptive to family, rather than individual, therapy.

An informant reported a low uptake of drug services by Gypsy drug users and believed this may be due to long waiting lists and also to the refusal of an individual to accept that they have a drug problem and a sense of shame about it: this leads to a reluctance to share this information with non-Gypsy people. This informant added that drug service workers may lack confidence in dealing with the needs of Gypsy clients.

Another informant also discussed shame about drug use, reporting the result is that it segregates Gypsy communities from the rest of the population and reinforces negative stereotypes. Within these communities, drug use is often the cause of family breakdown, but shame deters families from acknowledging that they have a problem and asking for help.

A fourth informant thought that drug use amongst Gypsies (and Africans) increases their social exclusion: *'It is an urban phenomenon linked with low income families, living in areas of high deprivation etc. It is inevitable that this phenomenon creates increased segregation and excludes these groups from services and society in general.'*

- An informant from a drug service that is frequently used by Gypsy drug users reported difficulties when Gypsy and Portuguese clients were together on the same therapeutic programmes: both groups are reluctant to mix.
- One respondent said that the media often reports information on the Gypsy community's links to crime and drugs.

Another informant added that Gypsies figure largely in the drugs - crime statistics.

BLACK AFRICAN (from Angola, Cap Verde, Guinea Bissau, Mozambique, St Thomas, Principe)

Khan et al (2000) report that, in 1998, Black Africans were the largest group of foreigners in Portugal, numbering over 82,000.

- An informant from a drug service reported that, in their clinical experience, drug use amongst Black Africans in Portugal is increasing, particularly amongst second generation immigrants Black African groups characterised by poverty and social exclusion, such as those from Cap Verde. The informant added that *'in this situation, street level trafficking becomes a strategy of survival and is always a risk factor.'*

Another informant agreed that there is problematic drug use amongst second generation Cap Verdeans in Portugal, whilst another also highlighted the social exclusion-drug use link in relation to Africans and connected it to the increase in their drug use.

- It was reported by one informant that Black Africans use opiates obtained on prescription from drug treatment services, although they did not specify whether or not these had been bought on the illicit market.
- One respondent from a drug service reported several African clients who regularly use cannabis.
- One informant reported that, according to the 'Annual Report on the State of the Drugs Problem in Portugal':

11% of drug dealers in Portugal are African (6% from Cap Verde)

5% of drug user-dealers in Portugal are African, mainly from Angola and Cap Verde

4% of drug users in Portugal are African, mainly from Angola and Cap Verde.

Note: the research team did not have access to this report, and assume that these statistics are from the criminal justice system.

- The results presented in an evaluation of an initiative entitled 'Say No to a Second Hand Syringe' (Felix de Costa, 1996) show that 6.6% of those registered on the programme were from Angola and 3.4% from Mozambique.
- One informant believed that the drug use of Africans (and Gypsies) inevitably *'creates increased segregation and excludes these groups from services and society in general.'*

ASIAN

Khan et al (2000) record a small population of Asians living in Portugal (the total Asian and Oceanian population was almost 8,000 in 1998).

- Only one informant commented on the drug use of Asians (from China, India, Pakistan, and East Timor) in Portugal. They reported that there is little information about the drug use of this group and if there is a drug problem amongst them, it is hidden, as they do not attend treatment services.

CENTRAL AND SOUTH AMERICAN

- Only one informant had any information on the drug use of this group, reporting that the Brazilian population in Portugal is increasing, and that there are rumours that there is cocaine use amongst them - especially amongst male prostitutes.

USA

- There was little information about the drug use of this group, who, in 1998, numbered 10,310 (Khan et al, 2000) :

An informant from a drug service reported that the only Americans their service sees are tourists during the summer, who are receiving treatment in other countries and are continuing this whilst in Portugal.

Another informant said that in the Portuguese Azores Islands there are reports of problematic drug use amongst US immigrants.

OCEANIANS: AUSTRALIANS, NEW ZEALANDERS AND PACIFIC ISLANDERS (from, for example, Somoa, Cook Islands, Fiji Islands, Solomon Islands, Tahiti, Papua New Guinea)

- Khan et al (2000) record a small population of Oceanians living in Portugal (the total Asian and Oceanian population was almost 8,000 in 1998). No information on their drug use was given to this study.

OTHER EUROPEAN UNION (from Austria, Belgium, Denmark, Finland, France, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Spain, Sweden, UK).

- An informant from a drug treatment centre reported that, during the summer, there are about 250 drug users from other European Union countries in treatment in Portugal. They are receiving treatment in their own countries and continuing this whilst in Portugal.
- Another informant from a drug service reported Spanish and Dutch clients.
- One informant reported that, according to the 'Annual Report on the State of the Drugs Problem in Portugal' (IPDT, 2000), 3% of drug dealers in Portugal are from Spain.

Note: the research team did not have access to this report, and assumes that these statistics are from the criminal justice system.

OTHER BLACK AND MINORITY ETHNIC GROUPS IN PORTUGAL

The questionnaire asked if any BME groups were missing from those in the previous sections, and, if so, whether there was any information on their drug use.

- Three informants reported that many people from Central and Eastern Europe had recently arrived in Portugal. One specified that they were from the Ukraine, Bulgaria, Romania and Russia. None of the 3 informants had any information on the drug use of these new arrivals, one adding '*on the contrary, they are reported as being good workers and quite well-educated.*' One of the informants reported, however, that many of this group are dependent on alcohol.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN PORTUGAL

- The questionnaire asked for the level of agreement with the statement that 'In Portugal, members of minority ethnic groups are over-represented in drug-related crime statistics.' The majority agreed: of 9 responses, 2 disagreed, 2 did not know, and 5 agreed, 2 of them strongly.
- Informants were asked how much they agreed that 'In Portugal, there are no drug treatment services specifically for drug users from minority ethnic groups.' The majority agreed: of 9 responses, 1 strongly disagreed, 1 did not know, and 7 agreed, 2 of them strongly.

One informant reported that 'it is against the Portuguese constitution to create services especially dedicated to minorities. The fact is that our institutions are not prepared to deal with cultural diversity. It's important to create in mainstream services a way to respond to these differences.'

- AC Company (2001), a project set up to provide information and allow comparisons of drug services for 'mobile foreign drug users' (ie from BME groups) in Europe, highlight the drug use - social exclusion link in relation to these groups in Portugal.

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Informants were asked to give details of any documents they thought would inform this project. The following were cited by informants and/or provided to the research team:

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SPAIN

Overview of findings

Little quantitative data on the drug use of Black and minority ethnic (BME) groups appear to be collected in Spain: Khan et al (2000) report that one of the reasons for this is because '*public institutions*' have never tried to explore this issue. The findings summarised below therefore comprise mainly qualitative data from researchers, drug services, and organisations working with Gypsies (Spain's largest BME group). The information received from these informants provides much evidence of the relationship between social exclusion and drug use. From the frequently detailed responses, which included references to many studies on, and initiatives aimed at, some BME (particularly Gypsy) drug users, there is clearly a great deal of concern about this issue, at least outside 'public institutions.'

- In 1999, there were over 560,000 Gypsies in Spain, making them by far the largest BME group in the country. This group is characterised by their social exclusion, and there is drug use - including injecting heroin - amongst them, particularly amongst young Gypsies.
- There is some evidence to show that that drug use amongst Gypsies starts after they become involved in selling drugs. Sellers include young people and children, which makes them vulnerable to drug use. This vulnerability is confirmed by evidence that drug use begins earlier amongst Gypsies than amongst the rest of the population.
- Contrary to popular belief, there is drug use amongst female Gypsies, but this is extremely hidden.
- Although some Gypsy drug users use drug services, there is evidence that this group lacks information about these services and does not have confidence in them. Most informants agreed that drug services have not adapted their services to encourage Gypsies to use them.
- Some Gypsy families reject drug-using members because they bring shame on the family and the community, but it was also suggested that family pressure is the reason that some seek treatment.
- Amongst Maghrebians (Black North Africans from Algeria, Mauritania, Morocco and Tunisia), Moroccans are by far the largest group in Spain. The consensus amongst informants was that little is known about their drug use, although none disagreed that it occurred.

- There was no consensus on whether or not Moroccans access drug services, nor on whether or not drug services have adapted to cater for their needs.
- There is very little information on the drug use amongst other Black Africans living in Spain, although there is a suggestion that it begins after this group become involved in selling drugs.
- There is a link between social exclusion and the drug use of some BME groups in Spain.
- Africans, especially Moroccans, are over-represented in the statistics on drug trafficking arrests.
- There is very little information on the drug use of the Latin Americans, North Americans, Asians, and Central and Eastern Europeans, or the largest group of immigrants, other European Union nationals.

Data collection

At least a 25.6% response rate was achieved from the individuals and organisations contacted for information (see details on p221), and in addition to their own responses to the questionnaire, many of the 32 respondents either passed it onto others and/or gave the research team further contacts. Several informants sent the research team the results of searches they had conducted on bibliographic databases and on databases containing details of relevant drug treatment, prevention and education programmes. In addition, two informants sent books on the drug use of Gypsies. These contributions result in a comprehensive information bank on the drug use of BME groups in Spain, but the information is in Spanish and, unfortunately, time and financial constraints meant that we were not able to translate the bulk of it into English. However, those who sent this material also completed the questionnaire and/or gave other information which was translated and added to this profile: the research team are therefore optimistic that the untranslated material is represented in these informants' other responses.

Future directions

From 2003, the Delegación del Gobierno para el Plan Nacional sobre Drogas will begin to collect data on the country of birth and nationality of those in drug treatment, hospital admissions related to drug use, and drug overdose deaths. When these data are available, they will begin to give a quantitative indication of the drug use of BME groups in Spain. However, this new knowledge cannot fully inform the development of drug services which cater for BME groups unless needs assessments are also conducted amongst BME drug users who are not in treatment or do not otherwise come to the attention of statistic-gatherers. These should include an examination of specific BME groups (including Gypsies) in relation to the link between social exclusion and drug use, and to barriers to drug service access and uptake. The needs assessments should include quantitative and qualitative research methods: the existing qualitative data has provided valuable insights into issues surrounding the drug use and service uptake of BME groups in Spain, and qualitative research should be encouraged in order to inform the appropriate development of drug services.

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REITOX National Focal Point	

RESPONSES

Response rate	at least 25.6%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	125	
Responses	32	
Questionnaires completed	17	
Other information	8	
No information	7	Reasons for not providing information: 5 said they had no information 2 did not want to give only their own opinion / report rumours

OCCUPATIONS OF RESPONDENTS

Researcher / university	12	Drug service	10
BME organisation	4	Government department	3
International organisation	1	Librarian (drug-related library / database)	1
REITOX National Focal Point			

FURTHER CONTACTS

61 further contacts were given by informants, comprising a total of 56 individuals or organisations.

GYPSY

Khan et al (2000) report that, in 1999, there were a total of 563,141 gypsies living in Spain, making them the largest Black and minority ethnic group (BME) in the country. Gypsies are found in every region of Spain, but, in 1999 over one-third lived in the Andalusia region. Although officially categorised as Spanish citizens, Gypsies can be seen as a BME group because, as Khan et al (2000) point out, they *'are supposed to have the same rights as the rest of the Spanish population, but without the real use of them due to exclusion and discrimination.'*

One informant of the current study discussed the social and institutional racism against Gypsies in Spain, although they believed that, in recent years, the presence of more immigrants from *'third world countries'* has probably meant that Gypsies now rank second on the scale of targets of racist attitudes.

The drug use of Gypsies

- The questionnaire asked for the level of agreement with the statement 'Members of this group - particularly young people - are using drugs.' There was strong agreement with this: of 17 responses, 7 agreed and 9 strongly agreed. 1 did not know.

The Fundación Secretariado General Gitano (FSGG) reported heroin use amongst the Gypsy population in Spain, particularly by younger members of this group. However, FSGG stressed that, proportionally, Gypsies do not use drugs more than the rest of the population.

A study was conducted by La Unidad de Tratamiento de las Drogodependencias (Red Pública de la Comunidad Autónoma de Galicia) in Coruna on Gypsies who sought treatment for their drug use between 1984 - 1995. In a city where the Gypsy population totalled 2,000, 200 (10%) had demanded treatment during that period: 86.6% were male, with an average age of 25.5. The average age of female Gypsies seeking treatment was 21.7. Heroin was the problematic drug in most cases.

'Informe 2001 de red Europea Sastipen sobre la situación sanitaria de la comunidad gitana en Europa' reports that 25% of the female prison population in Spain are Gypsies, and thus greatly over-represented (FSGG estimate that female Gypsies are 1.4% of the total population in the country). 49% of a sample of 290 female Gypsy prisoners had used illicit drugs, and the proportion of drug users amongst those under 30 years rose to 60-65%. FSGG stress that this finding demolishes the myth that females from this group use neither licit drugs such as alcohol and tobacco, nor illicit drugs. FSGG cite findings from research

that support this myth however, and see it as a matter for concern that female Gypsies conceal their substance use. Nevertheless, a harm reduction worker from Barcelona reported that, usually, the involvement of female Gypsies with drug is limited to selling - not using - them.

A researcher / clinician from a drug service in Bilbao said that in Bilbao, Bermeo and Baracaldo, there are significant populations of Gypsies, and they include members of this group who use and sell drugs.

- An outreach worker working in the Can Tunis area of Barcelona reported that, if finances permit, Gypsies usually smoke heroin, although poorer Gypsies inject the drug.

A researcher reported that periodic studies of injecting drug users have been conducted in areas of Barcelona where there are large Gypsy populations, but that findings do not specify ethnicity.

- A harm reduction outreach worker from Barcelona reported that drug use amongst Gypsies starts after they become involved in selling them. FSGG confirmed this route into drug use by Gypsies in Spain, adding that children and young people are selling drugs, making them vulnerable to drug use.
- 14 informants indicated how much they agreed that 'Amongst young Gypsies, drug use begins two or three years earlier than amongst the rest of the population.' The majority agreed (7) or strongly agreed (2), whilst 2 disagreed and 5 did not know.

FSGG reported that 65% of Spanish Gypsies are under the age of 25, and confirm the statement above. The organisation added the early onset of drug use amongst Gypsies causes problems when they seek treatment, as they have been using drugs for longer than other clients.

- FSGG and an informant from a drug service reported that, as well as the indigenous Gypsy population, there are Gypsies from CEEC living in Spain. Their substance use features alcohol, not drugs.

Gypsies and drug services

- When asked how much they agreed with the statement that 'Gypsies who use drugs do not access drug services,' the majority (11) of 18 responses disagreed, 1 of them strongly. 1 did not know and 5 agreed, 1 of them strongly. Despite this agreement, several informants commented, that the uptake of all health services by this group was poor and although some do seek help from drug services, there are problems when they do:

FSGG reported that Gypsies lack information about drug services and do not have confidence in them. Further, if they do seek help from drug services, a lack of drug service workers' adaptation to the needs of Gypsy clients means that this group do not benefit from the help that is offered. Information about HIV and AIDS, needle exchanges, and drug education have not reached the Gypsy population, and this group do not visit pharmacies nor doctors very often. FSGG conclude that, although drug services have realised that the Gypsy population has special needs, they do not know how to attract them, and an informant from the Basque region agreed.

FSGG reported that 61% of Gypsies in a prison study in Oporto had drug dependency problems, but only 7.5% had enrolled on the prison support programme for drug users.

An outreach worker working in Barcelona reported that Gypsies seek treatment for heroin use most often because of family pressure to do so. An individual is most likely to access services by themselves because of severe health problems. This informant added that HIV is under-diagnosed amongst Gypsies, because of *'traditional ethnic taboos.'* Visible signs of AIDS results in the family hiding the sufferer from the community and they do not publicly identify the illness as AIDS. Gypsies with AIDS *'usually die at home, surrounded by their family and in secrecy.'*

A study in another region of Spain found that the Gypsy drug-using population were more likely to have AIDS than the rest of the drug-using population.

- The questionnaire asked how much informants agreed that 'In Spain, drug agencies have not adapted their services to encourage Gypsies to use them.' Of 17 responses, most agreed this statement was correct: 10 agreed, 3 strongly agreed, 1 did not know and 3 disagreed.

There are specialised drug services for Gypsies in some parts of Spain, and FSGG reported that health professionals of generic services maintain their services treat Gypsies equally with the rest of the population. However, FSGG stress that these services are actually passive, doing little to address the poor access by this group.

FSGG added that there is evidence that few Gypsies attend abstinence-based treatment programmes, preferring treatment with methadone. Another informant added that recently, drug services have been lessening the regulations on treatment with methadone in an effort to attract more Gypsy clients.

An informant from Bilbao reported that a few years ago, when a drug service for Gypsies and managed by Gypsies was proposed there, *'the initiative did not prosper,'* partly due to opposition from people living in the neighbourhood of the proposed centre.

The involvement of Gypsies in drug distribution

- A harm reduction worker from Barcelona reported that, usually, the involvement of female Gypsies with drug is limited to selling - not using - them. FSGG added that the majority of female Gypsies in prison are there for drug distribution offences.
- A researcher / clinician from a drug service in Bilbao reported that, in Bilbao, Bermeo and Baracaldo, there are significant populations of Gypsies, and, as a marginalised group, some sell drugs to obtain 'easy money' and as an economic survival strategy. An informant reported the same strategy - especially by young Gypsies - as a response to unemployment in other regions of Spain.
- As discussed earlier, 2 informants reported that, amongst Gypsies, selling drugs often comes before using them, and so the children and young people who are selling drugs are at risk of becoming drug users.
- An informant from a drug service reported that the Gypsy community strongly disapproves strongly of selling drugs, and so Gypsies' involvement in this is clandestine. The methods the community uses to deal with this are to reject those discovered dealing, but also to ignore that it occurs.

The effect of drug use of Gypsy families and community

- FSGG and several informants from different regions of Spain reported that when a Gypsy is discovered to have a drugs problem, the drug user is frequently rejected by their family. Most often this reaction involves being thrown out of the family home or told to leave the area to avoid bringing shame on the family and community. However, as discussed earlier, family pressure can also lead to help-seeking from drug services.

A researcher from Madrid reported that the use of alcohol and tobacco by female Gypsies is culturally unacceptable in this community and often hidden. It follows that illicit drug use by Gypsy females is extremely hidden and, if discovered, results in them being sent away from the community.

- FSGG reported that young Gypsies are rejecting their Gypsy identity and that drug use has led to family and cultural destruction amongst the Gypsy community. These add to the community's already vulnerable, socially-excluded position in Spain, and racists are using the drug problem to target Gypsies. FSGG reported that drug services ignore the effect of drug use on Gypsy families and do not know how to respond. This situation is exacerbated because, as research by Gamella (1996) discovered, more Gypsies in drug treatment are parents than other clients, and have large families. Therefore, they have more personal problems than other clients. FSGG believe that involving Gypsy drug users' families their treatment would be highly beneficial.
- FSGG also reported on a study in Santiago de Compostela that discovered a high incidence of problematic drug use in the families of problematic drug users. In a sample of 48 problematic drug users from the Gypsy community, 36.9% cited a brother, 34.5% a brother-in-law, 41.2% an uncle, and 85.7% a cousin who also had a drug-using problem. In total, half of the males had a relation who was a problematic drug user, but none of the women said they had.
- It is clear from the information given to this study that the family is an important feature of the Gypsy culture. A researcher from Madrid pointed out that, amongst this group, whatever one member of a Gypsy family becomes involved in, the whole family participate. These activities include drug use and drug dealing. Thus, the informant continued, to be successful, drug prevention and treatment initiatives must target the whole family to reduce this '*contamination*.'
- The informant above noted that, in the last few years, various organisations working on behalf of Gypsies have had a great deal of influence on the development of drug services for this group.

MOROCCAN AND OTHER NORTH AFRICANS (other Maghrebians from Algeria, Tunisia, and Mauritania)

Khan et al (2000) report that the total number of North Africans in Spain in 1999 was almost 150,000 (21% of the total immigrant population), the largest proportion of whom are from Morocco. Although no current data on gender are available, almost three-quarters of the North African population in the country in 1993 were male.

- Almost all informants agreed that 'Little is known about the drug use of Moroccans living in Spain.' Of 12 responses, 1 disagreed and 1 did not know, whilst 7 agreed and 3 strongly agreed.
- One informant said that there are no studies of the drug use of Moroccans in Spain, despite an increase in the size of the population. However, the questionnaire asked for the level of agreement with the statement that 'Members of this group - particularly young people - are using drugs' and no informant disagreed: of 13 responses, 7 agreed, 4 strongly agreed, and 2 did not know.

A harm reduction outreach worker from Barcelona reported that young Moroccans begin by smoking heroin and cocaine (some whilst they were still living in Morocco), then move to injecting these drugs. However, this informant - and another from a drug service - reported that the main problem substance amongst this community is alcohol, *'which they could not get at home [in Morocco].'*

Another outreach worker from Barcelona reported that when those from North African countries arrived in Spain, they wholeheartedly embraced the relatively modern culture of Europe: those who began to use heroin started by chasing it *'as, let's say, a modern variant of smoking hash, something they already knew from their own countries. Others started drinking [alcohol], meeting European women and inhaling cocaine as a way of modernising their habits.'* The informant added that drug use amongst North Africans is also a method of coping with the migration experience that has not lived up to expectations, and injecting is the last stage of *'an increasingly hardened situation as migrants.'*

An informant from the Basque region said that Moroccans are a highly marginalised population in that region, and stressed the link between their social exclusion and their drug use.

- There was less knowledge about the statement that 'Amongst young Moroccans in Spain, drug use begins two or three years earlier than amongst the rest of the population.' Of 13 responses, 6 did not know, 5 disagreed, 1 agreed and 1 strongly agreed.

An outreach worker working in the Can Tunis area of Barcelona, who disagreed with the statement above, reported that most drug users from the Arabic North African countries who they meet in the course of their work had no experience with 'hard' drugs in their countries of origin. Use of these drugs therefore begins at an **older** age (20+) than amongst Spanish people.

However, a researcher / clinician from a drug service in Bilbao who also disagreed with the statement above, reported that, in their experience, the age of initiation into drug use of Moroccans was no different of that of the general population.

- When asked how much they agreed that 'Moroccans who use drugs do not access drug services,' there was no consensus. Of 12 responses, 7 disagreed (1 of them strongly) and 5 agreed.

A researcher reported that many Moroccans in Spain are illegal immigrants and do not access any health services in case this is discovered.

However, AC Company (2001) report that an increasing number of Maghrebians in Spain - '*the newest affected minority*' in terms vulnerability to drug use because of social exclusion - are seeking help for drug dependency.

- 12 informants indicated how much they agreed that 'In Spain, drug agencies have not adapted their services to encourage Moroccans to use them.' There was no consensus: 6 disagreed, 1 strongly disagreed, and 5 agreed.
- The Ministerio del Interior, Subdirección General de Inmigración provided statistics to this study which showed that of a total of 2,663 arrests for drug trafficking in Spain 2001, 1,535 (58%) were from Africa, half of them (768) from Morocco and 13% (195) from Algeria.

OTHER BLACK AFRICANS (EXCLUDING MAGHREBIANS FROM NORTH AFRICA)

Informants were asked from which African countries Black Africans in Spain came. Those given were Algeria, Congo, '*Central Africa*,' Guinea, Kenya, Mali, Mozambique, Nigeria, Rwanda, '*the Sahara*,' Senegal, Sierra Leone, and Uganda. Khan et al (2000) report the number of Sub-Saharan Africans in Spain in 1999 was almost 30,000, which was 4.2% of the total immigrant population.

- A researcher / clinician from a drug service in Bilbao said there were people from a diverse range of African countries living there but that little is known about their drug use: they do not attend existing drug services, and there are no drug services designed specially for them. This informant reported some drug use amongst younger members of these populations, suggesting that their socially marginalised position puts them in touch with other BME groups and drug use may therefore occur '*by contamination*.'
- An informant from a drug service reported that North Africans are selling drugs in cities in the Basque region and on the western coast of Spain.
- An outreach worker working in the Can Tunis area of Barcelona meets few drug users from this group, and those they do have begun to use drugs after first selling them.
- The same informant added that there are no organisations dealing with drug use amongst Arabs / Muslims (from Afghanistan, Egypt, Lebanon and Palestine). Drug users from this group believe they '*have the devil inside*' and detoxification is seen as a personal fight against evil (jihad).
- The Ministerio del Interior, Subdirección General de Inmigración provided statistics to this study which showed that of a total of 2,663 arrests for drug trafficking in Spain 2001, 1,535 (58%) were from Africa. Nigerians accounted for 7% (182) of the total arrests.

LATIN AMERICAN (that is, Central America and the surrounding countries)

Informants were asked from which countries Latin Americans in Spain came. Those given were Argentina, Bolivia, Brazil, Chile, Colombia, Cuba, Dominican Republic, Ecuador, Mexico, Nicaragua, Peru, San Salvador, and Venezuela.

There are little data on the drug use of this group, who comprised 125,568 people in 1999 - 17% of the total immigrant population (Khan et al, 2000). An informant reported to the current study that this population is middle / upper class and are in Spain to study or because they married Spanish citizens.

- One informant reported that there are Latin Americans receiving drug treatment in Spain. They added that this group receives a lot of family support and are not part of the drug-using street culture. Their main problem is with alcohol, but cocaine is also used.
- A researcher / clinician from a drug service in Bilbao said that although the media associate Bolivians, Colombians, and Peruvians the use and distribution of cocaine, *'this is very remote from the reality.'* However, another informant reported Colombians selling and importing cocaine in Spain.
- The researcher / clinician above said that from their contact with Latin Americans, it appeared that few use drugs and would not do so because of the financial cost and the risk to their immigration status. The informant added that this group do, however, experience difficulties accessing health services that make no concession to their culture.

ASIAN

Informants were asked from which countries Asians in Spain came. Those given were Afghanistan, Korea, Lebanon, Palestine, the Philippines, Thailand, and Vietnam.

Little information was reported to this study on the drug use of this group, who, in 1999, comprised 8% of the immigrant population in Spain (Khan et al, 2000).

- An outreach worker working in Barcelona reported much evidence that Pakistanis in central Barcelona are selling cannabis and heroin, but this informant does not meet Asian drug users in the course of their work.
- A researcher / clinician from a drug service in Bilbao reported that there is little knowledge of the drug use of Asians there. There are a significant number of Filipinos in the region, who work in the service industries, and Koreans, Thai, and Vietnamese people who work in restaurants. None of these groups have good social relationships outside their workplace and their take-up of health services is poor.
- The Ministerio del Interior, Subdirección General de Inmigración provided statistics to this study which showed that of a total of 2,663 arrests for drug trafficking in Spain 2001, 68 (3%) were from Asian countries.

CENTRAL AND EASTERN EUROPEANS

Informants were asked from which countries Central and Eastern Europeans in Spain came. Those given were Albania, Bosnia, Croatia, the former Yugoslavia, Hungary, Poland, Romania, Russia, and the Ukraine.

- Little detail on the drug use of people from Central and Eastern European countries (CEEC) was reported to this study:

FSGG and an informant from a drug service reported that there are Gypsies from CEEC living in Spain. Their substance use features alcohol, not drugs.

A drug service worker from Vitoria-Gasteiz reported clients from Croatia, Romania and Russia receiving drug treatment there.

Two outreach workers from Barcelona reported that, three years ago, many middle class young Russians arrived in the city after their families had paid Russian 'charities' for a detoxification programme. In Spain, the programme did not deliver what had been promised - it was based on religious, not medical, help - and was exposed as a fraud. The young Russians soon left the programme and frequented the most prolific drug using and dealing areas of the city, living in a far worse situation than they had in Russia. Some of these young people returned to Russia, but others have become immersed in a life of *'drug using, petty crime and/or [female] prostitution, and constant problems with the police.'*

More recently, one of the outreach workers above reported, a second wave of older ex-USSR drug users has appeared in Spain. They are characterised by the use of pharmaceutical morphine and homemade opium preparations such as 'kompot.' In many cases, these drug users were in the police or military forces in Russia, and later in gangs in the main Russian cities.

An informant reported that the media link the 'Russian Mafia' with drug trafficking via Southern Spain.

OTHER EUROPEAN UNION (from Austria, Belgium, Denmark, France, Finland, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Sweden, UK)

Khan et al (2000) show that, in 1999, people from Western Europe, including the European Union, comprised the largest proportion of immigrants in Spain: they numbered over 295,000 and were 41% of the total immigrant population.

- A drug service worker from Vitoria-Gasteiz reported clients from Italy, France and Finland receiving drug treatment.
- An outreach worker working in the Can Tunis area of Barcelona reported that most other European Union (EU) drug users there are '*New Age travellers [from the UK], squatters, punks or hippies.*' Portuguese and Italians drug users are working class, whilst Dutch, German and French drug users are more likely to be middle class. Can Tunis, a well-known drug using and dealing area, attracts drug users from other European countries too, especially in summer.
- A researcher / clinician from a drug service in Bilbao said there were working class Portuguese people there and that there is drug use amongst them, although alcohol is the main substance used by this group.
- Two informants reported that the drug use of other EU nationals was not regarded as a problem in Spain, and one added that the drug-using patterns of this group are the same as those of the general Spanish population.
- The Ministerio del Interior, Subdirección General de Inmigración provided statistics to this study which showed that of a total of 2,663 arrests for drug trafficking in Spain 2001, 431 (16%) were from European countries, most frequently France (88), the UK (71), Italy (69) and Portugal (59).

USA

Khan et al (2000) report that the number of people from the USA living in Spain in 1999 was 21,632, or 3% of the total immigrant population.

- No information about the drug use of this group was given to this study.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN SPAIN

- Can Tunis Nuo is an area of Barcelona notorious for drug use and dealing. The area's floating population includes members of BME groups and consists of homeless people and those whose life is centred on the street and using (usually by injection) and selling drugs. Illundain (2002) describes the area, its inhabitants, their lives (characterised by social exclusion), and their health problems in the context of a harm reduction initiative. An outreach worker working in the Can Tunis area made the point that drug use reduces ethnic / national inequalities. The concomitant social exclusion of BME drug users brings together those who would not otherwise mix.
- From 2003, the Delegación del Gobierno para el Plan Nacional sobre Drogas will begin to collect information on the country of birth and nationality of those in drug treatment, hospital admissions related to drug use, and drug overdose deaths. When these data are available (in 2004), they will give a quantitative indication of the drug use of BME groups in Spain: an informant from the Delegación del Gobierno para el Plan Nacional sobre Drogas reported to this study that, currently, their Documentation Centre has no information on this issue.
- An informant searched a database which lists drug programmes in Spain for those related to socially-excluded young people at risk of drug use. The resulting list of 11 programmes is below. Most of these have been running for at least the last decade.

PROGRAMA DE PREVENCIÓN EN LA POBLACION INFANTIL-JUVENIL DE ALTO RIESGO SOCIAL (Programme of prevention in the infantile-youthful population of high social risk), Barcelona.

EDUCACION SANITARIA Y PROMOCION DE LA SALUD (Health promotion and education), Barcelona.

PREVENCIÓN EN POBLACION INFANTO-JUVENIL DE ALTO RIESGO SOCIAL (Prevention in infantile-youthful population of high social risk), Barcelona.

SERVICIO DE ATENCION Y PREVENCIÓN SOCIOSANITARIA. SAPS (Service of attention and prevention on social health), Barcelona.

LUDOTECA, OCIO Y TIEMPO LIBRE Y SERVICIO DE INFORMACION (Leisure and free time and information service), Bilbao.

PREVENCION DE LA MARGINACION INFANTIL Y JUVENIL. CENTRO HERNANI (Bilbao, Bizkaia) (Prevention of the infantile and youthful marginalisation . Centre Hernani), Bilbao, Bizkaia.

PLAN EDUCATIVO PERSONALIZANTE. (P.E.P.) (Personalised education plan), Mostoles.

PROGRAMA GEROA 94. ACTUACION EN LA CALLE (Burlada-Navarra) (Programmes Gerona 94. Performance in the street), Burlada.

Ran from 1990 - 1995.

PROGRAMA DE PREVENCION DE LA MARGINACION EN EL COLECTIVO DE MENORES (Programme of prevention of the marginalisation in the group of minors), Cangas.

INTERVENCIONES EDUCATIVAS PARA LA PREVENCION DE LAS DROGODEPENDENCIAS Y MEJORA DE HABITOS HIGIENICO-SANITARIOS (Pampanico-El Ejido - Almería) (Educative interventions for the prevention of drug dependencies and improvement of health habits (Pampanico-El Ejido - Almería), Pampanico, El Ejido.

A TU SALUD. PROGRAMA DE INFORMACION Y FACILITACION DE JERINGUILLAS (Your health. Programme of information and facilitation of syringes), Sant Feliu de Llobregat.

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Informants were asked to give details of any documents they thought would inform this project. The following were cited by informants and/or provided to the research team:

A study conducted by La Unidad de Tratamiento de las Drogodependencias (Red Pública del la Comunidad Autónoma de Galicia) in Coruna on Gypsies who sought treatment for their drug use between 1984 - 1995.

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SWEDEN

Overview of findings

Khan et al (2000) had no information on the drug use of Black and minority ethnic groups in Sweden, so, unlike the questionnaires for other countries, that for Sweden contained no statements with which informants were asked to indicate their level of agreement. The questionnaire began by pointing out *'You will see that, currently, we have no information at all on the drug use of minority ethnic groups in Sweden'* and continued by asking for information about the drug use of each of the groups listed in the following sections. As one informant commented, there are little data on this issue and the lack of funding for *'serious study'* indicates that it is not seen as a priority. This is underlined by the research reports on BME drug users in Sweden that were sent to this study, none of which contained data more recent than 1995, and some of which dated back to 1991. Thus, it is extremely difficult to make any definitive statements about the current drug use of BME groups in Sweden, and the following summary of the findings below should be interpreted with the restricted data on this issue firmly in mind.

- In Sweden, there are Black Africans receiving treatment for problematic drug use.
- There were reports that there is cannabis use amongst people from South Africa and the Congo, and qat (or khat) use amongst Somalis.
- South Americans appear in Sweden's drug treatment statistics.
- There are Asians in drug treatment in Sweden, and reports of cannabis and heroin use (including by injection) amongst Iranians. There is evidence that Iranian drug users experience shame and stigma within their community.
- Swedish-Finnish drug users are amongst those receiving treatment in Sweden, the majority of whom were born in Finland.
- Clients of drug treatment services in Sweden include drug users from other European Union countries.
- No information on the drug use of people from Oceania (Australia, New Zealand and the Pacific Islands), Turkey, Russia, and the USA was provided to this study.

- It was suggested that some South Americans, the Swedish-Finnish population, and Asians who were adopted by Swedes as children are fully-integrated into Swedish society and their drug-using patterns are the same as those of the general Swedish population.
- Due to the strong stigma BME groups in Sweden attach to seeking help from drug and other social services, drug use amongst them may be hidden within their communities, and BME drug users may be under-represented in drug treatment statistics.

Data collection

Although at least a 40% response rate was achieved from the individuals and organisations contacted for information, over half of the 20 respondents either said they had no information or did not want to participate (see details overleaf).

Future directions

From the information received by this study, it appears that there is little current information on the drug use amongst BME groups in Sweden. The knowledge base clearly needs updating. Qualitative research has provided some valuable insights into this issue and should be encouraged and included in needs assessments to inform the appropriate development of drug services. These should include an examination of specific BME groups in Sweden in relation to the link between social exclusion and drug use, and to barriers to drug service access and uptake.

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Jan Blomqvist

RESPONSES

Response rate	at least 40%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	50	
Responses	20	
Questionnaires completed	2	
Other information	7	
No information	11	Reasons for not providing information: 5* said they had no information 4 drugs researchers did not want to speculate or ' <i>pass on rumours</i> ' 1 (a member of a European drugs organisation) wanted payment from EMCDDA in return for information 1 said they had no time to complete the questionnaire

*The research team has some doubts that 3 of these contacts had no information at all, as 2 were drugs researchers and 1 was a national drugs organisation. From our experience in some other countries during this study, and from responses from 4 other drugs researchers in Sweden, we believe it is more likely that they were unwilling to report anything other than 'hard' data.

OCCUPATIONS OF RESPONDENTS

Researcher / university	10	Drug services	2
National / European drugs organisation	6	Drug service for BME groups	1
		Government Department (health)	1

FURTHER CONTACTS

10 further contacts were given by informants, comprising a total of 8 individuals or organisations.

In the following sections, the statistics from Finne (2001a,b) on BME drug users in treatment are the result of a question asking for nation of birth, not ethnicity.

BLACK AFRICAN

Khan et al (2002) report that, in 1998, there were 52,208 Africans living in Sweden but do not specify from which African countries they came.

- In Stockholm in October 1999, there were 674 problematic drug users in contact with social services and/or other units of the addiction care system. Of these, 39 (5.8%) had been born in an African country. In the total care system (which includes other units of the health care system not directly connected with drug use), 95 (5%) of 1,890 had been born in Africa (Finne, 2001a,b).
- An informant from a drug treatment centre at a university hospital reported that there is cannabis use amongst students from South Africa and the Congo, but they stop using the drug when they realise it is affecting their cognitive functions and therefore their ability to study.
- The informant above added that in their experience, there is qat (or khat) use amongst Ethiopians in Sweden, but they seldom seek help at the drug treatment centre.

SOUTH AMERICAN

Khan et al (2002) report that, in 1998, there were 49,404 South Americans living in Sweden.

- In Stockholm in October 1999, of 674 problematic drug users in contact with social services and/or other units of the addiction care system, 13 (1.9%) had been born in a South or Central American country. In the total care system (which includes other units of the health care system not directly connected with drug use), 44 (2.3%) of 1,890 had been born in Central or South America (Finne, 2001a,b).
- An informant from a drug service reported that Sweden has a long history of immigrants from South America. They added that those from Argentina, Chile, and Uruguay are fully integrated into Swedish society, and that their drug-using patterns are the same as those of native Swedes.

ASIAN

Khan et al (2002) report that, in 1998, there were 231,396 Asians living in Sweden. Asians comprised the third largest group (24%) of all those born abroad (after those from other European and other Nordic countries) and were by far the largest non-European group in the country. Khan et al's statistics do not specify which countries 'Asian' includes, but one informant suggested that Iranians (see section below) form a large proportion of this group and that Turkish people are also categorised as Asian in drug treatment statistics.

- In Stockholm in October 1999, of 674 problematic drug users in contact with social services and/or other units of the addiction care system, 26 (3.9%) had been born in an Asian country. In the total care system (which includes other units of the health care system not directly connected with drug use), 92 (4.9%) of 1,890 had been born in an Asian country (Finne, 2001a,b).
- An informant from a drug service reported that Asian children were adopted by Swedes in the 1970s and 1980s, and that they are well-integrated into Swedish society, with drug-using patterns the same as those of native Swedes.

IRANIAN

- An informant from a drug service reported that some Iranians arrive in Sweden already using cannabis and opium. Domeij (1997) agreed in a study of the drug use of 23 Iranians in 1995 in Umeå. This sample came to Sweden as adults and used drugs in Iran, but their use of heroin and cannabis increased after migration. Although some injected heroin in Sweden, they had smoked it whilst in Iran.
- Another informant from a drug service reported that Iranian male drug users suffer from the shame and stigma of *'having failed to cope with society as a man'* and head of their family. Some therefore find it difficult to be treated by a female therapist because they feel this adds to their shame.

TURKISH

- No information on the drug use of this group was given to this study.

OTHER NORDIC

The total number of people from other Nordic countries living in Sweden in 1998 was almost 283,000 - the second largest group of those born abroad, after other Europeans (Khan et al, 2000).

- One informant reported that the drug-using patterns of people from other Nordic countries was the same as those of native Swedes. They added that Danish drug users were less inclined to view drugs - especially cannabis - as harmful as people from the other Nordic countries.
- In Stockholm in October 1999, of 674 problematic drug users in contact with social services and/or other units of the addiction care system, 71 (10.5%) had been born in Finland and 7 (1%) in other Nordic countries. In the total care system (which includes other units of the health care system not directly connected with drug use), 131 (6.9%) of 1,890 had been born in Finland and 15 (0.8%) in another Nordic country (Finne, 2001a,b).

RUSSIAN

Khan et al (2002) report that there were almost 8,000 people from the former USSR living in Sweden in 1998.

- No information on the drug use of this group was given to this study. One informant thought that Russians may be categorised in drug treatment statistics as 'other Europeans' (see next section).

OTHER EUROPEAN

Khan et al (2002) report that, in 1998, there were 320, 810 people from other European countries living in Sweden in 1998 - the largest group of those born abroad - although the authors not specify the countries of origin of this population. The total does not, however, include those from other Nordic countries.

- In Stockholm in October 1999, of 674 problematic drug users in contact with social services and/or other units of the addiction care system, 32 (4.7%) had been born in another European country. In the total care system (which includes other units of the health care system not directly connected with drug use), 122 (6.5%) of 1,890 had been born in another European country (Finne, 2001a,b). The informant who provided this information pointed out that 'other European' may include Russians (see previous section).

USA

In 1998 there were 23,790 people from North America living in Sweden (Khan et al, 2000).

- In Stockholm in October 1999, of 674 problematic drug users in contact with social services and/or other units of the addiction care system, only 1 had been born in the USA. In the total care system (which includes other units of the health care system not directly connected with drug use), only 7 (0.4%) of 1,890 had been born in the USA (Finne, 2001a,b).

OCEANIA: AUSTRALIAN, NEW ZEALANDER, AND PACIFIC ISLANDERS (from, for example, Somoa, Cook Islands, Fiji Islands, Solomon Islands, Tahiti, Papua New Guinea)

- In 1998, there were less than 3,000 of this group living in Sweden (Khan et al, 2000). No information on the drug use of this group was reported to this study.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN SWEDEN

- A drugs researcher said that there are little data on the drug use of BME groups in Sweden, and the lack of funding for '*serious study*' indicates that the issue is not seen as a priority.

AC Company (2001) agrees that this issue is '*not on the agenda in Sweden.*'

- One informant reported that drug use amongst BME groups in Sweden is '*kept within the family,*' and that drug services do not target these groups. A report on the drug use of immigrants in Umeå (Umeå kommun, 1992) also reports that drug users' families deal with drug use when it is discovered and help is not sought from social services.

The informant who sent data from Stockholm social services (Finne, 2001a,b) stressed that they may underrate the incidence of problematic drug use amongst BME groups in Sweden, due to the '*strong stigma attached to contacting the social services and / or seeking help for addiction problems in these groups.*'

AC Company (2001) report that foreigners who are imprisoned for drugs offences in Sweden are usually sent out of the country after the prison sentence.

- The lack of current data on drug use amongst BME groups in Sweden is underlined by the research reports sent to this study, none of which contain data that were collected later than 1995 (Ågren et al, 1993; Domeij, 1997; Dundar, 1992, 1994; Umeå kommun, 1992):

A report on the drug use of immigrants in Umeå (Umeå kommun, 1992), lists the factors that may increase the likelihood of drug use by immigrants: age, low social and employment status, living environment, criminal history, lack of information about drugs, language barriers, social exclusion, culture shock, loss of family ties, the process of obtaining residence in Sweden, trauma in the home country, and an identity crisis.

The report also discusses why drugs were used by 12 Iranians, 2 Lebanese, 2 Africans and 1 South American who were in treatment. The reasons for their drug use were given as: the relatively liberal attitude to drug use in Sweden; that they had used drugs in their home countries; drugs as a palliative to traumatic experiences in their home countries and the failure of migration to live up to expectations; the lack of family control; and mental health problems.

In the early 1990s, studies of drug users in the Plattan area of Stockholm were conducted (Ågren et al, 1993; Dundar, 1992, 1994). Although these produced data on the drug use of members of several BME groups that frequented the area, these will not be reproduced here because the situation and drug-using patterns may have changed in the intervening decade. However, Dundar reports on themes familiar in other countries: drug use had begun in the users' home countries; female drug users are rare; there is an increasing tendency to inject drugs; and BME drug users are under-represented in drug service statistics.

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Informants were asked to give details of any documents they thought would inform this project. The following were cited by informants and/or provided to the research team:

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UNITED KINGDOM

(England, Scotland, Wales and Northern Ireland)

Overview of findings

The Centre for Ethnicity and Health, where the research team is based, has conducted many studies of drug use amongst, and the related service provision for, Black and minority ethnic (BME) groups in the UK (see bibliography, pp271-272). When compiling the questionnaire from information in Khan et al (2000), we were therefore able to add many items that represent the results of the Centre's studies, so the UK questionnaire was longer and more comprehensive than those for other countries. We completed only one questionnaire on behalf of the Centre.

The findings of the current study can be summarised as follows, and, unless otherwise stated, represent the view of the majority of informants who had information on the relevant issue:

- There is heavy cannabis use amongst Black Caribbeans in the UK, and the 'hard' drugs most likely to be used are cocaine powder and crack cocaine. There is some injecting amongst drug users in this group. Black Caribbeans are over-represented in the statistics on drug-related arrests.
- Of Black Africans in the UK, there is qat (or khat) use amongst Somalis and Ethiopians. There are reports of injecting heroin use amongst Black Africans, and this group are over-represented in the statistics on drug-related arrests.
- There is heroin use and injecting amongst Indians in the UK, and an increase in the use of stimulants. There is increasing use of ecstasy and other 'designer drugs' by this group.
- There is heroin use and injecting amongst the Pakistani and Bangladeshi populations, and increasing experimentation with a range of drugs.
- The social exclusion - drug link is recognised in the case of Bangladeshis and Pakistanis in the UK. Drug use is hidden within these communities - and in the Indian community - and drug services do not adequately respond to their needs.
- Amongst the Chinese population heroin, ecstasy and other 'designer drugs' are used.

- There is drug amongst Turkish and Greek Cypriots in the UK, and the substances named were cannabis, 'marasotu' (a powder, used like qat), heroin, cocaine, ecstasy and other 'designer drugs.'
- Heroin is used amongst Arabs from the Middle East (Iran, Iraq, Lebanon and Yemen) who live in the UK, and qat (or khat) was also reported to be used by this group.
- Very little information on the drug use of Gypsies / Romany / Travellers was given to this study.
- There was no consensus that people who described themselves (or were categorised) as being of 'mixed race' were more likely to use drugs than those who were from only one ethnic group.
- Some asylum seekers and refugees arrive in the UK with an established drug problem, whilst others begin to use drugs after they arrive. There was some agreement that drugs are more widely available in the UK than in some of these groups' home countries.
- Drug use amongst BME groups in the UK is increasing, and these groups are thought as likely as the rest of the population to use drugs, to use the same range of drugs, but less likely to inject them. There was no consensus about whether or not the drug use of older members of BME groups in the UK mirrors that in their countries of origin.
- There is less awareness about drugs and drugs services amongst BME populations in the UK than there is amongst the rest of the population, and BME drug users are less likely to access drug services.
- Some BME groups have developed their own methods of coping with drug use, such as sending the drug user to the country of origin or an enforced 'home detoxification.'
- Drug services in the UK do not adequately consider the needs of drug users from BME groups and are not, on the whole, making a good effort to attract and engage with BME clients.
- BME groups are over-represented in the statistics on drug-related arrests and amongst some of these communities, links with the country of origin have been used to build up drug supply networks.
- Several major research projects and other initiatives highlight the concern over the drug use of, and related service provision for, BME drug users in the UK.

Data collection

The work conducted by the Centre for Ethnicity and Health on the drug use BME groups in the UK means we have many contacts in this field. The number of questionnaires sent out and returned therefore far exceeds those sent to other countries. We completed only one questionnaire on behalf of the Centre.

At least a 36.2% response rate was achieved from the individuals and organisations contacted to participate in this study (see details on pp253-254). The UK informants include a high proportion of BME community groups, reflecting the work the Centre for Ethnicity and Health has conducted with these groups on drug use and the related issues. This lends credibility to the findings, as information from these sources is based on direct experience.

Future directions

This study gathered information from more contacts in the UK than from any other participating country, and it is ironic that this has served to highlight gaps in the knowledge of the drug use of some BME groups. For other groups, there is a wealth of information - indeed, as comprehensive literature reviews (Fountain et al, 2002; Hay et al, 2001) show, some BME groups can be said to have been 'over-researched.' Thus, whilst needs assessments of the drug use of some BME groups in the UK remain to be conducted (particularly amongst asylum seekers and refugees), amongst others (particularly South Asians from Bangladesh, India and Pakistan), initiatives to encourage access to drug services are well underway. For example, plans are being made to establish a Community Engagement Agency, which aims to widen the knowledge base by involving BME groups themselves in needs assessments; and the National Treatment Agency is supporting drug services in order that they increase the numbers of under-represented groups accessing and remaining in treatment, and improve the quality of treatment for these groups. Such on-going initiatives reveal a government-level commitment to tackling the drug use of BME groups that is not replicated in the other European Union (EU) countries. Progress and results should be widely disseminated, not only to researchers, drug services, policy makers, and service planners and commissioners throughout the UK, but also in other EU member states.

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RESPONSES

Response rate	at least 36.2%	In some cases, questionnaires were sent to several members of the same organisation, but there was just one response on behalf of the whole organisation.
Questionnaires sent	185	
Responses	67	
Questionnaires completed	44	
Other information	5	
No information	18	Reasons for not providing information: 13 said they had no information 2 researchers said they had data but no time to analyse it 1 objected to the methods used for this study 1 drug service said they treated all their clients equally and saw no differences between BME groups and others 1 did not want to speculate

OCCUPATIONS OF RESPONDENTS

BME community organisation	20
Research / university	16
Drug service	13
Health services	5
Government / drug policy	4
Alcohol service	2
Youth worker	1
Voluntary groups co-ordinator	1
Unknown	5

FURTHER CONTACTS

25 further contacts of individuals or organisation were given by informants.

The often high proportion of 'do not know' responses to items in the questionnaire can be partly explained by the large number of BME community groups who completed the questionnaire: knowledge of drug use by some of these groups may be limited to that amongst their own communities. However, the information from BME community groups about their own communities increases the credibility of the knowledge base on the group in question. Of course, the 'do not know' responses also indicate a general lack of knowledge amongst informants about the drug use of BME groups in the UK.

BLACK CARIBBEAN

Khan et al (2000) report that the number of Black Caribbeans in Great Britain (which excludes Northern Ireland) in 1998-9 was 500,000, the third largest BME group in the country (after Indians and Pakistanis). One informant pointed out, however, that the attitudes to drugs differ between people from the various Caribbean islands and that the term 'Black Caribbean' is too vague.

- The majority of informants agreed with the statement that 'The 'hard' drugs used most often by Black Caribbeans in the UK are cocaine powder and crack cocaine.' Of 37 responses, 22 (59%) agreed, 2 of them strongly. 11 did not know and 4 disagreed, 2 of them strongly.

An informant from a drug service who agreed that this statement was correct said that statistics from their service supported it.

- The majority of informants also agreed that 'There is heavy cannabis use amongst this group.' Of 37 responses, 24 (65%) agreed, 6 of them strongly, whilst 9 did not know, 3 disagreed and 1 strongly disagreed.
- When asked how much they agreed that there is injecting amongst Black Caribbean drug users in the UK, of 37 responses, 20 (54%) agreed (one of them strongly), although over one-third (13/35%) did not know. 3 disagreed, and 1 strongly disagreed.
- The questionnaire asked how much informants agreed that 'Black Caribbeans are over-represented in the statistics on drug-related arrests.' Of 36 responses, the majority (20/56%) agreed, almost half (9) of them strongly. Over one-third (13/36%) did not know whilst 4 disagreed, 1 of them strongly.
- Three informants said that they had answered the above questions from information they had got from the media.

BLACK AFRICAN

Khan et al (2000) report that the number of Black Africans in the Great Britain (which excludes Northern Ireland) in 1998-9 was 400,000 - the fifth largest BME group in the country.

- The questionnaire asked how much informants agreed that 'Qat (or khat) use is an increasing problem amongst Somalis and Ethiopians living in the UK.' Of 38 responses, there was no disagreement although 15 (39%) did not know. 17 (45%) agreed and 6 (16%) strongly agreed.

One informant believed that Somalis are '*a very small population*' in their area and that no data on their drug use exists.

An informant added that the increase in qat use amongst Somalis is strongly linked to very high unemployment, stress, and cultural alienation.

- The majority (21/55%) of the 38 informants who indicated how much they agreed that 'There is heroin use amongst Black Africans in the UK' did not know. Of the remainder, 14 agreed, 1 of them strongly, and 3 disagreed, 1 of them strongly.
- The majority of informants replied 'I do not know' when asked how much they agreed that Black African drug users in the UK do not inject. Of 38 responses, 23 (61%) did not know, whilst one-third 13 (33%) disagreed and only 2 agreed.

An informant from a drug service added that, however, the prevalence of injecting drug use is lower amongst Black Africans than it is amongst other BME groups.

- The questionnaire asked how much agreement there was with the statement that Black Africans are over-represented in the statistics on drug-related arrests. Of 39 responses, over half (20/52%) did not know, whilst one-third (13/33%) agreed (2 of them strongly). 5 disagreed (2 of them strongly).

One informant added that the over-representation of Black Africans in drug-related arrest statistics is in terms of trafficking and supply offences.

Another reported that research showed that 60% of the Black African female prison population have been convicted of importing drugs.

INDIAN

Khan et al (2000) report the number of Indians in Great Britain (which excludes Northern Ireland) in 1998-9 as 900,000, making them the largest BME group in the country.

- 36 informants indicated how much they agreed that there is heroin use amongst Indians in the UK. None disagreed: 29 (81%) agreed, 3 of them strongly, and 7 did not know.
- When asked how much they agreed that 'There is an increasing use of stimulants amongst Indians in the UK,' of 37 informants who responded, only one disagreed (strongly). 22 (59%) agreed, 3 of them strongly, and 14 (38%) did not know.

An informant from a drug service reported that they have Indian clients who use crack cocaine.

- The questionnaire asked for the level of agreement that 'There is injecting amongst Indian drug users in the UK.' Of 36 responses, the majority (22/61%) agreed, 3 of them strongly. Only 1 disagreed, but over a third (13/36%) did not know.
- 36 informants indicated how much they agreed that 'There is an increasing use of ecstasy and other 'designer drugs' amongst Indians in the UK.' 3 disagreed, 1 of them strongly. Although 16 (44%) agreed (1 of them strongly), more - 17/47% - did not know.
- A drugs researcher reported that some Indian drug users are sent 'back home' by their families if they are discovered to be using drugs, rather than help being sought from drug services. However, due to the availability and cheapness of drugs in India, some return home with a greater dependence.

PAKISTANI

Khan et al (2000) report the number of Pakistanis in Great Britain (which excludes Northern Ireland) in 1998-9 as 600,000, making them the second largest BME group in the country (after Indians).

- There was a strong agreement amongst informants that there is heroin use amongst Pakistanis in the UK. Of 36 responses, 30 (83%) agreed, half of them strongly. Only 1 disagreed (strongly), whilst 5 did not know whilst

An informant who agreed said that heroin use is increasing amongst this population.

An informant working with the Pakistani population added that research shows increased drug use amongst Pakistanis, and that they had encountered three heroin-related deaths amongst this population in last two years.

- There was also strong agreement that there is injecting amongst Pakistani drug users in the UK. Of 36 responses, only 1 disagreed (strongly). 11 (31%) did not know whilst two-thirds (24/67%) agreed, half of them strongly.
- The majority of informants agreed that 'This group are increasingly experimenting with a range of drugs.' Of 36 responses, only 1 disagreed (strongly), whilst 24 (67%) agreed, half of them strongly. 11 (31%) did not know.

An informant said that there is increasing use of steroids amongst Pakistanis.

Another added that there had been an increase in drug use amongst this population after they had experienced racism following 9/11 and the UK's part in the 'war on terror.'

- A drugs researcher reported that some Pakistani drug users are sent 'back home' by their families if they are discovered to be using drugs, rather than help being sought from drug services. However, due to the availability and cheapness of drugs in Pakistan, some return home with a greater dependence.
- One informant wrote "*Social exclusion, poverty and unemployment, 'disillusionment' - they see little hope which all compounds and increases pressures on the young, hence the need to escape and experiment with drugs.*" Another also pointed out the link between social exclusion and drug use amongst this population, adding that '*services continue to fail them.*'

- One informant said the issues surrounding drug use amongst Pakistanis and Bangladeshis in the UK are the same.

BANGLADESHI

According to Khan et al (2000), in 1998-9, there were 200,000 people from Bangladesh living in Great Britain (which excludes Northern Ireland).

- When asked for the level of agreement that there is heroin use amongst Bangladeshis in the UK, of 35 responses, only 1 disagreed (strongly). The majority (21/60%) agreed, 4 of them strongly, whilst over a third (13/37%) did not know.

One informant added that Bangladeshi heroin users are initially sold the drug as 'powdered cannabis,' that is smoked.

- Informants were a little less sure that there is injecting amongst Bangladeshi drug users in the UK. Of 35 responses, only 1 disagreed (strongly) whilst 19 (54%) agreed, 4 of them strongly. However, 15 (42%) did not know.
- There was no disagreement the statement that 'This group are increasingly experimenting with a range of drugs.' Of 35 responses, 19 (54%) agreed, 5 of them strongly, although 16 (46%) did not know
- One informant reported that there is '*strong involvement*' by Bangladeshis in the importation of heroin, which has lead to its use spreading amongst this community.

An informant thought that drug dealers from this group have an '*unhealthy influence*' within what are impoverished communities, because their conspicuous wealth makes selling drugs an attractive economic proposition for others.

- A researcher reported that Bangladeshis (and other South Asians) have problems accepting that drug services (particularly those provided by general practitioners / family doctors and community-based interventions) are confidential, and are reluctant to use them.

An informant from a drug service reported that there is a poor response from drug services to Bangladeshi heroin users, with those who have been using the drug for only a short time being unnecessarily prescribed methadone.

One informant reported that some drug users from this group report that their religion has helped them to stop using drugs.

A drugs researcher reported that some Bangladeshi drug users are sent 'back home' by their families if they are discovered to be using drugs, rather than help being sought from drug services. However, due to the availability and cheapness of drugs in Bangladesh, some return home with a greater dependence and having made the transition to injecting.

- An informant reported that Muslim fundamentalists present drug use as a 'Western disease,' which has led to violence from them against Bangladeshi drug users, further isolating them from their community.
- One informant said the issues surrounding drug use amongst Pakistanis and Bangladeshis in the UK are the same.

CHINESE

Khan et al (2000) report that the number of Chinese people in Great Britain (which excludes Northern Ireland) in 1998-9 was 200,000.

- One informant pointed out that little is known about the drug use of Chinese people in the UK, and the proportion of 'I do not know' responses to statements on the questionnaire - detailed below - confirms this lack of knowledge.
- 35 informants indicated how much they agreed that there is heroin use amongst Chinese people in the UK. Almost half (17/49%) agreed, 2 of them strongly, but the same proportion did not know. 1 strongly disagreed.

An informant who agreed added that there is also crack cocaine use amongst the Chinese population in the UK.

- When asked how much agreement there was with the statement that "Members of this group are using ecstasy and other 'designer drugs,'" of 36 responses, half (18/50%) agreed (1 of them strongly) and half did not know.

An informant added that many Chinese people who use 'Fintan Yuen' do not realise that this is ecstasy.

- The questionnaire asked informants to say how much they agreed that 'Drug-using patterns of Chinese people in the UK are the same as those found in Hong Kong.' Of 35 responses, most (28/80%) did not know. 4 agreed, 1 disagreed, and 2 strongly disagreed.
- One informant reported that language is a barrier to Chinese drug users accessing and benefiting from drug services.

TURKISH AND GREEK CYPRIOT

Khan et al (2000) do not provide statistics on the size of this population in the UK.

- Of 33 responses asking for the level of agreement with the statement that there is heroin use amongst this group, the majority (18/55%) did not know. 13 agreed, 1 strongly agreed and 1 strongly disagreed.

One informant reported that, in their clinical experience, smoking heroin is '*very culturally acceptable*' amongst Greek and Turkish Cypriots but whilst injecting occurs, it is stigmatised and hidden.

An informant from a drug service said their Turkish and Greek Cypriot clients report that when they first began using heroin, they thought it was cannabis, as some had smoked cannabis before they came to the UK. They only realised it was heroin when they became dependent on it.

- There was no disagreement with the statement that 'There is cannabis use amongst Turkish and Greek Cypriots in the UK.' Of 33 responses, 19 (58%) agreed, 6 of them strongly, although 14 (42%) did not know.
- The majority of informants did not know if there was cocaine use amongst this group. Of 33 responses, almost two-thirds (21/64%) did not know, one-third (11/33%) agreed, 1 of them strongly, and 1 strongly disagreed.
- The final statement about this group on the questionnaire asked how much informants agreed that "Some Turkish and Greek Cypriots in the UK are using ecstasy and other 'designer drugs.'" Of 33 responses, almost half (16/48%) did not know, although almost as many (15/45%) agreed, 1 of them strongly. 2 disagreed, 1 of them strongly.
- Two informants had other information about the drug use of Turkish people in the UK: it is not known whether these were from Cyprus or from Turkey.

A researcher from a drug service reported that Turkish people in the UK use 'marasotu' ('grass from Maras,' which is a town in south-west Turkey). It is a greenish-brown powder that is held or chewed in the mouth for many hours, like qat. Also like qat, it is not illegal and can be bought in Turkish greengrocers in some parts of London where there are large Turkish populations. This informant had asked the police to test marasotu and was told it had stimulant properties, but there are cases of it acting as a depressant. The drug causes a lot of spitting, and can damage gums and lead to stomach ulcers. The informant added that Turkish taxi drivers use marasotu when they are working all night.

An informant reported that, amongst Turkish people, GPs (family doctors) were viewed more positively than drug services, as the confidentiality of drug services was not trusted. This informant added that there is an increasing use of private doctors amongst Turkish drug users in the UK.

An informant added that, within this community, there are links between heroin supply networks and political groupings.

MIDDLE EASTERN: ARABS FROM IRAN, IRAQ, LEBANON, YEMEN

Khan et al (2000) do not report the size of the Middle Eastern population in the UK.

- 36 responses indicated the level of agreement with the statement that 'There is heroin use amongst this group.' Over half (19/53%) agreed, 2 of them strongly, whilst 16 (44%) did not know. 1 strongly disagreed.
- The questionnaire asked how much informants agreed that qat (or khat) use is an increasing problem amongst people from the Yemen living in the UK. There was no disagreement, but the majority of the 36 responses (22/61%) did not know. 9 agreed and 5 strongly agreed.

An informant who agreed added that qat use is an increasing problem amongst these groups and linked to their deprivation and social exclusion.

GYPSY / ROMANY / TRAVELLER

Khan et al (2000) estimate the Gypsy / Romany / Traveller community in the UK to be over 125,000. One informant reported that this group is very socially excluded and the target of racial abuse.

Note: Travellers have a different history, ancestry, and language to the Gypsy / Roma populations found in some other countries. However, both groups are nomadic peoples and as a result, there are many similarities, especially in terms of experiences of discrimination and racism.

- Little was reported to this study on the drug use of this group: one informant said they had heard of alcohol problems amongst them, but not drug problems, although another - from a drug service - had clients from this group who inject heroin.

MIXED RACE / ETHNICITY

Khan et al (2000) do not include this population in their analysis of drug use and do not give an indication of its size. As one informant pointed out, many of this group describe themselves as 'Black British / European' and added that they are the fastest-growing marginalised group, are unhappy being described as 'ethnic,' and object to being called 'Black other' as they are frequently categorised in research reports and government statistics. The research team had included the category for this reason, and also because results from the British Crime Survey (Ramsey et al, 2001) informed the statement below.

- There was no consensus amongst informants over the statement that "People from Black and minority ethnic groups who describe themselves as being of 'mixed race/ethnicity' use more drugs than those who describe themselves as belonging to only one ethnic group." Of 34 responses, almost half (16/47%) did not know, 10 disagreed (3 of them strongly) and 8 agreed.

Two other informants reacted angrily to the statement, commenting *'This question is not even worth responding to'* and *'This is a ridiculous assumption.'*

Another 2 informants added further information on this group, however:

One said that their drug-using patterns *'normally depend on who they culturally associate with. Mixed race users who are using alongside white users will follow their patterns and conversely those using with Black Caribbeans will mirror those trends.'*

Another informant, with personal experience of mixed race couples involving Somali and white British parents, said that *'they are stuck with qat and alcohol use as social activities.'*

REFUGEES AND ASYLUM SEEKERS

Khan et al (2000) report that, at the end of 1998, the total number of refugees and asylum seekers in the UK was 197,000. The questionnaire pointed out that:

*This group includes people from Sierra Leone, Somalia, Eritrea, Middle East, Kenya, Uganda, Zambia, Zimbabwe, Democratic Republic of Congo (formerly Zaire), Rwanda, Angola, Algeria, Burundi, Iraq, Afghanistan, Turkey, Kurdistan, Cabinda, Baltic States, Central and Eastern Europe, Ethiopia, Vietnam. [One informant added people from mainland China to this list]. Although some of these groups appear separately in the questionnaire, the following issues surrounding drug use apply to **all** refugees and asylum seekers.*

- The questionnaire asked for the level of agreement with the statement that 'Some members of this group arrive in the UK with an established drugs problem.' Of 37 responses, over half (19/51%) agreed, whilst 16 (43%) did not know. 2 disagreed, 1 strongly.

An informant who disagreed commented that there was no evidence to support this statement.

Another who agreed pointed out that, amongst Central and Eastern Europeans, drug use began after the Balkan conflict.

- One informant reported research which shows that drug use amongst refugee and asylum seekers is increasing (Centre for Ethnicity and Health, 2002).
- Two-thirds of informants did not know whether or not 'The drug problems of some refugees and asylum seekers began when they were held in detention camps (in the UK or elsewhere).' Of 36 responses, almost two-thirds (22/61%) did not know, and one-third (12.33%) agreed, 1 of them strongly. Only 2 disagreed.
- Of 34 responses asking how much respondents agreed that the drug problems of some refugees and asylum seekers began after they arrived in the UK, almost half (16/47%) did not know and the same proportion agreed. 2 disagreed, 1 of them strongly.

An informant added that boredom and depression and '*negative company*' lead to drug use amongst asylum seeker and refugees.

- There were 35 responses to the statement 'Drugs are more widely available in the UK than in refugees' and asylum seekers' home countries.' The majority (15/43%) did not know and 13 (37%) agreed, 2 of them strongly. A further 7 (20%) respondents disagreed with the statement.
- The questionnaire asked how much informants agreed that refugees and asylum seeker communities are more concerned about their members' use of legal drugs, such as tobacco, paan and qat (or khat) than about illegal drugs. Of 37 responses, over half (21/57%) did not know. Amongst the remainder there was no consensus: 9 (24%) agreed - one of them strongly - and 7 (19%) disagreed, one of them strongly.

OTHER BLACK AND MINORITY ETHNIC GROUPS IN THE UK

The questionnaire asked if any groups were missing from the previous sections, and, if so, if informants had any information on their drug use.

- The research team had inadvertently excluded other European Union nationals and Central and Eastern Europeans from the questionnaire and several informants pointed this out. Only one, however, gave any information about the drug use of either of these groups, reporting that Portuguese and Italian drug users *'have HIV problems.'*
- The following BME groups were added, although little information on their drug use was given to this study:

The Jewish community (Khan et al 2000a, discuss the issue of this community as a BME group).

'Black British' and 'Black European' (see section above on 'Mixed race / ethnicity).'

'Latinos' who use *'soft'* and *'hard'* drugs in Salsa clubs.

Asians from Caribbean countries.

Vietnamese, amongst whom there is heroin use.

GENERAL INFORMATION ABOUT THE DRUG USE OF ALL BLACK AND MINORITY ETHNIC GROUPS IN THE UK

- There was strong agreement that 'Drug use amongst Black and minority ethnic groups in the UK is increasing.' Of 44 responses, three-quarters (33/75%) agreed, over half of them strongly. 9 (20%) did not know and 2 disagreed.

One informant added that drug use is increasing amongst BME groups because of a cultural rejection to consideration of the drugs issue, especially amongst Muslims.

- The majority of informants did not agree that 'Overall, Black and minority ethnic groups in the UK are less likely to use drugs than the rest of the population.' Of 44 responses, half (22/50%) disagreed, 5 of them strongly, whilst 12 (27%) agreed, 3 of them strongly. 10 (22%) did not know.
- The majority of informants agreed that 'Black and minority ethnic groups in the UK use the same range of drugs as the rest of the population.' Of 44 responses, 27 (61%) agreed (5 of them strongly), whilst less than half that proportion (13/29%) disagreed. 4 did not know.
- There was no consensus about whether or not the drug use of the older generations of Black and minority ethnic groups in the UK mirrors that in their country of origin. Of 44 responses, 18 (41%) agreed, 1 of them strongly. Fewer (13/30%) disagreed, although over half of these disagreed strongly. A further 13 (30%) did not know.
- The questionnaire asked how much informants agreed that Black and minority ethnic drug users in the UK are less likely to inject drugs than drug users from the rest of the population. Of those who had information on this issue, the majority agreed. Of 44 responses, over half (23/52%) agreed, 3 of them strongly, and a quarter (11/25%) disagreed, 3 of them strongly. 10 (22%) did not know.
- The questionnaire asked for the level of agreement with the statement that 'Black and minority ethnic groups are over-represented in the statistics on drug-related arrests.' Of 44 responses, the majority (25/58%) agreed, 10 of them strongly and 10 did not know. Of the 8 who disagreed, however, 5 strongly disagreed.
- There was strong agreement with the statement that 'Black and minority ethnic drug users are less likely to access drug treatment services than drug users from the rest of the population.' Of 44 responses, 40 (91%) agreed, two-thirds of them strongly. 2 did not know and 2 strongly disagreed.

An informant from a drug service in an area with a large BME population reported that only 1% of inpatients undergoing drug detoxification are from a BME group, which they thought may reflect the proportion who access treatment services.

- There was strong agreement with the statement that 'In some Black and minority ethnic communities, links between the country of origin and the UK have been used to build up drug supply networks.' Of 44 responses, twice as many agreed than disagreed: 20 (47%) agreed (3 of them strongly), 10 (23%) disagreed (1 of them strongly), and 13 (30%) did not know.
- The questionnaire asked for the level of agreement that 'Amongst Black and minority ethnic communities in the UK, there is less awareness about drugs and drug services than amongst the rest of the population.' Informants overwhelmingly agreed: of 44 responses, 80% (35) agreed, 14 of them strongly, whilst only 1 disagreed and 1 strongly disagreed. 7 (16%) did not know.
- Few informants disagreed that some Black and minority ethnic groups in the UK have developed their own methods of coping with drug use, such as sending the drug user back to the country of origin or an enforced 'home detoxification.' Of 44 responses, 26 (59%) agreed, 5 of them strongly, one-third (15/34%) did not know and only 4 (9%) disagreed, 1 of them strongly.

One informant believed, however, that home detoxification was an unsubstantiated rumour.

- The majority of informants did not agree that 'Drug services in the UK are making a good effort to attract Black and minority ethnic drug users.' Of 44 responses, 30 (68%) disagreed, one-third of them strongly. 7 (16%) agreed (one of them strongly), and the same proportion did not know.
- Informants had a number of criticisms of drug services in relation to BME groups:

An informant from a drug service reported that dual diagnosis issues are increasing in BME groups, and neither drug nor mental health services are responding adequately.

Two informants believed that drug services do not address the needs of BME groups at all.

One informant reported that the ethnicity of staff is not sufficiently addressed by drug services, and that existing staff lack cultural knowledge and sensitivity.

One informant criticised drug services' harm reduction policies, which can be seen by BME drug users as a '*green light*' to continue to use drugs.

One informant stressed that mainstream services need support around service provision for BME groups.

- The National Treatment Agency (NTA) acknowledges that a number of groups are currently under represented in drug treatment, and is committed to addressing this and to ensuring that drug treatment services are more inclusive. The NTA has, within its corporate plan, objectives to increase the numbers of currently under represented groups accessing and remaining in treatment and to improving the quality of treatment for these groups. As part of this commitment, the NTA is now leading a series of major initiatives to improve the quality and quantity of treatment, including an initiative on diversity which is being managed by the Centre for Ethnicity and Health, University of Central Lancashire.

The scope of the project is to provide a package of support to drug treatment services to enable them to improve the quality of services to currently under represented groups. Over 2002 - 2003, the Centre for Ethnicity and Health will work with 8 selected services that will act as pilots and pathfinders for developing this package of support. The project is designed to work on a partnership basis and the practical commitment of each selected drug treatment service will be crucial. This will vary according to each organisation, its size, remit and experience in addressing diversity issues.

The way in which this work will be carried out is important. The initiative will not be 'done to' the services. The project will be a collaborative process in which the Centre for Ethnicity and Health works with and alongside the pilot treatment services, providing expert guidance and support over a sustained period. Above all, a co-operative approach is needed, particularly during the process of organisational review and the development of a template for change. Based on lessons learned, the NTA intends subsequently to roll out models of best practice, guidance and support to drug treatment services nationally.

- There are four recent significant additions to the knowledge base concerning the drug use of BME groups in the UK and related service provision:

Sangster et al (2002): a scoping study of the delivery of drug services to BME groups. A major outcome of this study was the identification of the basis for cultural competence (defined as the ability to meet the diverse needs of a given community) in the context of drug services for BME communities. Conclusions were based on case studies in six Drug Action Team areas which included interviews with 99 professionals involved in commissioning, planning and delivering drug services, and a community consultation exercise which was made up of 13 group discussions with more than 100 members of African-Caribbean, South Asian, Somali and Vietnamese communities. In addition, interviews were conducted with 14 practitioners and policy-makers from outside the case study areas who were known to have expertise in the area of ethnicity and drugs. The British Crime Survey and the Regional Drug Misuse Database (RDMD) provided a statistical balance to the findings. The authors' detailed conclusions on cultural competence were that it rests upon the dimensions of cultural ownership and leadership; symbols of accessibility; familiarity with, and ability to meet, the distinct needs of communities; holistic, therapeutic and social interventions; diversification of services; BME workers; and community attachment / ownership and capacity building.

Fountain et al (in press): a comprehensive review of the published and 'grey' literature on drug use of, and related service provision for, BME groups in England.

Hay et al (2001): a literature review of drug and alcohol issues affecting BME communities.

Buffin et al (2002): a report on a Department of Health / Centre for Ethnicity and Health, University of Central Lancashire initiative, 'The Black and minority ethnic community drugs misuse needs assessment project.' This reports on the process of recruiting, training and supporting BME community groups to conduct drug needs assessments in their communities in order to inform an effective strategic approach by policy-makers, service planners and providers. The process by which these needs assessments were produced is as important as the final output. Forty-seven groups - representing 25 different ethnicities - were selected from 160 applicants, and trained and supported. Partnerships with local Drug Action Teams (DATs) were an essential criteria for participation. At the end of the project, a number of individuals who gained from undertaking this work remained in the community and were able to continue to articulate those needs to

their local service providers and DATs. As a result of this project, the Community Engagement Agency (CEA) is being established to act as a continuing focus to develop and support capacity building in BME communities.

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Contact ehunit@uclan.ac.uk for further details of the following publications.

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