The use of drugs and alcohol services by new communities in the Canal Communities Local Drugs and Alcohol Task Force area

Archways

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Executive Summary

This report presents findings from research commissioned by Canal Communities Local Drug and Alcohol Task Force (CCLDATF). In line with the development of their New Strategic Plan, the Task Force signals their commitment to ensuring that the needs of the members of migrant/ethnic minority communities living in the area are met in a culturally appropriate way. This study explores access to drugs and alcohol services by the members of ethnic minority groups in the CCLDATF area, with the view to identifying and reducing any possible barriers that can limit access to local services.

A total of 14 semi-structured interviews were carried out with selected local projects within the Canal Communities Local Drug and Alcohol Task Force area and with organisations working for/ representing people from ethnic minorities. The highlights of the main findings are outlined below.

- There are currently no persons from new communities presenting to the addiction services in the CCLDATF area.

- Individuals had presented to CCLDATF front line services in the past. However even during previous periods the numbers presenting were smaller than might have been expected.

- Currently members of this community engage with other services in the CCLDATF area such as childcare, summer projects, youth projects, women's groups and the VAW project.

- CCLDATF services were unable to introduce the researchers to any person from a new community currently using their front line services for interview. Each service was aware and had an explicit understanding of the total confidentiality that would be offered to clients. Our initial analysis and secondary contact with these services confirmed that they simply could not provide access to something that was not there.

- Anecdotal evidence from all external organisations to the CCLDATF is that there is drug and alcohol use among this community but it is not presenting at the local community level. These services also indicated that those with issues generally look within their own communities for support.

- There was a strong suggestion from both CCLDATF and external organisations that second and third generation use could present problems in the future. However given the timing involved and the period since members of new communities first arrived in Ireland one might expect such a pattern would already be manifest. This is not reflected in any enquiries, presentations or issues being brought to the organisations and agencies to which the researchers spoke.

- The majority of the national organisations spoken to which were specifically set up to meet the needs and/or advocate for members of new communities emphasised the need for those providing services within the CCLDATF to be culturally competent given that second and third generation drug use may become problematic.

- These organisations also indicated that training programmes which would allow them to identify those experiencing addiction issues would also have merit.

- Whist there was a considerable influx of members of new communities in the mid-nineties, these communities are transient in nature and have largely moved from the area currently covered by the CCLDATF.

- Given the above brief analysis it would appear that there is not presently a need for a dedicated person to work with new communities in relation to drug misuse at this time. However cultural competency training should be a priority for those in front line services.

Introduction

In March 2016 Archways were commissioned by the Canal Communities Local Drugs and Alcohol Task Force (CCLDATF) to conduct a qualitative study designed to evaluate the needs of individuals and families from ethnic minority groups and individuals living and working in the Canal Communities area to ascertain the demand from that group for access to drug and alcohol services in the area. To carry out the evaluation, the research team conducted a series of onsite interviews with relevant parties. These included interviews with the following:

- Individual members of new communities
- Drug services and culturally specific representative organisations
- Ancillary services/organisations concerned with issues specific to new communities
- Those who provided services on a universal basis but who have regular contact with members of new communities within the area.

In total fourteen structured interviews were conducted. These interviews were then subjected to a thematic analysis process. While the content of these interviews is expansive it should be noted we were not, despite considerable effort on the part of the drug services themselves, able to access members of new communities currently experiencing addiction within the Canal communities area. To circumvent this informational deficit we conducted interviews with two members of the new community's population accessing drugs services in other areas and included their insight and experience into this analysis. The information presented below cannot be seen to offer a complete picture with regard to new community needs within the area. Indeed a historical analysis of service use by new communities within the area would indicate that in the past, need for and access to drug services was pressing.

The study can also not predict future trends with regard to need, though the majority of those interviewed indicated their concern with regard to second generation drug use within the new community populations. This report can only indicate the current position with regard to new communities within the CCLDATF area, levels of actual rather than perceived need and the levels of engagement reported by drug services by individuals from within this community.

Background

Establishing the true extent of drug use in the general population has for a long time been a challenge for researchers, policy makers and service providers alike. Identifying and meeting the needs of members of ethnic minority groups using substances within the general population presents even greater challenges. In Ireland it has been considered a pre-requisite of current drug and alcohol service provision that culturally nuanced structures and intensive outreach services are needed to access and provide effective services to those individuals considered to be from diverse ethnic and cultural backgrounds.

It is estimated that some 544,357 of those currently living within the country belong to an ethnic or racial minority group. The extent of drug and alcohol misuse within these communities remains uncertain. That culture plays a part in accessing drug and alcohol services seems self-evident. Culture is clearly important in substance abuse treatment because the individual's experience of their culture invariably precedes and influences their clinical experience. Logically treatment setting, coping styles, social supports, stigma attached to substance use disorders, even whether an individual seeks help—should therefore all be shaped by a client's culture.

When we consider culture, we distil our thoughts and arrive at a collective view or understanding of the concept; we do not think of the individual but of the collective. Culture in this sense is seen as a concept or construct which refers to a shared set of beliefs, norms, and values among any group of people, whether based on ethnicity or on a shared affiliation. However central to this study was the need to remain cognizant that members of racial and ethnic groups are not uniform. Each group is highly heterogeneous and includes a diverse mix of immigrants, refugees, and multigenerational individuals who have vastly different histories, languages, spiritual practices, demographic patterns, and cultures.

The cultural traits attributed to East Europeans living in Ireland for example are at best generalizations that could lead to stereotyping of perceived need and alienation of an individual client from services. East Europeans are not a homogeneous group. For example, distinct Polish cultural groups- Russian, Latvian, Lithuanian, and Estonian cultural groups- do not think and act alike on central issues. Indeed cultural nuances very often manifest themselves within and between these cultures.

Many people also have overlapping identities, with ties to multiple cultural and social groups in addition to their own racial or ethnic group. For example, a Nigerian may also be a second generation Irish citizen, a professional, a Catholic, and a Dubliner. This individual may identify more closely with other young professional Dublin Catholics than with newly arrived members of the African community. The length of time the person has spent in this country, their current place of residence, their upbringing, education, religion, and income level will all shape their experiences and outlook regardless of their culture. In short service providers need to be careful not to make mistaken assumptions about clients' culture and values based on race or ethnicity.

To avoid stereotyping, service providers need to remember that each client is an individual. Culture is complex and generalizing about a client's culture can lead to a flawed attribution process. An observation that is accurate when applied to a large group of people may be misleading and indeed misguided when applied to an individual. It is hoped that the utility of this study will circumvent and address these difficulties. Culture is a starting point for this study; however it is important to note we explored the experience of cultural engagement with service users largely through the eyes of the service providers. What follows are individual's service providers perceptions and experiences of service need within their community. The experience in other communities may differ greatly and this is an area of research which requires further study. Indeed the literature does suggest that cultural practices play a part in service engagement, though the extent of this influence is difficult to quantify.

Methodology

This study was an exploratory research project utilizing a combination of focus group and semi-structured interviews. A focus group was carried out with national organisations representing ethnic communities and people from new communities. In addition, a total of 14 semi-structured interviews were carried out with selected local projects within the Canal Communities Local Drug and Alcohol Task Force area and organisations working for/ representing people from new communities. The remit of all the participating migrant-led organisations extended nationally. Each interview was conducted over approximately one hour and thirty minutes period. The interviews were semi-structured and all responses, with the participant's permission, were recorded. Given the diverse nature of those interviewed, their different professional backgrounds, and areas of occupational involvement/interest, the data produced was remarkably consistent.

Research Objectives

1. To research and write an overview of the nature and extent of drug use and addiction amongst ethnic minorities in the Canal Communities area.
2. Explore the use of access to drug services and relevant projects in the Canal Communities area amongst/by ethnic minorities.
3. Explore why ethnic minorities are not accessing drug services and relevant projects in order to understand what stops them from doing so - in order to provide a relevant service within the CCLDATF area.
4. To research and to write a profile of ethnic minorities in the Canal Communities area including individuals, groups and organisations.
5. Produce an evidenced based set of recommendations for the CCLDATF on the future role and strategic interventions to support the access to drug and alcohol services and supports for ethnic minorities.

Limitations

The original design of the study included exploring the experiences of people from ethnic minority communities accessing drugs and alcohol treatment services in CCLDATF. Given that the local services were unable to provide members of ethnic minorities currently accessing their services, the views of the service users were not reflected in the study.

Literature Review

In beginning this research two simple queries were posed. Was there a defined and clearly present need amongst newly arrived populations for drugs treatment services within the canal communities' area and if so were there barriers within existing services which prevented members of these communities accessing these services? The question of barriers to the access of services by new communities has been addressed within previous literature. It has been posited that the absence of culturally informed practices has been largely responsible for the difficulty drug treatment programmes have experienced in recruiting, retaining, and successfully treating minority clients in the past (Finn, 1994). A series of studies over the last three decades have investigated this issue. In the UK, the National Treatment Agency (2003) identified the following barriers routinely experienced by people from ethnic minority groups in accessing drug services; Lack of acknowledgement of drug use among ethnic minority groups, a lack of an appropriate ethnic mix in terms of staff members from within current service providers, lack of cultural awareness of the ethnic minority groups and in particular a failure to appreciate the finer cultural details which often nuance these cultural communities, language barriers, lack of awareness of drug and alcohol services and their functions within newly arrived populations, and fears within these communities regarding confidentiality.

Other factors commonly seen as affecting service access for ethnic minorities have been identified. These include the community's difficulty in establishing social connections with people in the host community. Indeed it has been demonstrated that difficulties in achieving adequate levels of social integration has been linked with increased substance use within newly arrived communities (Carta, et al., 2005). In a qualitative study that explored drug use among new communities in Ireland, it was found that individuals denied the opportunity to work often fell into drug use due to boredom and the emotional inertia the lack of employment generated (Corr, 2004). Similar findings were also reported in the study conducted by the Migrant Right Centre Ireland (2008).

Additionally it is often posited that the issue of service confidentiality is often given too little emphasis by service providers. Immigrants and refugees from many regions of the world feel extreme mistrust of government agencies based on the atrocities committed in their countries of origin or fear of deportation. This mistrust can be a barrier which prevents clients from new communities from entering treatment and obtaining services. Alport (2007) highlighted

in a series of studies conducted in the UK that concerns around confidentiality were the most significant barrier to engagement amongst first generation migrants. Indeed he went further and indicated that clients experiencing drug and alcohol difficulties expressed apprehension not simply about engaging with services for fear of drawing attention to themselves but also the stigma associated with addiction within their communities generally.

It could certainly be argued that some cultures view mental disorders and substance abuse more negatively than does the general population here at home. In some Asian cultures, this stigma is so strong that a person's substance dependence is thought to reflect poorly on the family lineage, diminishing the marriage and economic prospects for the client and for other family members. The existence of such opinions and beliefs would significantly impact on the individual's sense of personal agency in terms of accessing service provision (Goodman, 2002).

Level of acculturation also plays a considerable role in terms of service access and indeed need. Wells et. al. (2002) found that an individual's level of acculturation is a significant factor in drug and alcohol abuse. Generally speaking, the more acculturated the person is to the host community, the more that person's use approaches the communities substance-using norms. In the United States, for example, Hispanics/Latinos who were born outside of the United States have levels of alcohol and drug abuse which are substantially lower than their peers born within the United States; similarly foreign-born Cuban Americans have lower lifetime use of alcohol and start drinking later in life than do U.S.-born Cuban Americans (Vega et. al. 1993). However, being born in the United States did not mean necessarily that a person is acculturated. In a later study, Vega and colleagues (1998) found that the highest rates of substance abuse among Hispanic/Latino adolescents were seen in those who were born in the United States but had low acculturation levels. The researchers attributed these results to the fact that these adolescents faced the language problems of the foreign-born and that aspects of communication were the most powerful predictors of poor acculturation and therefore the potential for substance misuse.

The issues of addiction and ethnic minority categorisation have been implicitly linked in numerous studies. However Adrian (2002) has warned that such assumptions can be misleading. Indeed, it has been consistently demonstrated that the prevalence of drug use amongst migrant communities is significantly lower than that found in our general population generally (Kelly, et al., 2009). For example, Corr (2004) found that half of the migrant

participants in his recent study did not have a problem with drug use either currently or indeed prior to migrating to Ireland. In the Irish HBSC 2006 study Lithuanian children reported less consumption of alcohol and smoking of cannabis than did their Irish peers (Molcho et al., 2008).

That people from ethnic minority groups experience difficulty and barriers when accessing appropriate support services is difficult to deny. The consultation report for the National Intercultural Health Strategy (HSE, 2008) identified a range of barriers to the provision of services targeted to people from ethnic minorities which included; information and communications barriers, awareness barriers of staff providing health services, and participation barriers in the inclusion and involvement of minority ethnic service users and communities.

It could be said that many of the variables identified as impacting on service provision amongst ethnic minority groups are not exclusive to people from such communities. Indeed Finn (1994) warns against the implicit assumption that addiction and race, ethnicity, or other minority ethno cultural subgroup membership is linked, and more prevalent and/or more problematic in minorities. He warns that such thinking, though well intentioned, may inadvertently problematise the status of minorities. Moreover, he questions whether the need of these communities is pressing and cautions that the need may be much less than is often assumed. Ultimately Finn (1994) argues that perhaps the best approach to dealing with drug and alcohol within ethnic communities is to better fund these services more generally.

Profile of New Communities in Canal Communities area

The Canal Communities Report on Year 2014 for Drugs Programmes Unit report looks at the population of the local Canal Communities area and demonstrates a clear increase in population between 2006 and 2011, where there is a noticeable 90% increase in migrants coming from other EU countries (excluding Poland and the UK), as well as a 33% increase in Polish migrants and a 19% increase in those coming from the rest of the world (2014). As Romania and Bulgaria joined the EU in 2007, some of the increase in the category of 'other EU country' could possibly be attributed to this. The report attributes the increase in population to the availability of lower cost housing within the area.

A breakdown of the 2011 census figures for the area of Bluebell, Inchicore (Mary immaculate) and Inchicore (St. Michael's) and Rialto shows that the majority of non-Irish nationals are from outside of the EU (7%), Poland (5%), and from other EU countries (this category excludes the UK, Poland and Lithuania) (4%) (CSO, 2011).

Table 1

Population within Canal Communities Area						
	Bluebell	*Inchicore (Mary Immaculate)*	*Inchicore (St. Michael's)*	*Rialto*	*Total*	*Percentage of population*
Irish by Nationality	1906	2574	3548	2932	10960	80.32%
UK by Nationality	32	61	81	63	237	1.74%
Polish by Nationality	89	174	304	63	630	4.62%
Lithuanian by Nationality	22	22	41	14	99	0.73%
Other EU 27 by Nationality	65	99	245	189	598	4.38%
Rest of World by Nationality	82	127	397	281	887	6.50%
Not Stated by Nationality	61	33	97	54	245	1.80%
Total by Nationality	2257	3090	4713	3586	13646	

The Canal Communities Report on Year 2014 for Drugs Programmes Unit (2014) looks at the number of those presenting to drug and alcohol treatment services between 2011 and 2014 and shows that both regionally and nationally the numbers accessing drugs and alcohol treatment services dropped between 2011 and 2014 (percentage of the regional population

presenting dropped from 5.1% to 4.7%; percentage of the national population presenting dropped from 2.7% to 2.3%). The drop in numbers accessing drug and alcohol treatment services is not what would be expected in the region as the overall population increased. However the drop in numbers is in line with the drop in numbers accessing services nationally and the report asserts the cause to be the aging profile of those service users accessing treatment (2014).

The report also looks at Garda statistics for the broader Canal Communities area. While the report notes that the increased incidence of drug possession in 2014 was due to the increased competencies of the police, there is a steady increase in the percentage of those found to be possession of drugs in the years 2011-2014. This finding is not consistent with the decrease in numbers accessing drug treatment.

Table 2

Drug Possession			
Year	*Drug Searches (Person / Building)*	*Drug Possession*	*Percent of searches where possession was found*
2014	995	203	20.40%
2013	887	173	19.50%
2012	674/124	142	17.79%
2011	566/113	112	16.49%

Perspective of the Service Providers

The service providers we spoke to had previous experience working with clients from new communities. This experience came from their work in addiction treatment services in the main, while some of this experience was through other community development services such as women's groups. Retrospective narratives gathered from some local projects indicate that there was a clear sense of addiction issues amongst some members of the new communities during the Celtic Tiger era.

> *(mentioned a name) had a husband who got seriously addicted to drugs. He ended up in prison and was deported. (mentioned a name)'s husband probably started off trading drugs, but ended up taking them himself.*
>
> *(Local project 1)*

> *We had people from Nigeria, Somalia. There was a group who would hang around who were heroin users. It was a non-threatening service. We would ask people their name, get them used to us. Then we would push treatment. The doctors we had were very good.*
>
> *(Local project 2)*

> *We have people from all nationalities (sic) coming into our (mentions a locally run programme). Some of the Eastern Europeans have problems with alcohol.*
>
> *(Local project 1)*

There was general feelings that even though people from migrant communities in the area were involved in drug use/dealings and heavy alcohol drinking, only a few of them engaged with the services at that time. The views of some project workers within the Canal Communities was that some members of the new communities who engaged in drugs transactions lived elsewhere but bought and sold drugs in the local areas.

> *Those people weren't really accessing here, only a small minority were. The last group we had, there was about 5/6 of them, they rented a house on the corner, they would have been on crack/heroin/probably mostly drink.*
>
> *(Local project 2)*

According to some drug treatment projects interviewed, there was an indication that the members of the new communities who struggled with addiction were hesitant to avail of treatment/ support services available in the area. An example of the difficulties in engaging with services as perceived by some projects in the local area was reported in the following conversation:

> *Interviewer: It's interesting that when there were a lot of migrants, hardly any engaged with yourselves?*
>
> *R: Because of fear of deportation, fear of officialdom.*
>
> *Interviewer: Were these undocumented people?*
>
> *R: No I don't think so, they were going through the process of seeking asylum. They were scared to draw attention to themselves.*
>
> *(Local project 2)*
>
> *They were very suspicious. The African lads in Rialto, they kept to themselves. We noticed they would be drinking on street corners, I tried approaching them but they wouldn't engage with me at all.*
>
> *(Local project 4)*

However in most cases service users from new communities who the service providers had worked with in the past had now moved on and were no longer accessing the services.

> *We have no one from new communities on our programme at the moment.*
>
> *(Local project 2)*

Out of the five local projects interviewed, four strongly maintained that there was currently no need to have an outreach worker dedicated to the migrant communities within Canal Communities area as the need for it had overtime dwindled.

> *I think it would be under-utilised unless they covered the whole of Dublin. The numbers are not here in this area, unless they are very well-hidden. I don't think the numbers exist. If they were such issues I would hear it on the grapevine.*
>
> *(Local project 2)*

While the majority of the projects we interviewed made it clear that the post of a community development worker targeting the new communities in the area is no longer required, others went as far as suggesting that funding such a post was needless.

> *... is there money needed to have specific workers to target addiction issues within new communities? No I don't think so. ..., the (last) post worker suffered because the work wasn't there.*
>
> *(Local project 4)*

There was a strong sense that the lives of those from new communities were somewhat transient.

> *... but rent did go up in the area. Lots of people moved out of the area. The accommodation isn't great, a lot of people move on. ... Yes, a lot of people that we would have known moved away*
>
> *(Local project 1)*
>
> *There was migration from this area, to Blanchardstown*
>
> *(Local project 2)*
>
> *A lot of those we knew have drifted to the Northside.*
>
> *(Local project 4)*
>
> *I haven't noticed many Africans, they seem to have drifted away, there used to be a good few around the south inner city. There used to be a good number but they're not hanging around anymore. The Eastern Europeans have moved into the city or else down Tallaght way.*
>
> *(Local project 4)*

Some of the specific reasons for this were addressed and were as follows:

- People who had the wherewithal to do so wanted to move somewhere better
- People found more suitable accommodation elsewhere
- Some had left for reasons connected to their addiction i.e. they followed the availability of the drug on which they were dependent.

Currently there are no members of new communities presenting to the addiction services in the CCLDATF area, though there are still members presenting to other services located in the CCLDATF area such as childcare, summer projects, youth projects, women's groups and the VAW project.

Pattern of Drug and Alcohol use

When addiction treatment services were established in Ireland they were based around the treatment of heroin addiction. Local service providers describe how the use of heroin has since reached a plateau and nowadays it is less prevalent than other substances.

The pattern of consumption is often based on what is available. Crack cocaine, benzodiazepines, and polysubstance abuse (commonly where both opiates and crack cocaine are used) have all become more prevalent according to service providers.

> *Hash was here when I started- then the Africans seemed to have cannabis. Now people can get cannabis but not hash, and they will go looking for hash.*
>
> *(Local project 2)*

> *I haven't heard of any of them using heroin. In my experience African people don't like heroin.*
>
> *(Local project 4)*

The popularity of drugs which might traditionally be associated with recreational use has also increased, in particular cannabis and party drugs. In many instances users will develop an addiction to these drugs. Service providers have responded to these changes in the pattern of drug use by modifying their service offer. This has seen them setting up new groups targeting the specific addictions which they see in their community.

Service providers broadly describe a combination of cannabis, tablets and alcohol as being popular among young people. Alcohol abuse is seen as an issue among Eastern European communities and use of cannabis, often hash, is common among African communities.

> *The Polish were the most visible. They had a problem with alcohol dependency, and stimulants. Small pockets of Ukrainians and Russians. 2006-2011, it was all Eastern Europeans.*
>
> *(Local project 4)*

The pattern of drug use in the community related by local service providers is broadly akin to what is described in the Canal Communities Report on Year 2014 for Drugs Programmes Unit (2014). The report details a much higher incidence of Garda seizure of cannabis than any other drug in 2014, and a marked increase in seizure of cannabis between 2013 and 2014. A marked increase in the seizure of prescription drugs (mostly benzodiazepines) between 2013 and 2014 is also clear. The report refers to the downward trend in the use of heroin that has been related in interviews with service providers, but notes that the seizure of diamorphine (the generic name for heroin) in the area showed a sizable increase from 2013 to 2014.

The report points to the intent of the Task Force to investigate alcohol misuse in the area. The report also signals concern over poly-substance use, it describes use of benzodiazepines combined with alcohol, with methadone and with weed, as well as the use of cannabis combined with alcohol. Concern over the increased strength of the cannabis which is available nowadays is also indicated.

From the Perspective/Lens of Ethnic Minority- Led Organisations

Various studies reviewing substance use issues among immigrant communities or among ethnic minority groups tend to draw very similar conclusions despite originating in different countries, focusing on different 'non-native' groups and using very different research methods. It is important to note that ethnic minorities or new communities are not a homogeneous group of people.

In the current study, it was found that many organisations working for the migrant communities maintained that there are issues of alcohol misuse and drug addiction amongst the migrant population. They indicated that a city-wide resource campaign and worker was required to access these communities.

> *The number of migrants consuming alcohol and drugs in the last few months have become apparent.*

> *The high number of women that we engage with that have drug and alcohol problems is increasing. These people are not easily recognisable and their condition is usually confused with depression. There are lots of people in direct provision who have issues with substance use.*

While some organisations maintained that there are noticeable addiction issues within the migrant population, others reported that it is hidden for the most part.

> *I know many people from migrant backgrounds who have struggles with alcohol, and some of them are using crack cocaine and smoking weed in various rented accommodations. It is very difficult to get to know this people cos you won't see them on the streets falling when they're high.*

However, in relation to addressing the problems, many interviewed stated that training is required for the frontline staff to be equipped and up-skilled in order to be able to identify people presenting with addiction issues.

Identifying people with alcohol or drug problems who use our services can be difficult, especially when we haven't really received training in relation to that.

Others suggested that outreach worker targeted to the migrant communities will be required.

I think we need someone from the community more generally to go out into the community to seek and identify people affected by addictions. In that way, they can try to engage them and bring them forward to access services.

Common Barriers to Accessing Services

Language

The need for drug and alcohol services to provide materials in several languages that are accessible to people from various ethnic backgrounds was highlighted. As it were from the information gathered, the unavailability of information in the language of the targeted population makes it very difficult for people whom English is not their first language to be able to understand the content of the information provided.

> *When people are not able to understand the information provided, they are simply not in the position to act towards that information. Having leaflets in various languages will be useful in getting people to even look at it in the first place.*

Culture

It was noted from various organisations we spoke to that cultural competence and awareness was of great importance in getting people from new communities to access services. These organisations reported that some of the workers in various treatment services have very little awareness of the cultural differences in the culture of people they work with. These nuances in many cultural presentations need to be understood and managed appropriately. It was also suggested by many of the people we spoke with that having people from new communities in these roles would help in attracting people to engage with services.

> *Having culturally appropriate services and potentially more migrants in the roles would be a good first step into rebuilding the trust and reducing some of the fears and stigma around accessing services.*

For some others, it was noted that people from new communities would engage if they perceive the worker as being able to understand where they are coming from.

> *Talking to people who get it- where connections are made- people who lived through a shared cultural and social experience.*

Lack of Awareness/ Visibility of Support Services

There was a general understanding among migrant-led organisations that addiction services are not easily accessible for the migrant population due to a lack of awareness of the existence of these services. These agencies stated that they struggle to find services that are diverse are suited to meeting the needs of the migrant community.

> *In terms of referral, there isn't very many places where we think we can refer people dealing with alcohol issues. No referral place for drug and alcohol issues. I don't know any migrant specific service for drug and alcohol problems.*

Lack of Trust

One of the major difficulties reported in relation to accessing treatment services was the lack of trust with services. Although drugs and alcohol treatment services are fundamentally designed to operate with an ethos of support and care with a non-threatening approach, prospective service users, including members of the ethnic minority groups tend to be apprehensive about how much they can trust the services (Appleby, 2008). Discussions with some ethnic-minority led organisations highlight that some migrants struggle to differentiate between local services in the community and statutory authorities. One interviewee clearly articulated the challenge in these words:

> *There is a real suspicion around it, they are worried about authorities.*

Many stories were told of incidents where migrants have been judged and mistreated by authorities. This has generated a situation where many people from migrant communities are suspicious and therefore are hesitant in engaging with services.

> *Fear of kids being taking away and status being affected deter people from accessing service or accepting to be referred to places where they would get support. There was a situation where a young boy was taken away from family that the father was touching the boy inappropriately. It was later known that the boy had been circumcised and the father was checking the boy to observe the healing process. This case shocked people from ethnic minorities and affected their trust with social services.*

The need to have a representation of migrants in these services was equally voiced out by many migrant led organisations we interviewed.

> *Having cultural appropriate services and potentially more migrant in the roles would be a good first step into rebuilding the trust and reducing some of the fears and stigma around accessing services.*

It was also noted that this representation would help in rebuilding trust.

> *Once trust is built, there is more of a scope, there is more likelihood that trust is built and people are accessing services. From there, there is the trust of the organisations and people will continue to access services whether or not the person they are dealing with directly is a migrant or not.*

Generational Differences

Many previous studies (for instance, Szczepura, A. 2005; Foreman, M., & Hawthorne, H., 2007; Bojarczuk, S. Et. al., 2015) that looked at the access to services for ethnic minorities failed to differentiate between the first and second generation migrants. It was apparent in the current study that migrants born in the host country tend to integrate more and to identify more readily with the host population. They tend to experience reduced difficulty in navigating around the systems more easily when compared to the first generations. This tendency creates a platform which offers them the ability to seek out for information and support when needed. It was also noted that the second generation migrants may not have the same level of difficulties with trusting the authorities as the first generation.

> *Second generation have more information, integrate better, more direct access to Irish community , went to school here, networks involve more Irish people. Your confidence around accessing different things is greater than those of the first generation. There is a difference. They would attend services more frequently as they are better integrated in the community. Second generation feel more integrated and are more likely to access services because they feel part of the community and have no issues with trust unlike the first generation migrants.*

Meeting the Needs

Given that ethnic minority groups are a representation of people from different cultures and countries, it is always going to be challenging to meet the needs of these people when they are viewed as a homogenous group. One of the suggested ways forward is to provide drug awareness information and training for the new communities. This can be done through consultation with the communities involved, and engaging with them in the process of policy and planning initiatives to provide addiction services to ethnic minority groups. According to Sheikh's 2001 study (cited in Corr 2004), drug awareness training carried out with new communities should provide capacity building benefits so that communities can recruit, train and support members from the community to address the drugs issue in their own communities.

The families of people dealing with addiction are also affected by addiction in many untold ways. However, this family grouping are often missed when intervention and support is provided for people dealing with addiction.

> *There should be support service for families of people affected by addiction*

Accessing Alternative Support Provision

Given the notion that people from ethnic minorities struggle to have trust with authorities, and are reluctant to seek out support services through mainstream services provision, many have reportedly sought support via alternative means. It is important to note that this practice was typically reported of migrants from African origin. However, concerns were raised as to the suitability of some of the service providers, as many of them may not be trained or skilled to deal with some of serious issues that present alongside addiction.

> *People seek for support in migrant-led churches. Typically, African cultural practices mean that people go to churches for support. There is a growing concern over church provision of mental health issues where religious leaders may not be skilled to deal with such issues.*

Recommendations

1. While there are a substantial number of people from ethnic minorities residing in the CCLDATF area based on the 2011 census data, interviews with local organisations suggest that for a variety of reasons, no members of the ethnic minority population are currently accessing drug and alcohol services in the area. Therefore a substantive argument for a culturally specific worker to address drug and alcohol needs within the task force area cannot be supported at this time.
    a. **It is recommended that a culturally specific worker to address drug and alcohol needs within the task force area cannot be substantiated at the present time.**

2. Those working with (non-drug and alcohol) community organisations indicated that there are people from ethnic minorities accessing their services. These organisations can play a key role in addressing issues faced by ethnic minority families dealing with addiction issues and make connections for them with specialist addiction services.
    a. **It is recommended that the CCLDATF develop a strategy to support and build on the current engagement of ethnic minority communities. This strategy should include actions at both the local drugs and alcohol services level and at a Task Force level.**
    b. **It is recommended that the 2016 census data is analysed and updated to track the population of ethnic minorities living in the CCLDATF area and to seek to ascertain the age profile of that population to inform future Task Force plans.**

3. This study identified that little training for frontline staff with regard to intercultural issues had been available. Front line staff within local drug and alcohol services expressed confidence that through experience, they had the required competencies to support and assist members of newly arrived populations should the need arise. However they felt that intercultural training should be routinely available.
    a. **It is recommended that the Task Force identify and resource appropriate training around intercultural/ addiction issues for frontline staff.**

4. Whilst there is little evidence to support the employment of a culturally specific worker to address drug and alcohol needs within the CCLDATF area, it is clear that given the transient nature of the population concerned and the hidden nature of drug and alcohol abuse within this community such a resource is needed at a city wide level to ensure equal access to service provision.
    a. **It is recommended that the employment of a city-wide worker to support ethnic minority led organisations to address substance misuse within their client group and link them back to appropriate local projects be advocated for at a national level.**

5. This report indicates that links should be developed with local and national organisations that are ethnic minority led to generate greater awareness about drug and alcohol issues and that specific training around drug and alcohol issues should be made available to those organisations.
    a. It is recommended that training to generate greater awareness about drug and alcohol issues be made available to local and national organisations that are ethnic minority led.
    b. It is recommended that a clear referral pathway from organisations working with ethnic minority communities to local drug and alcohol services should be established. The confidential nature of such a pathway is vital.

Bibliography

Adrian, M. (2002). 'A critical perspective on cross-cultural contexts for addiction and multiculturalism: Their meanings and implications in the substance use field', *Substance use & misuse*, 37, pp. 853–900.

Appleby, L. (2008). Services for ethnic minorities: A question of trust. *Psychiatric Bulletin*, 32, pp. 401-402.

Bojarczuk, S., Marchelewska, E., & Prontera, M. (2015). Ethnic Minorities and Mental Health in Ireland. Available at: http://cairde.ie/wp-content/uploads/2009/08/CAIR_001_Document_P7.pdf (Accessed: 15 June 2016).

Canal Communities Report on Year 2014 for Drugs Programmes Unit (2015). Available at: http://health.gov.ie/wp-content/uploads/2016/03/Canal-Communities-LDATF-Annual-Report-2014.pdf (Accessed: 15 June 2016)

Carta, M. G., Bernal, M., Hardoy, M. C., & Haro-Abad, J. M (2005). Report on Mental Health in Europe working group. Migration and mental health in Europe (the state of the mental health in Europe working group: appendix 1). *Clinical Practice and Epidemiology in Mental Health*, 1, pp. 13-29.

Central Statistics Office, (2011). This is Ireland (Part 1). (Accessed: 4 July 2016).

Corr, C. (2004). Drug use among new communities in Ireland: an exploratory study. Dublin: Merchants Quay Ireland. Available at: http://www.drugs.ie/resourcesfiles/research/2004/MQINewComtsReport2.pdf (Accessed: 10 June 2016).

Finn, P. *(*1994*).* Addressing the Needs of Cultural Minorities in Drug Treatment, *Journal of Substance Abuse Treatment*, 11(4), pp.325-337.

Foreman, M., & Hawthorne, H. (2007). Learning from the Experiences of Ethnic Minorities Accessing HIV Services in Ireland. *British Journal of Social Work.37*, pp.1153-1172.

Goodman, E. (2002). Socioeconomic Status, Depressive Symptoms, and Adolescent Substance Use *Arch Pediatr Adolesc Med*, 156(5), pp.448-453.

Health Research Board. (2010). Drugnet. Available at: http://www.hrb.ie/uploads/tx_hrbpublications/Drugnet_34_-published.pdf (Accessed: 10 June 2016).

HSE, National Intercultural Health Strategy (2008). Available at: http://www.hse.ie/eng/services/publications/SocialInclusion/National_Intercultural_Health_Strategy_2007_-_2012.pdf (Accessed: 10 June 2016).

Kelly, et al., (2009) Substance Use in New Communities: A Way Forward. Available at: http://www.nuigalway.ie/hbsc/documents/wrdtf__newcommunitiesupload.pdf (Accessed: June 2016).

Migrant Right Centre Ireland. (2008). Tools for Social Change, A Resource Guide for Community Work with Migrant Workers and their Families in Ireland. Available at: http://mrci.ie/wp-content/uploads/2012/10/ToolsForSocialChange1.pdf (Accessed: 10 June 2016).

Molcho, M., Kelly, C. Gavin, A., & Nic Gabhainn, S. (2008). Inequalities in Health among School-aged Children in Ireland. Dublin: Department of Health and Children.

National Treatment Agency for Substance Misuse, UK. (2003). Prescribing services for drug misuse. London: National Treatment Agency. 8 p

Szczepura, A. (2005). *Access to health care for ethnic minority populations*. BMJ Group. Available at: http://dx.doi.org/10.1136/pgmj.2004.026237. (Accessed: 10 June 2016).

Vega, W.A., Zimmerman, R.S., Warheit, G.J., Apospori, E. and Gil, A.G. (1993). 'Risk factors for early adolescent drug use in four ethnic and racial groups', 83(2).

Wells, K.B., Sherbourne, C.D., Sturm, R., Young, A.S. and Burnam, A.M. (2002). 'Alcohol, drug abuse, and mental health care for uninsured and insured adults', *Health Services Research* 37(4).

APPENDIX: A

List of Groups/ Organisations consulted/ met with

Projects within Canal Communities Local Drugs and Alcohol Task Force area

a. Canal Communities Against Racism (CCAR)
b. Rialto Community Drug Team
c. Inchicore/Bluebell Community Addiction Team
d. Canal Communities Regional Addiction Services
e. St. Michael's Family Resource Centre
f. The Inchicore Outreach Centre
g. *Rialto Community Network- (declined to participate)

Organisations representing members of New Communities

a. European Network Against Racism (ENAR) Ireland
b. Migrant Rights Centre Ireland (MRCI)
c. Irish Refugee Council (IRC)
d. AkiDWa
e. Africa Centre
f. Cairde
g. Voice of New Communities Drug & Alcohol Network
h. Sex Workers Alliance Ireland
i. Community Worker & Pastor
j. * New Communities Partnership- (declined to participate)

Other Organisation consulted

- Chrysalis Drug Treatment Service