Addiction Prevention within **Roma** and **Sinti** Communities

Why it matters

Srap

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- Monica Brandoli, Massimo Zucchini, Patrizia Marani, Giuliana Mazzocca (City of Bologna, IT)
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- Iskra Stoykova, Radostina Antonova, Boyan Vasilev (Health and Social Development Foundation HESED, BG)
- Zlatko Mladenov, Evelina Doseva (Roma Public Centre Kupate, BG)
- Mathilde Archambault, Olivier Peyroux, Morgane Siri, Séverine Canale, Martina Andreeva, Julian Varga (Hors la Rue Association, FR)
- Tea Sulič, Metod Pavselj, Marjeta Gašperšič, Darja Brezovar, Gregor Sepaher (Development and Education Centre Novo Mesto, SL)
- Nuria Rodríguez Derecho, Coro González Garrido, Katia García Guadalupe, Fernando García García, Domingo Guzmán García Pérez, Alfonso Goiriz, Begoña Pernas Riaño, Carlos Ancona Valdéz, Óscar Franco Alonso (Fundación Secretariado Gitano, ES)
- Silvia Celani (Parada Foundation, RO)
- Eva Nemčovská, Martin Rusnák, Luboš Bošák (Department of Public Health, Faculty of Health Care and Social Work, Trnava University, SK)

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Contents

Introduction

This booklet is the final outcome of the European project SRAP - Addiction Prevention within Roma and Sinti Communities, which was co-financed by the European Commission through the Public Health programme 2008-2013.
It is aimed at local authorities, NGOs and all organisations and professionals who are involved in the definition of policies and in the design and implementation of actions to improve the health and inclusion of Roma people in Europe.

The overall objective of the SRAP project is to prevent and reduce addiction to illegal/legal drugs among young Roma people. It targets Roma boys and girls aged 11 to 25 years old: children and teenagers who are at risk of experimenting with drugs for the first time (who can be as young as 10-11 years old), and teenagers and young people who might have already used drugs or other substances. The other main target of the project are healthcare workers.

The specific objectives of the SRAP project are:

- To improve and exchange in Europe the body of knowledge on the behaviour and practices of young Roma regarding the use of drugs, and on the determinants that affect drug use, by way of a research action conducted in all the partners countries.
- To strengthen the prevention skills of young Roma and to improve the intercultural health approach of healthcare workers.
- To raise awareness in the public health sector and civil society on the specific needs of young Roma.
- To promote the inclusion of the needs of Roma people in health and prevention policies and interventions.
- To ensure that these needs are included in the research agenda.
- To adopt evidence-based approaches in mainstream policy making.

SRAP investigated the processes through which young Roma use drugs in six partner countries: Bulgaria, France, Italy, Romania, Slovenia, and Spain. On the basis of the results of this action-research, SRAP developed, adapted and tested a prevention methodology that integrates the inter-cultural health approach and life skills education.

We use the term 'Roma' for sake of brevity; however SRAP recognises the great diversity within the different Romani communities in Europe (Roma, Sinti, Travellers, Kalè, Gypsies, Manouches, etc). The project considered the whole community of 'Roma' with no distinction of language, culture, history, religion, or education. SRAP also took into account the lack of a clear, unequivocal, common definition of Roma people in Europe.

Promoted by the City of Bologna (Italy), the SRAP project mobilised a broad partnership that promoted a multidisciplinary approach bringing together diverse experiences, skills and abilities:

- Società Dolce – Bologna (Italy)
- City of Venice (Italy)
- European Forum for Urban Security, Efus
- Fundación Secretariado Gitano – Madrid (Spain)
- Hors la Rue – Paris (France)
- Health and Social Development Foundation, HESED – Sofia (Bulgaria)
- Roma public centre Kupate – Sofia (Bulgaria)
- Fundatia Parada – Bucarest (Romania)
- Development and Education Centre Novo Mesto – Novo Mesto (Slovenia)
- Department of Public Health, Faculty of Health Care and Social Work, Trnava University - Trnava (Slovakia)

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Addiction in Roma communities:

What we know and why it matters.

The total Roma population living in Europe is estimated at between 4 and 8 million[1]. There is no precise, official statistic of the Roma population living in Europe. There is no official data per country either. Often, Roma people are not officially accounted for in the national census. Furthermore, not all member states consider them to be distinct ethnic minorities, and Roma themselves are often opposed to data collection because they consider it to be discriminatory. This is also often the case among health professionals, who oppose "ethnic" surveys.

The living and housing conditions of Roma people are worse than those of the rest of the population. They face urban segregation, lack of access to good sanitation, poor quality housing, overcrowding, low employment and education rates. Such poor living conditions affect the health of Roma people: they are at high risk of developing health problems, and also of being victim of fire and domestic accidents. Indeed, their life expectancy is 8-15 years shorter than the average population.

Discrimination against Roma increases the existing inequalities. The result is that Roma people are barred from enjoying the right to good health. Indeed, they often have no health insurance. Also, most of them do not have the necessary administrative documents to access healthcare and prevention services and addiction treatment. In some cases, access to healthcare is made difficult by the fact that a majority of Roma people live in segregated communities where public services are restricted.

It is even more difficult to quantify the extent of addiction among Roma compared to the general population in Europe, as there is no European-wide research available and only limited national research.

In general, public opinion is alerted only by the criminal aspects of the phenomenon, whereas the actual obstacles to the prevention and treatment of drug addiction are ignored: the approach to

1. http://hub.coe.int/web/coe-portal/roma

Roma and drugs is essentially based on security and/or law enforcement rather than health.
In all European countries, the legislation on the consumption, sale and production of drugs is intrinsically universal and non-selective; it does not take minorities or nationalities into consideration. Roma people have to comply with the same regulations as the rest of the population on the use of legal and illegal substances, regardless of their ethnicity.
In all the countries that participated in the SRAP project, the legislation makes a distinction between substances that are legally produced and sold, and those that are not. Moreover, it also regulates the consumption of legal substances, e.g. drinking and driving, consumption in public spaces, prohibition to sell tobacco to minors, or mandatory medical prescription for psychotropic medications or other drugs that have a "doping" effect.

Since health is a barometer of social inequalities, it is widely accepted that minority groups and young people living in conditions of vulnerability and exclusion experience higher risk of drug use, and are generally in poorer health than the average population.

Not all young Roma who experiment with drugs become addicts, but they are at higher risk of becoming heavy and dependent users. However, caution is required in this matter in order to avoid stigmatisation and prejudice.
We are well aware that "considering immigrants and ethnic groups in connection with vulnerability factors when planning selective prevention interventions should be undertaken with caution. Ethnicity by itself is not a vulnerability factor for substance abuse. However, in practice, ethnicity can be a useful construct for risk assessment, because vulnerability factors such as low academic and/or socio-economic status, social exclusion, impaired communication capacity and differing social norms and skills, as well as rela-

tively low involvement in community affairs, often accumulate within some ethnic groups. Nevertheless, it is acknowledged that the relationship of drug problems with ethnicity is in reality somewhat complex and strongly influenced by socio-economic status (Wallace, 1999) and identity conflicts."[2]

The few studies on health and addiction problems among Roma - Europe's largest minority- reveal alarming health disparities and differences in the levels and incidence of substance consumption. Research conducted on drug consumption in Roma groups in Ireland (EMCCDA, 2008), Hungary (Gerevich, Bacskai, Czobor, & Szabo, 2010), Bulgaria (EMCCDA, 2009), Finland, Spain, and Portugal (EMCCDA, 2002) show worrying tendencies such as very early initiation to tobacco and alcohol, higher lifetime prevalence for all types of drugs, stigma and concealment of consumption. The research led by the Fundación Secretariado Gitano on the health of Roma indicates that in a high percentage of households, at least one member has an alcohol and/or drug problem. This is particularly true in Bulgaria, Greece and the Czech Republic, with an average of 11.4 % of households in all contexts[3]. These families tend to be larger than the ones in which there are no drug consumers.

The aforementioned research concludes that urgent efforts are needed to improve access and fruition of health care among Roma. At European level, it is already acknowledged that one of the characteristics of the situation of segregation in which Roma groups live is the fact that they have little access to national welfare services.

One of the most negative consequences of the low access of Roma to services related to drug consumption is that there is little knowledge about the relation between Roma and drugs. In

2. http://www.emcdda.europa.eu/html.cfm/index9854EN.html

3. *Actuar con la comunidad gitana - Orientaciones para la intervención en drogodependencias a partir de los servicios asistenciales.* Arbex, Carmen, Madrid: Asociación Secretariado General Gitano. 1996.
Hacia la equidad en salud. Disminuir las desigualdades en una generación en la comunidad gitana. Estudio comparativo de las Encuestas Nacionales de Salud en la población gitana y en la población general de España. Daniel La Parra Casado. Madrid: Ministerio de Sanidad y Política Social. Fundación Secretariado Gitano. 2006.

all partner countries there is clear evidence of consumption of drugs, tobacco, alcohol and illicit drugs amongst Roma groups. But knowledge is scarce on the extent of drug use, the profile of consumers, the relations with illegal markets, the extent of risk and correlated pathologies. The lack of information makes it difficult to apply strong and efficient social and health policy programmes.
Drug addiction is a phenomenon that affects society as a whole, but it has a deeper effect on these communities because of their social exclusion, marginalisation and poverty. It also affects the areas and cities where Roma live, causing social prejudice, integration difficulties and social insecurity, which in turn cause a drain on health and social services.

Indeed, Roma communities in Europe have specific and common socio-cultural characteristics, some of which may be correlated to drug abuse[3]. These characteristics may induce a particular perception, assimilation and behaviour in relation to drug use. In this sense, there is a set of risk factors that we can consider to be specific to this population and common to our countries. This justifies the development of Europe-wide actions (we are however well aware that "vulnerability" does not mean "to be in need of drug treatment"[4]).

The action research implemented by the SRAP project aimed to shed light on drug use and addiction in Roma communities in six partner countries (Bulgaria, France, Italy, Romania, Slovenia and Spain), taking into consideration distinct groups of Roma, some of which live in segregated areas.
The research targeted youths aged 11-25 years. Various research instruments were used in order to identify a series of psychological, social and cultural processes that explain drug use in this age bracket.

4. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). *Selective prevention: First overview on the European situation.* Lisbon: EMCDDA, 2003

- In its core dynamics, consumption by Roma youths does not differ much from that of their counterparts in the general population. Yet poverty, segregation, low access to education, employment and health services mean that they are at higher risk.

- We also explored the cultural values that influence the perception of drugs and addiction in the Roma communities we observed. One important observation is that such beliefs and values are not always purely "ethnic" (limited to Roma culture), but stem from interactions with non-Roma peers at school, or are inspired by the media. However, in some communities that have few contacts with the outside world, the issue of drugs is taboo and young people talk about it as if it does not concern them nor their community.

- Deep gender differences seem to characterise young Roma's experience of the social sphere.

- The rhetoric about drugs in Roma communities is inspired by sexual and financial inequalities and by age ; it also conveys implicit references to belonging to a group, and to "outgroups". At the same time, as abundantly documented by qualitative research among youths, young people have mixed feelings about drugs, which they see as both positive and negative. This means that as some of the project participants noted, prevention programmes should not only address the negative consequences of drugs, but also positive perceptions, which can be an important factor in the outset and initiation. Prevention programmes should offer young people alternative ways to have positive experiences and interactions with peer groups through healthy activities.

- Family obviously has a deep influence on young people's lives. In the case of young Roma, relationships, communica-

tion and parental control strategies seldom create a climate of mutual understanding and help.

- The research observed the dynamics of drug use in acquired families, between husband and wife and more generally in young couples. While the wife can pressure the husband to quit, when both husband and wife consume, consumption remains solitary or carried out in groups of the same sex.

- The role of the peer group in the processes linked to drug consumption remains crucial for young Roma, as for adolescents in general, an indication that supports the idea of developing peer education prevention programmes.

- One of the worrying trends identified in the patterns of consumption of Roma adolescents is the early onset of tobacco consumption (11-12 years old), exposure to consumption of alcohol by adults (either binge drinking or alcoholism), the underestimation of the consequences of the use of many drugs (starting with cannabis, which is widely used and considered to be harmless, but also cocaine and amphetamines), and the use of heroin by injection in specific contexts.

- Recreational drug use and binge drinking at the weekends was a pattern that brought Roma youth closer to the general youth drug culture, and in some cases, the use of drugs meant being included in *gadji* groups.

These results on the patterns of consumption by Roma youths support the idea of interventions specifically designed for these communities and aimed at increasing awareness, facilitating access and eliminating barriers to health and social services. Our research also indicates the need to use specific instruments to "hook" young Roma and put them in contact with services (outreach teams,

mediation). However, our research on the widespread consumption patterns in the communities was limited to the observation of tobacco, alchohol and cannabis. For other drugs, there is a high variability between different contexts and within those contexts, both in the availability of substances, and in the contexts and the intensity of consumption.

2

Prevention in Roma and Sinti Communities

2.1 The SRAP methodology

The SRAP methodology is a research and evidence-based intervention methodology for addiction prevention that includes:

- primary and secondary addiction prevention among Roma and Sinti youths,

- capacity building to improve the intercultural responses of the health services and to reduce the barriers that limit the access of Roma community in Europe to health and addiction services.

One of the core beliefs of the SRAP project is the necessity to increase the participation of Roma people, especially the young, in the research and intervention processes. The SRAP approach on research was focused on producing knowledge in a framework that links research to intervention: the action research perspective underlines the need to collect data in a practice-oriented manner and to actively involve all the target groups in this process. In this sense, it was necessary to involve all the different actors not only in carrying out the research, but also in formulating its aims and main topics.
The same integrated and participatory approach was applied to the whole SRAP methodology.

The methods chosen for prevention **are motivational interviewing and life skills education**. Both are considered to be the most effective for drug prevention and treatment. For the SRAP project, these methods were tested and adapted specifically to Roma and Sinti communities.
Life skills are the abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. Life skills education is designed to facilitate the appropriate practice and reinforcement of psychosocial

skills, on a cultural and developmental level. It contributes to personal and social development, the projection of human rights, and the prevention of health and social problems.

The purpose of life skills education is to reinforce existing:

- Knowledge
- Positive attitudes and values
- Pro-social and healthy skills and behaviour

and to prevent or reduce:

- Myths and misinformation
- Negative attitudes
- Risky behaviours

Life skills education is a holistic approach for the development of values, skills and knowledge, which helps young people to protect themselves and others in a range of risk situations. ***Life skills*** education needs to provide the opportunity to practice and reinforce psychosocial skills.
According to research dating back to the 1960s, people tend to believe what they hear themselves say. However, in order for them to "hear", they first have to "say". Getting people to open up and "talk" is a difficulty often encountered in consulting and therapy. The **motivational interviewing** approach assumes that motivation is fluid and can be influenced. It is focused and goal oriented, helping resolve ambivalence by increasing the discrepancy between current behaviours and desired goals, while minimising resistance. Motivational interviewing is a directive, client-centred counselling method for eliciting behavioural change by helping clients to explore and resolve ambivalence. The goal of motivational interviewing is to get individuals to resolve their ambivalence about changing their behaviour, without evoking resistance to change.

In order to reduce the barriers that limit the access of Roma com-

munities in Europe to health and addiction services - and thus to reduce the inequalities in health that they suffer – SRAP developed a training methodology and tools for healthcare and social workers. The training programme provides health professionals who work with the Roma community with practical information on the specifics of their culture, in particular their relationship to health and drugs. It also provides professionals with tools to improve their skills in working with the Roma community and its youth.

The training methodology can be applied in different settings, as it has been tested and adapted to different healthcare and welfare systems and social services in Europe. The content and duration of the training programme are adapted to the requirements of professionals, and improve their skills.

The main tool for applying the methodology is the handbook *Health, Prevention of Addictions and Roma Youth in Europe* that can be used in different settings. It provides a theoretical framework to the practice of health professionals with Roma communities. The methodology is based on a dialectic proposal that is based on the knowledge, understanding and practice of health professionals with Roma communities (mainly the young) and their health and drug usage. The handbook includes an analysis of Roma's social reality, their culture and their relationship with health and drugs, along with proposals to improve social care practices in order to facilitate their access to health care.

The complete proposal consists of two integrated parts: the *Handbook for Practice*, which contains the basic contents, and *Actions for Practice*, which presents a didactic proposal in order to work on the contents with health professionals, in group.

The structure of the handbook is based on the proposed methodology:

- **Part one:** "What we know", "What is said" and "Health practices" with Roma, based on existing studies and how these ideas affect health systems.

- **Part two:** Data available on the social reality of the Roma community in Europe, key cultural elements, as well as some fundamental ideas in relation to health and drugs.

- **Part three:** "Return to Practice": practical and theoretical tools to integrate the sociocultural situation of the Roma community in the health systems, in the professional practice and in the design of programmes for the prevention of drug addiction among Roma youths.

The handbook, the manual for the prevention and all the materials used in the SRAP methodology are available on the website of the project: http://srap-project.eu/

2.2 Recommendations for the dissemination of the SRAP methodology

- According to the selective prevention approach, intervention has to be specifically tailored to the needs of the target group and has to take into account the life context of the person, with its risks and opportunities. Depending on the country where they live, Roma people experience specific, contextual risks and opportunities that can lead to drug consumption.

- The intervention should be preceded by qualitative research about the specifics of the target groups and the existing behavioural patterns of Alcohol, Tobacco, and Other Drugs (ATOD) consumption.

- It is important to explore how the essential elements and basic concepts of the motivational interviewing spirit can be understood and applicable to the Roma/Sinti community (e.g. how Roma/Sinti/street children understand "the change" and "the support" in their daily life).

- It is important to focus on recognising risk factors that affect target groups, as well as unwanted changes in behaviour, in order to strengthen their resilience and ability to cope with pressures and challenges. Forming and strengthening social competences and life skills are also important.

- The analytical and self-exploring exercises of the original *Life Skills Training* (LST) manual of the Pompidou Group require that participants have a certain level of education; they are difficult for people who are less educated or illiterate. The ma-

nual was mainly designed for children who go to school, and it is adapted to school structure and schedules. Thus, it is impossible to reproduce exactly all the suggestions it contains; they must be simplified and adapted to the characteristic of our public.

- Individual and group activities that evoke creativity (drama techniques, making collages, etc.) and competitiveness, use visual stimulus and are physically dynamic should be included. The methodology has to be implemented through games, role plays, simulation of situations, and the use of pictures and photos.

- It is important to build a multi-ethnic and multi-professional team in order to gain the trust of the community and identify and motivate participants.

- Group facilitators should have a background in prevention programmes and group work facilitation. Furthermore, they need specific training in drama methods and ongoing professional supervision. The methodology must be implemented by multi-skilled staff: not only trainers, but also psychologists and social care workers, in order to overcome the psychological barriers to innovation, to develop communication skills, and to establish positive relations with colleagues and children.

- The whole family should be involved in this process. This approach is very relevant if the adults of the community (siblings, extended families and others) are also integrated in the programme through other activities. If drug habits are discussed with children, they should also be discussed with all community members, using various tools.

- The involvement of health authorities is crucial for the success of the methodology, not only at the stage of implementation of the training but prior to that, in all aspects of planning.

- The participation of Roma and Sinti and of local stakeholders at all stages of the development and testing of the SRAP project was crucial. We therefore recommend that prevention and training programmes are designed, planned and executed with stakeholders and that all information and knowledge are exchanged among all stakeholders.

- It is important to have an interdisciplinary approach, in terms of staff training and content, and to ensure the participation of health and social workers from different services. This will increase the effectiveness of the action and foster cooperation among services.

- Training programmes should be integrated in lifelong learning programmes or vocational training for health and social workers so as to foster their participation.

- A practical approach to training should be favoured, together with a participatory approach that fosters the involvement of participants and exchange with health and social services decision makers.

- Training should be a combination of lectures, group work and case studies.

- In order to reach long term and sustainable results, prevention programmes should be based on the specificities of the locality and draw from contextual resources such as the services system, the family, the community and youth groups.

- The objective of awareness and mediation campaigns should be to increase the knowledge of services specialised in health and addiction, while the design of interventions to improve the health of Roma people should be based on outreach work and mediation.

- It is important to know the socio-cultural characteristics of the Roma community, especially those that affect health positively or negatively:
  - Mutual support between relatives, respect and care for the elderly, the importance of mourning.
  - Gender-related issues: the role of women as caregivers and the fact that they tend to forget about their own health; men can reject weakness and health care.

- Possible referents should be identified in families. The cultural perspective of Roma is family interdependence, hence authority figures such as parents, grandparents and uncles should be involved in treatment or therapy.

- When doing group interventions with families, it is best to work with specific subgroups of parents, because the roles and separation of the sexes can be very pronounced in Roma families. If all members of the family are together, communication and spontaneity can be blocked.

- It is important to set clear and firm limits that can be used by prevention care centres. It is necessary to involve the Roma families in order to ensure their compliance. Indeed, it is sometimes difficult for them to respect such limits, because they usually have few rules and boundaries within the family unit. This requires significant pedagogical work and the need to establish agreements.

- Heterogeneity. The Roma population is very diverse: different levels of resources, people from different countries, etc. This means it is necessary to focus on the individual and to understand and take into account the specific context and circumstances of that individual (family status, resources, level of integration, etc).

- It is important to engage women. In prevention work, regarding the treatment of diseases, and in addictions, it is essential to work with Roma women and mothers and to use their entrepreneurial capacity.

- It is recommended that female health professionals receive Roma women and that they use a language (verbal and non-verbal) that facilitates communication.

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