

## **Ask: „what do you need?“ instead of: „what do they need?“**

*Notes from workshop „Engaging with minority ethnic communities: the application of the Centre for Ethnicity and Health Community Engagement Model“, Conference of Community Cooperation, Brno, Czech Republic, April 21-22, 2008*

Until recently, drug-related risk behavior within minority ethnic groups in Czech Republic was a taboo issue in official conversations and documents. Probably a fear of being labelled a 'racist' or 'xenophobe' has meant that service providers anxiously avoided identifying problems in a specific ethnic group and announced that they do not differentiate between people of different ethnic groups, and approach everyone in the same manner. However, as one of the key researchers in this field, Jane Fountain from University of Central Lancashire, states: „*Although there are indications that drug-using patterns amongst many Black and minority ethnic communities are not substantially different from those of socially-excluded white populations, it does not follow that existing drug services meet their needs. Service responses may have to be different in order that the barriers to drug service access - especially cultural and language barriers - can begin to be overcome*“ (Fountain, 2007). The lack of sensitivity to the different needs of Black and minority ethnic groups can quite naturally mean that they would not access these services. This was confirmed by the research studies throughout Europe which shows that people from minority ethnic populations are under-represented as drug service clients (Fountain, 2002). Linguistic and cultural diversity, the stigma attached to drug users and their families and a distrust of services provided by the majority population are some of the reasons for the different needs of these groups.

Jane Fountain has attended the annual *Conference of Community Cooperation in the drug field* organised by NGO Podané ruce in Brno, Czech Republic, for the second time. This year she arrived with her colleague, Imran Aziz Mirza who operates as a project support worker at the university. In their presentation, Imran Mirza described the Community Engagement Model developed by Centre for Ethnicity and Health at University of Central Lancashire, then Jane Fountain presented the results of drug service needs assessments that were conducted using the model.

The presentation was followed by a workshop which was aimed at answering the question: what are the possibilities for application of the model in Czech Republic and which steps should be taken first? The discussion was concerned especially with the Roma minority which is repeatedly being mentioned in connection with drug-related risk behavior in the media and whose size is estimated to be around 200-300,000 (*Government of Czech Republic, 2008*). Besides Jane Fountain and Imran Mirza, representatives of drug services, NGOs working with ethnic minorities and government institutions participated in the discussion. The experience and opinions of the participants varied on some issues, but there were many agreements in others. To offer an overview of the topic, we asked three participants to formulate their answers on the main question of the workshop. Here are their views:

### ***Svatava Zajdaková, Outreach program, Sdružení Podané ruce, o. s., Brno***

*„We are meeting Roma people in large amount within the outreach social work with problem drug users (they build more than 50% of the whole amount of clients in the program). The reason is that Romas are more visible in the open scene, in the surroundings of their socially excluded communities, so we can more easily access them. These Romas I think the correct term is ‚The Roma‘ not ‚Romas‘ abuse mainly opiates (heroin, Subutex, methadone). The combination with benzodiazepines or opioid analgesics (which are often*

*used for coping with withdrawal symptoms and for achieving abstinence from opiates) is common.*

*From our experience with Romas, we see as important to work in their natural surroundings. In these conditions we are those who enter their neighbourhood and who is supposed to adopt. In the other drug services they are those who enter alien surroundings and are forced to conform to setting of the service, the norms of which are developed by majority population for majority population. This can result in the fact that Romas only very rarely (if ever) enter the abstinence-orientated services (therapeutic community, aftercare centers). The same situation is in the detoxification programs in psychiatric clinics and in hospitals. They rather supply themselves with the sedatives to cope with the opiate withdrawal syndrome or they enter the methadone or Subutex programs. In this sense, drug services which would address Roma's needs more specifically are missing. The Centre for Ethnicity and Health's Community Engagement Model would be an effective tool for dealing with this issue.*

*Concerning the other minority ethnic groups, we also work with Russian-speaking clients in the outreach program. These groups are very heterogenous. The basic barrier is the language, very often we do not understand each other. Communication is then restricted down to the level of pure contact work (especially needle exchange). This group could also benefit from the process described by the Community Engagement Model.*

*There is a similar situation within the Vietnamese clients who are even more closed for accessing them from outside. I think that the model would be of worth here the most.*

### ***Markéta Klečková, Outreach work, IQ Roma Servis, Brno***

*„The Community Engagement Model may fill up a significant gap in social services that are currently provided in Czech Republic. I meet more and more Roma drug users in the community with very low age – we know cases of solvent sniffing in the age of 8-10 years. Roma drug users do not use or do not want to use the drug services from various reasons.*

*In the outreach work I often talk to people who experienced a lot of unsuccessful events, failures and barriers in solving their problems in their lives. It led to a loss of motivation and finally to a totally defeated attitude. In addition to that, people living in a socially excluded locality have generally much less chance to meet positive exemplars which could help them find the right course in their life. Concerning the health care, in the Roma community there is a general distrust and fear towards the health institutions – the reasons can be connected to the use of traditional healing practices, in the case of psychiatric treatment, also the fear of stigmatisation of whole family. There are more contributors to the loss of motivation – low quality of housing, debts, low education, low chances for gaining a job etc.*

*I perceive the Community Engagement Model as a challenge for Roma community and as a chance to lower the risks of drug use in socially excluded communities which are predominantly constituted by the Roma ethnic groups. Additionally, the model offers a new element – training for Romas and their subsequent operating in the surroundings which they know enough and have much more possibilities to access that than the people from majority have. This is the main difference from traditional settings of social service development which is led by people from the majority population and Romas are in the position of clients dependent on the social security system. The training, competence and capacity building given to the representatives of Roma community will empower them, free them and enable them to be independent and self sufficient in the general society.*

*Creating a „Roma research group“ would provide us with important information on the drug situation in Roma community which are currently insufficient and out-of-date. We could use these data in much more effective manner and tailor the setting of prevention and treatment in the drug field to the results.*

*I do not think that this is another „segregation of services for Romas“ – in my opinion, Community Engagement Model builds the capacity of social services which were based only on the expert experience so far. It could bring the views of service users to the fore and lead to an active approach to address the drug phenomena.*

***Dimitrovka Štandlová, drug service coordinator, Municipal City of Brno***

*I think that the projects for ethnic minorities must be collective, both majority and minority must take part in the process. We should search for solution that will be both sustainable and complex for the client. Cooperation with Roma organisations is crucial. They can access their own community much better and they can gain trust much easier which is a basic condition for a good cooperation. The regular mapping of the situation and a quality research enable to address their problems better. If the problem drug user is motivated to a treatment and he successfully goes through all the relevant programs (about 1-2 years from detoxification), he/she needs to be given a chance to find a job, housing and a systematic assistance in the aftercare services. Otherwise it is not going to work and the risk of relapse will be much higher than for the member of majority with the same problem.*

*Nevertheless, I can see a lot of problems in implementing these projects. The basic problem is in the distrust and unwillingness of the majority population to help Roma people. On the side of Romas (who are severely marginalised) the problem is in poverty for several generations, dependence on substances and on social benefits, and the lack of possibilities to gain regular employment and to be included in the general society. Romas are stigmatised by their ethnicity, they reflect on this hopeless situation and a lot of them lack the energy to strive for something that is not achievable from their position.*

*The Community Engagement Model has a big meaning for us. We can see that theory and practice go hand-in-hand and that they lead to a system and complex solution of the issue of ethnic minorities and their easier inclusion into society. Professor Fountain told me last year that the special programs for ethnic minorities do not segregate clients but that they take their special needs into considerations, respect them and help them to future independence and social inclusion. I would just like to emphasise that we should be aware of the need for systematic assistance for Romas.“*

To conclude, the Community Engagement Model was considered as a very effective tool to address the drug-related risk behaviour within ethnic communities, especially Romas. Unfortunately, there was no representative of Romas present in the workshop and this was the first step that Jane Fountain suggested and all the workshop participants accepted it: to plan further meetings, but not without people from the communities being discussed. The ways to get these people involved may vary and include an informal event within the Roma organisation, establishing some personal connections, advertising, a concert,... The aim of such strategies is to begin to prepare an effective solution to a problem NOT by asking „what do they need?“ but rather „what do you need?“

## **References**

- Fountain, J., Bashford, J., Underwood, S., Khurana, J., Winters, M., Patel, K., Carpentier, C. (2002). *Update and Complete the Analysis of Drug Use, Consequences and Correlates Amongst Minorities*. Lisboa: EMCDDA.
- Fountain, J. Patel, K. Buffin, J. (2007) Community engagement: The Centre for Ethnicity and Health model. in Domineg, D. Fountain, J. Schatz, E. Bröring, G. (eds.)

*Overcoming barriers: migration, marginalisation and access to health and social services.* Amsterdam: Foundation Regenboog AMOC, pp. 50-63.

Government of Czech Republic, Commission for Ethnic Minorities, Roma minority, retrieved May 18, 2008 from <http://www.vlada.cz/scripts/detail.php?id=16149>