

# Children of Roma

Substance misuse services in east London are reporting rising numbers of young Roma men needing treatment for heroin and cocaine dependence. **Rosie Winyard and Dada Felja** on a unique ‘hidden harm’ challenge for both the Roma and the wider community

Despite evidence that drug problems are increasing within their community, drug misuse remains a taboo subject for Roma people. This contributes to a general lack of knowledge about substances, their effects on individuals and families and the availability of drug treatment services.

There are no official statistics on drug prevalence or on the nature and extent of problematic drug use within the Roma community and there is little published information about patterns of drug use. This problem is exacerbated by the lack of an ethnic category for Roma people who, within the National Drug Treatment Monitoring System, are usually classified as Eastern European.

According to a six month piece of research carried out by Tower Hamlet’s specialist substance misuse service in collaboration with the Roma Support Group, drugs most commonly used by young Roma are herbal cannabis, heroin and crack cocaine.

On average, young Roma start using illicit drugs at the age of 13. Yet in many cases they come to the attention of drug services only when their drug use is at a very advanced stage. Most are referred to a drug service by Youth Offending Teams (YOTs) or probation services.

Drug addiction within the Roma community is reported to be more prevalent among men than women. Some participants felt that this was due to the traditional role division based on gender: men are allowed to go out and do not have to stay at home and look after their family.

To illustrate this, young men drew parallels between their own addiction

and alcohol misuse in older generations:

“My father and his cousins used to play music and then spend all their money drinking together” (Male, 29)

“What’s the big deal about drugs? When my father used to drink my mother didn’t say anything.” (Male, 19)

Young people also reported an increase in drug misuse amongst women, but stressed that within their community this was regarded as the greatest shame: they believed families were unlikely to ask for help in such cases. For some young Roma interviewed, underlying mental health problems were a cause or at least a contributing factor to the level of their drug misuse.

DURING THE LAST TWO YEARS, 10 PER CENT OF REFERRALS ARE YOUNG PEOPLE REQUESTING TREATMENT FOR HEROIN DEPENDENCY FROM THE ROMA COMMUNITY AND OTHER EASTERN EUROPEAN COUNTRIES

Many first heard about, and had access to drugs, in emergency accommodation and hostels for asylum seekers when they first arrived in the UK. They were often unaware of the nature of different drugs and their effects. For instance:

“People told me that heroin was similar to hashish but had a better result and the feeling was better.” (Male, 18)

“My husband started by using skunk. But his friend gave him heroin and he wasn’t even aware of it.” (Female, 17)

Similarly, Roma parents describe drug misuse as a problem introduced to the community from ‘outside’, reinforcing their perception of the mainstream society as negative and damaging.

Older Roma, who remembered their travelling lifestyle, observed that the strict rules and moral codes to which they adhered protected them from the influences of mainstream society.

For this reason, they were almost completely unaware of any issues related to drugs. Although they had heard of various drugs from younger generations, they frequently referred to drugs, across the board, simply as ‘funny cigarettes’. Tobacco smoking is very widespread within the community and identifying all drugs in this manner might be seen as one way of appropriating a widely unacceptable phenomenon – a possible coping strategy. One young Roma woman spoke about her brother’s heroin addiction, saying that her family did not notice anything for about five years.

Several young people illustrated this point describing how they had begun to use drugs without realising the harm that could result from them, for example:

“I first realised that I am addicted to drugs after about nine years of using them. At that point, I was about eighteen years old. After an accident, I ended up in a hospital and I experienced strong withdrawal symptoms. Following this, I

accepted the fact that I was not able to function without drugs.” (Male, 27)

Young Roma may receive incomplete or inadequate drugs education at school for a number of reasons. Lower school attendance rates for Roma children mean that many will miss drug education altogether, or may receive only part of the curriculum.

Roma children often rely more on parental and family education and advice, particularly in areas which may overlap with strong moral concerns regarding sex and drug education. Since parental knowledge about drugs is generally poor, young Roma may be further disadvantaged as they may receive inaccurate information. Moreover, low literacy levels within this community and a cultural tradition of oral communication make much of the written drug information and advice available in and outside of schools less appropriate and accessible to young Roma and their parents.

This problem has to some extent been acknowledged by the Department for Education and Skills in its 2004 paper, *Drugs: Guidance for Schools*. It said: “The stigma attached to drug misuse within the South Asian, Chinese, Roma Gypsies and Traveller communities is particularly acute and parents/carers may have concerns about their children discussing such matters or bringing drug education materials into the home. It is, nevertheless, important for all pupils to be prepared for drug-related situations and decisions they may face.”

However, despite the recommendations from this paper, there is no evidence that there has been any effort to address this problem within the school curriculum locally.

Many Roma people feel frustrated by local drug treatment services. This consultation process highlighted the difficulties for providers who need to effectively address the issues faced by both parents and young people who are misusing drugs in this cultural context. Parents can feel very strongly that they need to be involved and yet many young people misusing heroin do not wish their parents to know that they have a drug problem that is so serious that it requires attendance at a specialist treatment service.

A way of bridging some of these issues was led by Roma people themselves in East London via the Roma Support Group, who initiated a series of meetings earlier this year to encourage more public debate between



the generations and local providers of specialist substance misuse treatments for young people.

This was a radical move, given the taboo nature of this topic for the community and reflected their concern about the nature of the problem and its increasing impact on their life and work together. For the first time, many older Roma people were able to hear at first hand how hard some young people were finding the battle against illegal drugs. Young people were also reminded how much some older members of the Community wanted to help them and try to understand the nature of drug use.

There is no doubt that these meetings are only the beginning of a process that will include the provision of dedicated literature, advice and information about drugs and local treatment services for Roma people. In addition, consultation between drug treatment providers and Roma has really helped demystify some of the problems in providing appropriate substance misuse services for young people in Newham.

During the last two years, 10 per cent of referrals to the specialist drug service have been young people requesting treatment for heroin dependency from the Roma Community and other Eastern European countries. In some cases, they did not want their parents to know that they had come and requested a confidential service.

In all of these situations, an assessment was made of their competence to understand the implications of specialist treatment according to clinical guidelines for pharmacological management for young people (DOH 2009), including substitute prescribing with Subutex

for detoxification. In many of these situations, once treatment had begun, some young people did involve their parents and sometimes requested their attendance during consultations.

Outcomes have so far resulted in many young people being discharged drug-free following community detoxification, enabling them to stop offending, return to college or access training. In some cases this recovery has been maintained for several months, but for others there has been a return to specialist treatment. Far more significant have been the benefits to their self-esteem, family relationships and an experience of overcoming dependence on illegal substances to return to a different lifestyle.

In the neighbouring borough of Newham, specialist treatment for young people with opiate dependency is usefully located within Child and Adolescent Mental Health Services, where staff members have specialist assessment and treatment skills in substance use – in addition to being able to facilitate rapid referral for more complex needs if necessary.

Treatment for heroin dependency in young people will always be affected by a range of complex issues, often requiring inter-agency partnership working and, in some cases, statutory involvement. Although heroin, called ‘B’ by some Roma users, is usually smoked, some inject. Under-16s have been found to be HIV positive after injecting once or twice, and this requires close working with local blood borne virus services and local hospital maternity and HIV services.

Whatever the future holds for the development of the new Public Health Service, it is important that skills and knowledge about specialist treatment for young people with opiate dependence are incorporated in education and training for all treatment providers, including the specific cultural context in which it is delivered.

The study recommended that the Roma community should be more closely involved in shaping services through a strategy of consultation and that service providers should be trained in dealing with specific issues affecting Roma clients.

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