



**REPORT ON FIRST PHASE OF AN ACTION  
RESEARCH PROJECT ON "DRUG USE AND DRUG-  
RELATED ISSUES IN MIGRANT COMMUNITIES"**

**New Communities Partnership**

**2022**

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*NCP couldn't continue to make the positive impact we work without our funders, and we are extremely grateful to our funders for the ongoing support.*

## **Forward**

As a network of more than 150 migrant-led groups across Ireland, New Communities Partnership (NCP) is very aware of the growing challenge within our migrant communities of addressing the issue of drug use. We know of this tragedy's devastating impact on individuals, families and communities. A key feature of Ireland's National Drugs Strategy *Reducing Harm Supporting Recovery* (RHSR) is building the resilience of communities to respond to the drug problem. To achieve this, there needs to be recognition of how crucial it is that communities are supported to effectively participate in partnership structures at local, regional, and national level.

The Strategy also recognises that marginalised members of society and hard-to-reach groups may need targeted interventions, both to enhance the quality of participation by these groups and to ensure an equality of outcomes from services. Migrant communities may experience specific barriers to accessing services or maintaining treatment, for a variety of reasons, and RHSR commits to fostering engagement with representatives of these communities, and/or services working with them, as appropriate (Action 2.1.27)

NCP has commissioned this research report as the first phase of an Action Research Project on Drug Use and Drug-related Issues in Migrant Communities; we are pleased to present the report as a first step in building a voice on the drugs issue based on the lived experience in migrant communities. The research has been carried out by Community Action Network (CAN) and has been supported by Citywide Drugs Crisis Campaign as part of its role as the national representative body for communities in the drug strategy. We look forward to engaging with all our partners in the community, voluntary and statutory sectors to plan and deliver the next phase of the Project.

*New Communities Partnership*

# Report on First Phase of an Action Research Project On “Drug Use and Drug-related Issues in Migrant Communities”

## Introduction

This report was commissioned by City Wide and New Communities Partnership (NCP) and carried out by Community Action Network (CAN). It is the first phase of a project with the following overall objectives

- To support the development of a voice for Migrant Communities in relation to the drugs issue by partnering with NCP
- To increase awareness of drug-related issues as experienced by Migrant Communities amongst services and policy makers
- To support the capacity of community leaders to engage with services and policy makers

The focus of this first phase was to capture the experience and voice of people from migrant communities through a series of focus groups of community leaders who were identified through NCP. The research explored people’s experience of problem drug and alcohol use in their communities, the reasons for this as they see it, and the impact it is having and their view on how the resultant issues should be addressed.

The research was also initiated in the context of a long-term interest of City Wide regarding the issue of drug and alcohol use amongst migrant communities and the lack of focused government attention to the specific issues facing them. The most recent development has been the announcement of a Community Enhancement Fund to allocate €2 million to enhance community-based drug and alcohol services. The fund is part of the strategic priority to enhance access to and delivery of drug and alcohol services in the community in the national drugs strategy 2021-2025. Twenty-five per cent of this is ring-fenced to increase access to and the provision of drug and alcohol services for women, ethnic minorities and the LGBTI+ community. It was acknowledged that these groupings have particular difficulties accessing services.

This report is presented in three parts:

- 1. Methodology**
- 2. Findings from participants**
- 3. Participants’ recommendations**

## 1. Methodology

It was originally intended to convene five focus groups for this report, consisting of: a nationally diverse group; a woman only group; a group of people from the Roma community; a young people's group, and Muslim only group if there was an absence of the community in other groupings. It was also envisaged that the meetings would take place in person as the Covid-19 restrictions were lifting at the time the work commenced in September 2021, and it was considered that we would have better interaction in person.

NCP staff invited members to take part to share their overall experience and knowledge, reassuring them that they would not be asked about their own personal use of drugs and alcohol or anyone else's particular experience. Some people expressed concern about the research from the start, particularly with reference to confidentiality, risks of reports to social media and other outlets, and risks arising from the perception that they might be represented internally and externally as speaking on behalf of their community. Assurances were given that there would be no names attributed in the research and media would not be participating in focus groups and meetings.

The research started with the nationally diverse group as this was being convened through Zoom and facilitated more people to take part. It was to be followed by the other meetings in person, but when invited, people preferred Zoom. There followed one meeting with people from the Roma community and those working with them. While others did express an interest in taking part, they did not attend the arranged meetings and it was decided to follow up with individual interviews, some in person and some by telephone. People's reluctance to talk about this issue in groups may further reflect their concerns about it and the difficulty that there is in speaking about it in some cultures.

*While this problem does get talked about – it is really only in whispers*  
(research participant)

This is consistent with others research<sup>1</sup> conducted by CityWide in 2017, which found that representatives from minority ethnic organisations '*predominantly reported that the issue of problematic drug use had not emerged in their work*'. At the time, it was suggested that concerns about immigration status inhibited community members and leaders from referring to problems with drugs or alcohol and from seeking help or taking part in research that explored the issue. However, interviewees from community-based service providers at the time reported that members of minority ethnic communities were coming to their attention arising from problems with drug and alcohol use and that it would continue to require attention.

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<sup>1</sup> Stimulating and supporting a Black and Minority Ethnic Voice on Drug issues: Niall Crowley: 2017

There is evidence in this report to suggest that people do have difficulty talking about this issue and that there is shame attached. Some community members believe that to acknowledge that there is a problem can bring stereotyping to their ethnic group and worsen already negative attitudes to them. Such fears are lessening, however, as there was more readiness to talk about these issues on this occasion.

## 2. Participant Findings

In all twenty, people from sixteen organisations took part in this research. CityWide, NCP and CAN thanks all of them for giving of their time, knowledge, experience, and thoughts on this issue. It is hoped that they can continue to be a resource to the wider project of which this report is a beginning. Thanks to:

- ACET Ireland
- Acts of Compassion
- AkiDWA
- Cairde
- Croi Connect
- Integration of All Children in Ireland
- Islamic Cultural Centre
- Kurdish Irish Society
- Nigerian Community
- Northeast Inner City Minority Ethnic Forum
- Romanian Integration Association
- South Circular Road Mosque
- Strength in Diversity Project
- Together-Razem Centre
- Waterford and South Tipperary Intercultural Health Hub

## **Experience of drug and alcohol use**

Those who contributed had a wide range of experience including personal family experience, being a support to those presenting with problem drug or alcohol use through their work or seeing it in their communities on the streets in villages, towns and cities. They also stressed the importance of not seeing all migrants as the same.

*It is important to remember that we are all very different and that we come here with different attitudes to alcohol and drugs – our culture and faith influence us very much (research participant)*

Nationalities have different experiences of drug and alcohol use and there is variation within them also, most often according to religious beliefs. There are also shared and diverse underlying causes of the issue. Everyone spoken to, however, confirmed that there is a problem with drug and alcohol use in the migrant groups that they know and/or are part of.

Many spoke of their surprise and shock on arrival in Ireland and seeing the easy availability of alcohol and cannabis, in particular, and the early age at which teenagers begin to use both.

Cannabis use is more prevalent amongst young people and alcohol and/or hard drugs, more frequently used by adults. The experience of a range of groups is highlighted here.

### **2.1 Young People**

Young people's main exposure to cannabis and alcohol use and supply is in schools and other areas where they meet such as parks, public areas in villages and around transport stops. The impact of the easy availability is that young people, mostly boys, want to try cannabis – sometimes for the experience or sometimes as an acceptable way of fitting in, in a community where they are new, or may be isolated. For them it is a better alternative to being racially harassed.

Many do not progress beyond experimentation and this drug use can be seen in the context of how many teenagers experiment with substances. Some do become involved in the sale of cannabis and other drugs. Many are attracted by the money available through this source, either for their families or themselves, and sell substances without using it themselves. For some it is also an opportunity to establish themselves in their neighborhoods. Like all young people who get caught up in the sale and supply of illicit drugs, they can quickly find themselves in trouble with Gardai and the justice system. Once they are involved in dealing, it is much harder for them to stop as debts mount up. Where

there is family support and cohesion there is a much better chance that they will. Drug use amongst young women is reported as negligible, if at all. It is also reported that their involvement mostly has to do with covering up for their brothers if they are in trouble. However, it should be noted that in general the involvement of young women in problematic drug and alcohol drug use tends to be unreported in studies of other populations also.

Identity is an issue for migrant young people living in Ireland. The second generation may not have a strong connection with their identity of origin and sometimes have not established a connection here either.

*Young men in their early twenties can really struggle to fit in – they don't feel part of the local Irish community, nor do they feel part of their African community. They get together with six-packs and sometimes weed, and this can lead to further trouble for them and their families. (research participant)*

Some young males form or join gangs based on different nationalities, cultures, or places where they live, and some are also formed around drug misuse and dealing. These gangs are a great cause of concern to minority ethnic communities. They operate in several suburban areas, including Blanchardstown, Dundrum, Lucan, Swords, and Tallaght. The fatal stabbing of a young Muslim man who was 18, in Dundrum in 2019 was a cause of great concern. While there was no evidence that it was directly related to drugs, it brought attention to and concern for the dynamics of youth gangs and how easily fights can escalate. This specific incident was a realisation to some young people of the seriousness of what could happen and there was learning for them with the support of their youth workers.

Second generation migrants face challenges also in their struggle to fit in and often do not belong in their African community or the Irish community.

Parental response to drug and alcohol use varies. In Muslim families, alcohol and drug use is forbidden, which brings an additional secrecy to young people's involvement, thus making it even more difficult to address. Many families will not allow their children to join locally based youth facilities for fear they will be drawn into alcohol and drug use. In some instances, they have access to well organised, single identity youth programmes. One such programme did report that it is a challenge to keep older young people involved in such activities as there is always the attraction of alternative activities, many of which expose young people to alcohol and drugs.

In other families such as African, Eastern European or Roma there is more freedom to talk about drug and alcohol misuse. However, it is still experienced as a serious problem. Parents express fears that it will reflect badly on their parenting skills in their new communities in Ireland and will also reflect badly on them in their homes of origin. Mothers, in the desire to protect their children, do not let fathers know; they fear the



father may adopt a more punitive approach, sometimes involving corporal punishment. Parents usually rely on parenting practices from their own culture and there can be a clash with the Irish culture in which they now find themselves. As a result, they struggle even more to deal with the issue or get help.

There is significant familial pressure on young people to do well and achieve high academic results in medicine and engineering, in particular. This often leads to pressure on them, contributing to anxiety and the use of pills, prescribed and unprescribed. Young people work extremely hard to achieve good college results and then subsequently find it difficult to get work in their chosen field. As a result, they may have to work as moderators in social media companies leading to more stress and pressure. Some women, in particular, find it difficult to get work as many employers find Muslim protocols for female dress unacceptable.

Second generation migrant parents are more familiar with Irish support services and are reported to be better able to avail of local supports.

## **2.2 Adult migrants**

Migrants come to Ireland from a wide range of backgrounds which can have an impact on their experience of integration and for some, their use of drugs and alcohol. A plurality of experiences is reported that do not lend to precise categorisations, although all agreed that the issue must be seen in a wider socio-economic context. The section below provides some indication of typical experiences as reported.

### Better-off

It was suggested that those who are economically better off have a better experience of integration, are better able to build a life in Ireland, and generally do not experience problematic drug or alcohol use, at levels much different to the general population.

### Unskilled

Those who arrive unskilled, have limited English, and are in low paid jobs, face challenges integrating and reporting experiences of racism in different forms, such as individual verbal abuse in public, difficulties in getting employment and/or cultural incompetence in State and other institutions are much more likely to experience problematic drug or alcohol use. The experience varies across minority ethnic communities.

For example, Roma people are considered the most discriminated against group in the whole of Europe.

*Drug and alcohol problems have to be seen in the context of a wider socio-economic context – when basic human rights are not being met people will become very depressed and turn to something – sometimes drugs or alcohol (research participant)*

They come to Ireland from many countries, mostly Romania and Slovakia. It is harder for them to access state services, and many are left without medical cards for a long time. As they generally have larger families, they also spend longer in emergency accommodation as there are fewer social housing units to suit larger families. They also experience severe discrimination in employment. This is given as one example and all groups face different challenges. These factors contribute to isolation, and some will drink alone or engage in group drinking in public places to cope with their situation.

Living in city centres is particularly challenging for all migrants, as a variety of illicit drugs are readily available. The experience of some is that when they are new to a city it is difficult to negotiate new and strange relationships and networks, and some very easily get caught up in a drug scene. This may also lead to involvement in crime to buy drugs and either start selling for others or engaging in petty crime.

In some instances, this can become more serious, leading to them working for organised crime gangs distributing directly from Eastern Europe, in particular.

#### Gender

For men, the most problematic substances are hard spirits, heroin, and amphetamines. Alcohol and drug use by women in many cultures is hidden as there is great stigma and shame attached to it. In some cultures, it is not acceptable for women to work in bars, and they can be shamed if they must do so from economic necessity.

Women who are trafficked for the sex industry use alcohol and drugs to numb the pain and shame they experience by being involved in this work.

### **2.3 Families**

Whole families are sometimes impacted upon by one member's drug or alcohol use and can be isolated by others, feeling shamed by it. Respondents spoke of 'whispers' regarding drug and alcohol use in some communities and the isolating and negative effects that this can have on families. This response often compounds problems and isolates people further.

Some of those spoken to referred to a high divorce rate amongst migrants due to the pressures they experience, and men specifically will avail of drugs and alcohol to cope with this. Women will also use alcohol or other drugs to cope where there is domestic violence in relationships.

## **2.4 Access to services**

For many there is limited access to health and social welfare services either as a result of their residency status or not knowing where to avail of help. There are limited options for those who need services and not fluent in English. Where services are available, they are supported by translators, presenting challenges to the quality of the service. This is regarded as very unsatisfactory by some as a translator is limited in their capacity to translate correctly in matters as sensitive as would arise in counselling.

It is contended that culturally sensitive services provided in the first language of the service user provides a better and more effective response. To date such services are very limited. One service was provided with resources from the HSE to employ a counsellor from the community which it served. This proved extraordinarily successful in helping people come forward for help. However, at the end of the pilot phase the counsellor was subsumed into the general HSE service with no priority given to those from the community from which they came.

## **2.5 Cultural mistrust**

Many eastern European migrants, in particular hold a cultural mistrust in government systems from their experience of communist regimes, resulting in being less likely to avail of Irish state or locally based services. Others can hesitate in presenting for help for fear that it would affect their residency applications.

*People bring with them a lack of trust in the 'system' and it's much harder to connect with them as a result. (research participant)*

## **2.6 Compounded risks**

Many migrants do not have confidence that they will be supported by Gardai if they report racism or other crime as they do not trust that it will be dealt with. Those who arrive through the asylum system have experienced trauma in their home country and in their journey to Ireland, and unfortunately this often continues in their life here. Living in direct provision, in fear of what they have left behind and the effects of prolonged uncertainty and poverty here all continue to contribute to trauma and mental health difficulties. In some instances, people use drugs and/or alcohol as a response to coping with their situation. Some will develop additional problems as a result.

Poor housing, often in overcrowded conditions makes the migrant experience worse. For some, homelessness has brought them into contact with drugs and alcohol.

Covid 19 has added to the precarious situation in which many migrants find themselves. It has added to the health risk of living in overcrowded conditions, losing employment or not being able to find employment, isolation and not being able to access services. Any one of these risks is serious and can lead to overuse of a range of addictive substances but combined with the serious threat of contracting this virus, people are very left vulnerable.

### **3. Views on best response to issues arising for migrants**

There was strong agreement by all those interviewed that migrant people do have experience of drug and alcohol misuse. There is not sufficient data collection to indicate its extent and not all those with issues present to services either. In addition, much of it remains hidden. There was further agreement that drug and alcohol misuse must be viewed in a wider socio-economic context and in the context of racism and discrimination. Recognition of structural inequality and its contribution to drug and alcohol use was highlighted.

In thinking about an appropriate response, it was proposed that a multi-faceted approach is needed where the intersectionality of the issues facing migrants is recognised. People's human rights and the social determinants of health must be in the forefront in responding to this issue.

Two main themes emerged for people when they were asked how problems of drug and alcohol misuse should be addressed. They were to do better integration into Ireland, and improve services for those looking for help with their problematic use or addiction.

#### **3.1 Integration**

In relation to integration there needs to be much greater concentration on positive discrimination so that people can feel and be part of the Irish community, particularly in relation to employment. Those interviewed talked about the importance of sharing responsibility with Irish people for the creation of a more integrated society. As it stands their experience is that they hold the weight of the responsibility to fit in. They believe that the Irish population has an equal stake in the elimination of racism and discrimination and there needs to be greater cultural competency in Irish mainstream services.

*Total integration is a utopia so we must all work together to do what we can to achieve it. It is no one body's responsibility and everyone has a role to play. (research participant)*

There is an appreciation that learning to live in a new country is complex and this applies to living with other minority ethnic groups also. Greater understanding of this and acceptance that racism is present is a first step towards learning to live with each other.

Processes that facilitate integration so that migrants can develop relationships were referred to as particularly important. This creates the foundation for being able to live together without having to resort to pressure to fit in and that sometimes leads to harmful activity. The public narrative around some groups needs particular attention, for example Muslims, as it leads to some young people trying *extra* hard to fit in and either engaging in harmful activity for themselves or joining gangs that will cause harm to others.

Processes in community situations were proposed, such as

- Access to social and communal spaces in social housing so that people can make contact
- More information, through multiple media and languages about what is available in the community
- Outreach by locally based neighbourhood projects to people new to their areas
- Tapping into the resources that the minority ethnic groups have themselves, they know what is culturally appropriate to outreach and develop appropriate responses.
- Development of community supports where there is not family as some migrants travel alone and can remain isolated in Ireland

### **3.2 Improved service provision**

In relation to the development of responses to problematic drug and alcohol use the following was proposed

- Recognition that there is problematic drug and alcohol use by migrant people is essential as their non-take up of services is not an indication that there is not a problem but that they have not found their way to those services or that they do not believe they can be of help.
- Outreach to adults with drug and alcohol problems is required as many people are not coming forward themselves.
- Culturally sensitive services provided in first language is considered to be an essential response, including the resourcing of migrant led services from which the service can be provided. It was also highlighted, by one service, that Ireland models its services largely on the UK without taking learning from the US or Canadian models who are known for their more culturally sensitive addiction services.
- Conversation, information, and education for parents about alcohol and drug use was considered key as they are often unable to manage teenager's substance use and feel shamed by the challenge.

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