11. 'SEARCH II' in Ireland

North Eastern Health Board, Navan, Irland

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1. The 'Search II' Partner from Ireland

1.1 North Eastern Health Board (NEHB)

The North Eastern Health Board is the Health Service provider to the North East region of Ireland covering four counties: Louth, Meath, Cavan and Monaghan.
It's aim is to provide and develop the highest quality health service for the people of this region - both in the promotion of health and in the prevention, diagnosis and treatment of illness. The North Eastern Health Board is committed to:

(a) Promoting healthy lifestyles
(b) Preventing, diagnosing and treating ill health
(c) Caring for those suffering from long term illness and disabilities
(d) Providing social services to individuals and families at risk.

Within the structure of the NEHB lies the Health Promotion Department. Over the years Health Promotion has become increasingly important in pursuing national health goals in Ireland. The Health Promotion Department's underlying principles and objectives are:

- To enable and support the resident population of the NEHB to adopt healthier lifestyles.
- To identify existing resources, structures and processes and orchestrate a collaborative mechanism to achieve a healthier environment in all targeted settings.
- To develop joint approaches i.e. provide centrality to the specific requirements of target groups within our settings and topic programmes.
- To support care groups and providers within the NEHB and without to integrate health promotion into everyday work.
- To ensure each programme addresses inequalities by including at least one disadvantaged group or setting within its remit.
- To continue the re-orientation process by providing training in health promotion principles and practice to professionals etc.
- To embed all actions in an evidence framework.
- In line with the above continue formal needs assessment, evaluation and research in line based on W.H.O. recommendations for Health Promotion Evaluation.

The Department carries out it's services in a framework of three overlapping approaches i.e. topics, settings and lifestyles (Health Promotion Department, 2003, Service and operational plan, 2004).

1.2 Substance misuse in the North East region

Research initiatives have been carried out to directly answer some critical questions on the extent and nature of drugs and substance misuse in the NE region. Research in 1997 and 2003 to assess and document the prevalence and patterns of drug use by adolescents was undertaken by the North Eastern Health Board.
The results indicated an increase in the proportion of adolescents misusing illicit drugs in 2002 compared to 1997, with cannabis the main drug of misuse:

- Overall the lifetime prevalence (i.e. taken an illicit drug once in their lives) was 41.2% in 2002 compared to 34.9% in 1997.
- 15.1% of the adolescents reported that they misuse drugs regularly (i.e. at least once in

the previous month) compared to 11.9% in 1997.
- Discos (46%) and the street (45.9%) were the most commonly reported places where drugs were offered.
- The drugs most commonly misused in 2002 by regular misusers were cannabis (12.5%), glue/solvents (2.5%) and ecstasy (1.3%).
- The most commonly indicated reason why young people take drugs was because "the people they hang around with do it" (58.6%).

(FLANANAGAN et al, 2003, Smoking, alcohol and drug use among young people, NEHB, p 5-6)

1.3 Drug services in the NEHB

The Substance Misuse Team in the NEHB under the guidance of Dr. Nazih Eldin, Regional Health Promotion Officer/Drug Services Coordinator work to the National Drugs Strategy 2001-2008. The aim of the team is to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention treatment and research.
The team provide a number of training programmes on substance misuse and related issues:

Prevention/education

These courses include:

- Community Awareness of Drugs
- Peer Education Courses
- Life Skills Drug Awareness Courses
- Training courses for teachers, youth workers and healthcare staff.

Treatment

The addiction counselling service consists of information, support, counselling and referral to rehabilitation and detoxification programmes.

Research

- Research into the level of IV drug use is being carried out currently.
- Guidelines into school substance misuse policy in all post primary schools have been devised.
- Coordinated and hosted the International Prevnet Conference.

2. Asylum in Ireland

2.1 The asylum and immigration process in Ireland

Ireland's policy and procedures in relation to the asylum and immigration are the responsibility of the Minister for Justice, Equality and Law Reform supported by the relevant agencies in this area.
The process is divided into a number of distinct elements as follows:

(a) Processing of asylum applications
Asylum applications are made to the Minister for Justice, Equality and Law reform but are processed by the Refugee Applications Commissioner. The provision of accommodation and the co-ordination of

other support services for asylum seekers is the responsibility of the Reception and Integration Agency which is part of the Department of Justice, Equality and Law Reform. This agency also deals with the integration of refugees into Irish Society.

(b) Immigration including entry, residence and deportation
- Rules governing the entry to and the residence in the state of non-nationals in accordance with immigration legislation as well as the relevant EU law.
- Overall policy in relation to the issuing of visas
- Applications for citizenship
- Dealing with the deportation of persons

(c)Tackling Trafficking
Operational strategies in this area are the responsibility of the Garda (police) National Immigration Bureau. The aim is to co-ordination and direction of strategies to combat trafficking in illegal immigrants.

2.2 Important developments in Irish asylum and immigration policy

The government's policy is influenced by a number of key factors namely:

- Meeting the states obligation to refugees under the 1951 Geneva Convention and its related 1967 protocol.

- Continue to process asylum applications more speedily and within a six month time scale.

- As a result of the Supreme Court's decision of the 23rd January 2003 the immigration division of the Department of Justice, Equality and Law Reform no longer accepts applications from persons for residency based on their parentage of an Irish born child.

(Minister for Justice, 2004, Government Publications)

2.3 Asylum figures in Ireland as at 31st August 2003

- In the first eight months of 2003, a total of 879 applicants were recognised as refugees.
- As of 31st August 2003, a total of 6,051 asylum applications have been processed this year as had 2712 appeals.
- There were 5,082 asylum seekers in 58 accommodation centres in 24 counties as of mid-July 2003.
- Just over 50% of all new asylum applications were from Nigeria (40.4%) or Romania (10.6%). The other top countries of origin were DR Congo, Moldova and Ghana.
- In terms of new asylum applicants for the first half of the year, Ireland was ranked 12th in Europe, with asylum applications in Europe being the lowest since current records were first kept by the UNHCR in 1999.

(Irish Refugee Council, Oct, 2003)

2.4. Asylum figures in NEHB

The figures outlined below are the concentration of asylum seekers in the NEHB as at March 2002.

	Claimants	Spouse	Dependents	Total
Region	962	445	867	2274
Cavan/Monaghan	62	34	64	160
Louth	598	257	529	1384
Meath	302	154	274	730

Region (non direct provision)	693	328	683	1704
Region (direct provision)	269	117	184	570

3. Setting for RAR in NEHB

3.1 Mosney-Direct Provision Centre - NEHB

The setting chosen is Mosney Centre, Co. Meath which is a designated direct provision centre in the NEHB region. In November 1999 in response to alack of accommodation in the Dublin area and a desire to deter future asylum applications, the Government announced a pilot programme to "disperse" asylum seekers to locations outside Dublin. As a result asylum seekers were sent to communal accommodation centres on full-board and reduced social welfare payments. The accommodation centres provide asylum seekers with 3 meals a day and a small cash allowance of 19.10 euros per adult and 9.55 euros per child per week, plus child benefit.
Mosney accommodation centre was opened in December 2000 with 193 residents. The number now stands at 745. In addition sanction has been given to increase the capacity by a further 100 to 850.
The following services are provided at present in Mosney:

- GP Surgery
- Primary Childhood Immunization clinics.
- Area Medical Officer clinics (Screening infectious diseases & follow ups, X-rays, BCG's and developments)
- Public Health Nurse/Midwifery clinics (including ante-natal care, post-natal care, child development, health education, infant weighing, feeding etc.)
- Psychiatric Clinics
- Community Welfare Officers clinics.

The top nationalities that reside in Mosney are:

• Nigeria, • DR Congo, • Czech Republic and • Ukraine.

3.2 Access to research site / ethical approval

Access to the research site was carried out over a three week period. Gaining access to people, places and situations is a vital part of fieldwork research. Written documentation outlining brief details of

the study and the likely impact of it was forwarded to the key gatekeeper which is the Reception and Integration agency of the Department of Justice, Equality and Law Reform. A meeting was arranged with professional gatekeepers who are Mosney Health Service Providers, to stress the significance of the work, to outline the commitment that will be required from the group i.e. key informants and to project what the centre will gain from this study.
During this period ethical approval was sought from management of the NEHB.

3.3 RAR team Ireland

The group that worked together for the RAR process consisted of four people:

- Joanne Murphy, Co-ordinator, Health Education Officer-Drugs. Substance misuse training programmes for Health professionals and community youth workers are facilitated by Joanne. She has also worked extensively with travellers and the Roma community in Ireland.

- Frances Mc Ardle, Public Health Nurse, who works in Mosney Direct Provision centre and has direct responsibility for asylum seekers.

- Cindy Conaty, Drug Outreach Worker for Co. Meath. Cindy provides drug education programmes to community groups and one-to-one support/guidance to clients. She has previously worked with asylum seekers/refugees in a homeless project in the UK.

- Rose Mc Cusker-Community Welfare Officer who has responsibility for asylum seekers. As part of the CWO job, the objective is the provision of income maintenance service to asylum seekers.

The group has a mixture of expertise and experience which balanced well within the team. A one day training session was facilitated by the co-ordinator, Joanne Murphy.
The aim of the training day was to bring together members of the RAR team and to discuss issues of asylum, addiction, research methods and action planning for the NE region. The team met twice to discuss results and process information but were also met by the co-ordinator on a number of occasions in order to support and monitor the process.

4. RAR process and results

4.1 Target group

During the training day the issue of what target group to investigate was discussed. The main nationalities in Mosney are Nigeria (n=240), Czech Republic (n=23), DR Congo (n=26) and Ukraine (n=18).

It was decided to choose the largest cohort of people i.e. Nigerian community for the following reasons:

1. Numbers: There are 240 Nigerian people in Mosney. By choosing this group we would maximize confidentiality and protection of the research participant. Also we may get a richness of experience that we may not have gotten with smaller groups of nationalities.

2. Language: As English is one of the principal languages of Nigeria, it would minimize costs in having to employ a translator in order to process information and conducting semi structured interviews.

3. Anecdotal evidence: Anecdotal evidence from other direct provision centres in Ireland suggests that the Nigerian population were dealing and misusing substances within these centres.

4. Accessibility: It was felt by the RAR team that the Nigerians were the most accessible group in order to interview. Early indications suggested that they would be open to the process.

4.2 Mapping the community

At the start of the RAR process in Ireland there was no information available about drug-related issues among asylum seekers/refugees other than some anecdotal evidence to suggest Nigerian community were using drugs in the wider community. Venturing in an unexplored field, all members of the RAR team brainstormed during the training day as to potential informants who had a good knowledge of the Nigerian community/culture.

Potential informants were identified as:
- Family Support Workers
- Irish Refugee Council
- Head of Security in Mosney
- Publicans
- Nigerian Community in Mosney
- Community Welfare Officers
- Accident and Emergency
- Public Health Nurse/GP
- Addiction Counsellors
- Probation Officers
- Intercultural Development Worker
- Drug Dealers/Users
- Domestic Workers in Mosney
- Religious Leaders from the Nigerian Community.

A time frame of six weeks was given to the team to access informants and glean information about substance misuse and the Nigerian community. In hindsight, this was not a realistic timeframe to gain trust which is vital to the successful completion of the project.

4.3 Process of ssi's

Semi-structured interviews (ssi) will be the qualitative research tool employed during the RAR process. The research is explorative and interviewing respondents is the most effective way to collect data. The respondents of the ssi's in the NEHB were:

- Closely connected to the Nigerian community or
- Had daily contact with the target communities on a professional basis or
- Have central positions within the Nigerian community.

17 semi-structured interviews took place in the time frame of six weeks. The categories of people finally interviewed were:

- 2 family support workers
- 1 probation and welfare officer
- 1 social worker
- 1 alcohol education efficer
- 2 cleaning ladies
- 6 Nigerian people
- 1 area medical officer
- 1 public health nurse
- 1 general manager of Mosney
- 1 Ex-CWO of Direct provision centre.

4.4 Results from the RAR process in Ireland

The overriding principle of the RAR team Ireland while conducting the research was that researchers must maintain the safe exploration of people's lives and their underpinning assumptions by applying ethical codes of practice.

"This private world needs to be explored in such a way that it is protected and safeguarded, and the knowledge gained from the research has to be useful to further the understanding of Health Promotion interventions as well as to be directed towards the ultimate good of the research participant."
(ELLISTON, 2002)

The results of the research were as follows:

15 respondents indicated that they were not aware of alcohol/substance misuse issues amongst the target group. When asked about the reasons why the target group did not use drugs, the following responses were given:

- religious Traditions (n=4)

- No incentive to get into drug dealing. Legal status of participants would be put in jeopardy *"In Mosney everyone is the same.… We would notice if someone had more than us.… They would be found out quickly"*.

- 11 out of 17 respondents had no knowledge of drug related problems/effects.

- 1 respondent who works in Mosney stated that they heard the target group talk about "rolling up pieces of paper" and the target group not being able to" hold drink". They also talked among themselves about being sick (alcohol related).

- 1 NEHB respondent stated that substance misuse is probably much hidden; however they have no cases pending regarding this issue. "*I have no idea about signs and symptoms of substance misuse so I wouldn't know what to look for".*

- 1 respondent – male-Nigerian, not a resident of Mosney. Involved in a number of community groups in Co. Meath. He has seen evidence of substance misuse among Nigerian families living in the wider community. He is not aware of substance misuse within the Mosney community. The most commonly used drug is Indian hemp which is used at house parties. Men between the ages of 25-45 are most common users. Their partners do not know they are using drugs. The interviewee felt this was a practice formed since their arrival in the host country.

The reasons for using the drug were:

1. Boredom
2. No permit to partake in full-time work or education
3. Trauma of arriving in a new country
4. No pub culture in Nigeria so they felt displaced on a social level
5. The drug was affordable and acceptable among the peer group.

It was estimated that 8-10 families were affected by this practice in the Drogheda area which is close to the Direct Provision Centre.

4.5 Limiting factors during the RAR process

A number of factors hampered the process. Outlined are some of these factors:

- **Time.** Although 17 ssi's were conducted, given extra time on the project, an engagement of people who had greater knowledge of substance misuse issues would have been achieved.
- **Trust.** Trust needs to be built up and earned among the target group. There was not enough time to build on this process although some very positive contacts were made and have potential to develop them further.
- **Knowledge.** There was a general lack of awareness of drug related issues among professionals and people who worked in the centre.
- **Population group**. This population group is an ever changing and transient group, therefore there is not enough time to build up working relationships with people in order for them to open up.
- **Centre approach vs. open setting**. Mosney prides itself on being a very secure centre. Security is paramount in the centre. There are strict guidelines for residents. The RAR team questioned if the RAR process was conducted in the wider community, would we have got different results?
- **Priority of needs.** The research was conducted in a Direct Provision Centre. The residents receive an allowance of 19 euros per week. There are a number of basic physiological/psychological needs i.e housing, food, security etc. that need to be satisfied before residents look towards wider issues like alcohol/drugs.
- **Outside influences**. During the RAR process, residents of Mosney went on hunger strike for better conditions. This inhibited the process and access to the site had to be renegotiated and treated in a sensitive manner.

4.6 Opportunities for progression of 'SEARCH II' Ireland

As a result of the RAR process there are a number of training initiatives and health promotion interventions that could be implemented in the NEHB region. These are not exhaustive and were chosen by the RAR team as achievable and realistic. Outlined are these health promotion interventions:

1. To examine all current substance misuse educational material and culturally proof material to make it appropriate for all ethnic minorities.
2. To ethnically monitor results of programmes and train asylum seekers in the design and delivery of substance use programmes.
3. To highlight addiction services with all professionals who work with asylum seekers.
4. Long term goal: Establish a satellite clinic within the Direct Provision Centre to address substance misuse issues.
5. Long term goal: To employ a Health Promotion Officer with special responsibility for ethnic minorities to work in conjunction with HEO-drugs to bring forward these issues.

5. Conclusions

- Respondents appear to have limited knowledge of alcohol/substance misuse issues amongst the target group.
- 3/4 of the respondents had no knowledge of drug related problems or effects.
- As a result of 1 interview, it was stated that substance misuse was happening in the wider Nigerian community, with Indian hemp being the drug of choice.

The reasons for drug use in the wider community were:

- Boredom
- No permit to partake in full-time work or education.
- Trauma of a new country.
- No pub culture in Nigeria so they felt displaced on a social level.
- The drug was affordable/available

6. Recommendations

- The research will raise awareness about drugs and drug service provision within ethnic minority groups in the NEHB.

- These results could form a part of a review of current training programmes in the light of new awareness of ethnic minorities.

- Do health professionals know the needs of ethnic minorities from a health promotion focus?

- There is a lack of prevalence estimates of drug use among asylum seekers in Ireland and there is a lack of recognition that drugs are used by them.

- The lack of evidence of substance use can be used as a justification not to address it, yet it is only through acknowledging it that debate and further investigation can be initiated.

Examples of Policy papers that could be written are:

- Good practice of planning and delivering drug services to asylum seekers.
- Factors affecting drug using patterns among ethnic groups.
- The reasons for the under representation of asylum seekers as drug service clients.
- Examples of good practice in methods of researching drug use and the related service needs amongst asylum seekers.

All of these recommendations are within the operational plan of Health Promotion for 2004. It is envisaged that these participative interventions within the NEHB will be met in current and future service and operational plans.

7. Bibliography

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