



Original research article

Self-recovery of Roma drug users in the context of social work

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Abstract

Roma drug users are a group that typically do not use therapeutic services for drug addiction. However, a higher rate of self-recovery among Roma drug users can be observed within outpatient services than among the majority population. The described phenomenon is based on long-term observations and interviews with Roma clients at a contact center (an ambulant social services center for drug users) in the South Bohemian Region, Czech Republic. This article examines the cultural specifics associated with substance withdrawal among Roma drug users in the Czech Republic. Our analysis of self-recovery focuses on the description of motives for quitting drug use, along with the use of individual strategies and specific rituals associated with cessation, which are interconnected in the context of the cultural specifics of the Roma minority in the Czech Republic. The results demonstrate the impact of social capital on self-healing, where the influence of a broader and more cohesive family social network is shown. The social capital represented by the family of Roma drug users motivated quitting the most.

Keywords: Drug users; Roma; Self-recovery; Social work

Introduction

The paper aims to explain the high rates of self-recovery among Roma drug users visiting the contact center (an ambulant social services center for drug users) in the South Bohemian Region of the Czech Republic. The results are based on an analysis of several case studies and the experiences of field social workers with this target group.

The Roma are an ethnic minority that make up 2–3% of the 10.7 million Czech population. Like any human group, they use and abuse legal and illegal addictive substances. However, the group is unique in that there appear to be more self-recoveries among the Roma (Podzimek et al., 2017) than among the majority of users who are in contact with outpatient social service centers for drug users. These centers provide needle exchange programs for intravenous drug users and testing for infectious diseases.

Self-recovery is characterized as recovering from drug addiction without using an organized drug cessation program (Snow, 1973). In the Czech Republic, these programs are free of charge within the social healthcare system. This text de-

scribes this minority in the Czech Republic and drug use from a social and cultural point of view in connection with cases of self-recovery of Roma clients at a contact center for drug users. The article aims to present the socio-cultural context that influences the motivation for self-recovery in a group of Roma drug users, describe the changes in one's identity and the new lifestyle that supports the *self-recovery* process (McKeganey et al., 2002), and outline the role of the Roma family in providing "social capital". According to Best et al. (2011), social capital is critical to understanding the drug recovery process.

Roma minority in the Czech Republic

The Roma are the largest ethnic minority in the Czech Republic, with a population of 250,000 to 300,000 (Report on the State of the Roma Minority in the Czech Republic in 2017, 2018). The history of the Roma people in Czechia can be traced back to the 14th century when Roma lived primarily as nomads in Central Europe (Horváthová, 2004). This nomadic existence was also true of the Roma population inhabiting the Czech lands in the first half of the 20th century. During the twentieth century, many Czech Roma became victims of the Holocaust, which is why Czech Roma make up only a small per-

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cent of the total Roma population today. During the communist period, communities of nomadic Wallachian Roma were forcibly settled within the Czech territory. Wallachian Roma traveled to Central Europe after migrating out of Romania, especially in the 19th century (Horváthová, 1998), and they make up roughly 10% of the Czech Roma population. However, the majority of Czech Roma (roughly 85%) are Slovak Roma who were relocated from rural environments to industrial areas as part of the industrialization plans of the Czechoslovak communist regime. Currently, the Roma minority is socio-economically worse off than the majority Czech population. The process of social exclusion began to intensify after the fall of the communist regime in the 1990s. The economic transformation of Czech society that followed led to high levels of Roma unemployment, which significantly impacted their socio-economic situation.

Currently, the Roma are an at-risk group that continues to be impacted by social exclusion and other social issues (Kajanová et al., 2016). While there a number of studies on Roma communities, much of the current research focuses on the use of legal addictive substances and pathological gambling (Davidová, 2010), and very little attention is paid to the issue of illicit drug use. The Roma underutilize the direct aid available to those with illegal drug addictions, and Roma minority social service clients express little interest in such programs. Due to the growing number of Roma drug users, mainly in connection with the accumulation of risky behaviors in socially excluded localities (Čada et al., 2015), an expert working group on substance abuse was established under the Government Office for Roma Minority Affairs, and the group quickly noted the lack of research in this area.

Roma drug users

The percentage of Roma drug users in the Czech Republic is significantly higher than non-Roma users (Report on the State of the Roma Minority..., 2018). Various research and monitoring reports show that the extent of specific drug use varies significantly depending on the region (Kotlár, 2008; Topinka and Janoušková, 2009). Field programs estimate that up to 10% of the Roma in the South Bohemian Region use methamphetamine. In the Karlovy Vary and Ústí nad Labem regions, Roma represent approximately one-third of all field program clients and half of contact center users. The share of Roma clients with drug problems in the Central Bohemian Region is about 25%; mainly heroin users with a polyvalent use pattern. In Pilsen, the Roma make up 50% of all clients in the Street Field Programs (Drug use in marginalised groups, 2015). A research survey conducted by the Government Council for Roma Minority Affairs and the Secretariat of the Government Council for National Minorities (in cooperation with the OPK) found that members of the Roma minority were over-represented as clients of addiction treatment services. Of the service providers, the Roma represented up to 25% of all clients at 24 providers, 26–50% of all clients at 12 providers, and up to 75% of all clients at six other providers (Annual Report on the Activities..., 2021: 44). Roma clients rarely use long-term drug treatment services, and cooperation with Roma clients is usually fragile and often complicated (Annual Report on the Activities..., 2021: 44). Of the social, health, and addiction treatment services, harm reduction services, namely the needle exchange program and substitution treatment programs, are the most frequently used by the Roma (Report on the State of the Roma Minority..., 2018). Using Roma workers and face-to-face communication has proved the most effective when working with Roma clients.

Substance use/abuse among the Roma is related not only to their socio-economic situation but also to family and community attitudes toward drug use, socially greater acceptance of drug users, and different ideas about what constitutes an addictive substance (Kajanová and Mrhálek, 2010). The Roma population has been observed to start using drugs earlier than the majority (Mravčík et al., 2014), and users often have social and economic support from their families. In addition to the most used drug, *i.e.*, cannabis, drugs such as methamphetamine, heroin, and inhalation of volatile substances are common, even among children, especially in the Ústí nad Labem, Moravian-Silesian, and South Moravian regions. Abuse of illegally obtained Subutex (buprenorphine), an opioid, is also common (Šťastná et al., 2010). SocioFactor s.r.o. (2010) describes multigenerational dependence as a situation in which several members of one family, such as children (siblings, cousins), parents, or even grandparents, are drug users. Families participating in drug production and distribution may perceive drugs as a symbol of community status and financial security. This is also true for injectable drugs and paraphernalia (Šťastná et al., 2010). Close-knit Roma communities help to hide drug addiction from the public eye (SocioFactor s.r.o., 2010).

Roma families do not deal with drug use in a repressive way; they see the addict as someone who is “sick” and has needs that must be met. Field workers note the generally poorer health of Roma clients, more frequent engagement in at-risk behaviors, less information (myths) about safe and unsafe drug use and the dangers of drug use, greater use of gender stereotypes, and less utilization of community-based services and rehabilitation. When a family learns of a member’s dependence, they often do not take any radical steps to resolve the situation. Help is only sought in cases of psychiatric illness, or when the user is aggressive or seen as a threat to the family (Mravčík et al., 2014). Among users who are in contact with outpatient social services centers, there are, surprisingly, more self-recoveries reported in Roma communities compared to the majority population (Podzimek et al., 2017).

Self-recovery of drug users

In recent decades, studies have emerged that describe how a large proportion of drug users stopped using drugs after a certain amount of time (Nepustil, 2014) without the intervention of experts. Winick (1962) was the first to publish on this topic; he described a process called “growing out of addiction”, which was characterized by drug use ending at around the age of 30.

According to Snow (1973), some people who stopped using drugs never contacted treatment facilities and managed their abstinence without professional intervention. Cunningham and Henggeler (1999) found that of 453 abstinent respondents, only eight had received treatment. According to Klingemann (2011), self-directed recovery is the most frequently used method of quitting alcohol and illegal drug abuse.

Literature offer different explanations for the success of self-directed recovery. Granfield and Cloud (1999) mention “social capital” as a way of understanding the recovery process. They describe social support and involvement in functional social networks as keys to successful spontaneous recovery. Another critical factor was a change in personal identity (self-perception) from that of a substance user to abstinent. McKeganey et al. (2002) describe an identity crisis in which an individual realizes the degree of harm caused by their drug use, which in turn creates the motivation to stop using and seek a better future. Creating a new identity and finding a new lifestyle not linked to drug use are key to an individual’s drive for change.

Transition rituals (Kalina, 2008) are widely used in therapeutic communities, where they have a rightful place since they complement the basic steps of the therapeutic process, thus improving treatment and leading to better outcomes. Nešpor (2008) also talks about gaining a certain social status, which is emphasized in transitional rituals; especially in the ritual of accepting a new client, which is crucial for integration into the existing members of the community. The use of transitional rituals in treating addictions is analogous to the natural transitional rituals of life that mark a change in an individual's social status and the movement from one social position to another. They can also be a powerful psychological experience (Bennett et al., 1988).

Materials and methods

The paper is based on long-term observations and interviews with Roma clients at a contact center for drug addicts in České Budějovice (South Bohemian Region, Czech Republic). The research data comes from over a decade (2008–2020) of observations and analyses of records of visits from Roma clients (during the monitored period, 58 Roma users of the contact center were recorded). Subsequently, eight cases of spontaneous self-recovery were processed into case reports by the head of services for drug addicts. These clients gave consent to use their data and were informed of the intention and purpose of the study, rules for anonymity, and other requirements stipulated by the APA standards.

The thematic analysis approach was chosen, which included an analysis of Roma users who underwent self-recovery based on biographical data related to the process of withdrawal and the subsequent theoretical anchoring of these cases in terms of “social capital”, i.e., social and cultural norms within the Roma family, which are based on findings from ethnographic and sociological research of this ethnic minority in the Czech environment.

The results were classified in terms of individual motives for self-healing, which for the purposes of the article, were divided into subjective factors, including a new system of value and role identity within the Roma family and direct interventions of the Roma family. This intervention targeted at the behavior of the drug user, which includes social control and repressive coercive measures that are intended to facilitate the process of drug withdrawal.

Results

The results point to two basic processes that influence drug cessation in the socio-cultural context of Roma users. The critical theme intertwined with all cases of self-recovery was the significant influence the family had on the individual. This manifested indirectly as the family's motive for ending drug use and directly through the family's influence on individual behaviors, such as social supervision, peer pressure from the extended family.

Parental identity

“I have a child, I can't be a junkie, I have to take care of my family” (IN6, 35 y).

For Roma drug users, the transition to abstinence is often associated with a period when family roles are changing and becoming important, especially transitions like becoming a father and integrating the role into one's identity. Since the iden-

tity of Roma is more strongly derived from family affiliation than that of the majority (Kebza, 2005) and is more collectivist (Gouveia et al., 2011), there is greater pressure to accept the behaviors associated with the new role – both at the level of self and in the context of social expectations. A specific feature of education in Romani families is raising children according to gender. From an early age, girls have many household responsibilities and are expected to help care for younger siblings, while boys are seen as “little adults” and have few responsibilities or duties (Kajanová et al., 2015). However, when the boy becomes a father and a parent the family's demands and expectations of him change. Culturally, the expectation that the father will provide for his family is very accentuated, providing a significant incentive to change childish/boyish behaviors and adopt an “adult” role, which is seen as incompatible with substance use (Kajanová et al., 2015).

Parenthood undoubtedly produces a similar fundamental change in family and society status in all societies. In the Roma minority, parenthood is associated with a significant increase in social status, which is quantitatively determined by the number of children. Fatherhood or motherhood is also more clearly defined when it comes to role expectations, which may provide better orientation compared to the majority. As such, important transitions and the change of identity associated with the change in their family role and status may facilitate changes in lifestyle and updating their identity to one that rejects substance abuse (Tussey et al., 2018).

Although this motif is presented as a personal decision to change one's behavior, it is a multidimensional effect. In the context of Roma drug users, it not only emphasizes the importance and value of the family (which are particularly accentuated among the Roma), but is also supported by the extended family who pressure the user to complete the transition. The prevention of recidivism is supported by other social pressures described below, which are now more pronounced (even if the family had previously tolerated the use of drugs).

Social supervision

“You can't run away from your relatives. Even if I go to the north (of the Czech Republic), where I don't know anyone, someone there knows me. Some distant cousin will find me and watch over me (if I use drugs)” (IN2, 26 years).

The fact that Roma communities form extensive networks (Davidová, 2004) makes Roma families better informed about the drug use of their family members than is usually the case with the majority. A more comprehensive network of relatives makes it easier to catch risky behavior and ensures the family are informed about the member's use of addictive substances. *“I was with my friends at the gas station, and Aunt Jo saw me and asked what I was doing there. When I got home, my mom immediately started screaming that they had seen me take drugs with Martin there” (IN1, 22 years).* The extended family often includes many members of a similar age, so it is easier to monitor and control behaviors, especially those that take place in at-risk environments associated with nightlife (discos, clubs, etc.). Social supervision often works even when the addict moves to another city, as the family can contact extended family members who monitor and keep the family informed about the addict's behavior. Regardless of the family's attitude toward the use of addictive substances among juvenile members, any prohibitions put in place by a Roma family are much easier to monitor and enforce than might be the case in the majority population. This is perceived very negatively from the point of view of addicted family members because it causes strained relationships with others, *“I always had the feeling that someone*

was watching me" (IN7, 31 years old). Increased social surveillance and wider contacts between family members (who can also intervene directly if they encounter an individual during intoxication) emerged as an essential motive for Roma users ending drug use.

Normative and social control

Although greater tolerance of risky behavior and substance abuse is observed among the Roma (Mravčík et al., 2014), if the behavior becomes problematic, significant pressure is put on the individual, and this is reinforced by the abuser's entire social network. The sense of collectivism accentuates this phenomenon of social control in the Roma minority. Social control of Roma family members is primarily based on the tradition of masculine hegemony (quoted by the Czech Science Foundation), i.e., the regulation of Romani girls' behavior, especially wives. Nevertheless, it is a norm that can also be used to regulate the negative behavior of other members. The fundamental difference from the majority population is that in Roma families the decision-making takes place collectively, involving mainly older members perceived as authorities (Edden et al., 2011; Vivian and Dundes, 2004). If the family authority judges an individual behavior as undesirable, this decision is shared across the extended family, who participate in the subsequent efforts at social control. This narrative differs from the approach of the majority, where the inappropriateness of behavior is separately evaluated by each family member, so it is difficult to set up a unified effort at social control involving the entire family. In Romani families, it is not only parents and grandparents who are involved in decision-making. When it comes to essential decisions and interventions, a wider circle of family members and sometimes even community leaders are involved. Community leaders may be unrelated to the particular family (Kobeš, 2010) but represent an authority within the community. This broader circle of people involved in the solution supports the clarity of the solution, brings experience to the situation, and encourages full participation in the common solution – which often takes the form of a specific intervention to prevent continued drug abuse behaviors (Edden et al., 2011; Vivian and Dundes, 2004).

Social intervention

Based on the available case reports, several variants of social intervention to prevent drug use have been recorded. Within these interventions, the involvement of the extended family is typical. A frequent intervention involves the need to change the social environment of the addict; if the family decides to move, the affected family member is taken away despite their disagreement: *"I didn't want to, but my grandfather, father, and uncle decided that I would move to their village, so my cousin took me there"* (IN3, 18 years old). In this particular case, the addict was transferred from the city to relatives living in a very remote village, where he was supposed to live until his recovery – with the idea that it was not possible to get drugs there. At the same time, relatives were tasked with guarding him so that he did not leave. This solution uses the social capital that exists in Roma families, as the extended family is involved in addressing the individual's drug addiction. A change of environment allows for the interruption of social contacts, which may have adverse effects on the individual and, at the same time, prevents easy access to addictive substances, leading to forced abstinence. The move itself may be permanent, which offers the greatest potential for self-recovery, or it may be a temporary solution with the potential for remission after returning to the original residence. The advantage of moving the

addict to distant relatives is the potential for maintaining social control over the addict, but it also offers intense emotional and social support. *"I was with my aunt and uncle for a long time, and they said that it would be fine and that I had a family and that I had to manage it for the sake of the little one (daughter)"* (IN4, 25 years old). In contrast to therapeutic communities, in the case of this therapeutic stay there is still a family narrative that emphasizes individual motives for self-healing.

Romani users are not willing to turn to state services for drug addicts due to a distrust of majority institutions. At the same time, there is also a reluctance to leave or venture outside the family to resolve the problem: *"I do not want to be confined somewhere without contact with my family."*

As well as the described preventive interventions, repressive interventions have also been recorded. In addition to the actual participation of the family in social control and restraint of the addict, repressive interventions can also come in the form of direct punishment of a family member for unacceptable behavior. Among Roma drug users, there are interventions called "beating out doing drugs". Physical violence against a drug-dependent member often has a ritualized character in that the whole family participates. Although physical punishment for drug use also occurs in the majority population, it is more often an impulsive act of violence that does not have an additional ritualized character, and does not involve other family members. In practice, this ritual among Roma respondents appears to involve the extended family uniting and confining the user in the home for a few days. During this time, the user may be subjected to physical violence by family members. The user is often isolated in the dark so that they can "think about how they have disgraced themselves and their family". At the same time, the user often goes through withdrawal symptoms. After a few days, the user is released from "familial house arrest" and considered clean by the family, allowing the user to adopt the new identity of an ex-user. During the ritual, the user may experience intense fear, which is meant to be remembered for the rest of their life and intended to help prevent relapses.

Discussion

The presented case reports show successful cases of self-recovery among Roma drug users. In accordance with Granfield and Cloud (1999), the social capital used in these cases involved strong ties in the Roma extended family and was crucial for the recovery process of our informants.

Eriksen (2008) emphasizes that the family's critical role in drug addiction involves social control and sanctions. The use of addictive substances is widespread among Czech Roma, drug abuses is often relatively well tolerated within the family, and the process of self-recovery is often tied to the family's attitude towards drug addiction. Unlike McKeganey et al. (2002), who described an identity crisis as the motive for self-healing, in which an individual realizes the degree of harm caused by their drug use, social factors were more pronounced as motives for self-healing in our research. The process of becoming aware of one's drug problem was externally defined in these cases, with incentives for recovery often initiated as a consensus of the entire extended family.

The Roma use external assistance for drug addiction to a very limited extent (Annual Report on the Activities..., 2021: 44). This means that family resolutions are one of the few methods available to addicts, thus increasing the effectiveness of these interventions.

Although the Roma are a marginalized group in the Czech Republic, and a large part of the Roma population live in socially excluded localities with ethnic customs and traditions, it has been shown that many cases of self-abuse are based on culturally conditioned values, such as relatively strict distributions of gender roles and family roles in general.

Although it is impossible to generalize these cultural specifics to the entire Romani population, the cases of users from the Romani minority illustrate the significance of social capital for recovery (which is not widely represented in the majority).

Additionally, Roma drug users are often afraid of family ex-communication because the family may perceive drug use as a stain on the family. Thus ex-communication becomes a significant sanction (Kaleja and Knejp, 2009). On the other hand, the family can also hinder recovery by having both legal and illegal addictive substances available in the home (Siebelt et al., 2017).

Conclusions

This article aimed to describe and explain the phenomenon of higher self-recovery rates among Roma drug users. Case stud-

ies of informants who stopped using drugs without professional therapeutic intervention were linked to the socio-cultural specifics of the Roma family; which, unlike majority families, include broad social ties, a cohesive and active family network that recognizes the authority of older family members, and plays a pivotal role in the identity of its members. In accordance with the theory of self-healing, Roma users see their family identity as a significant motive; whether as a parent motivated to quit for the sake of their children or as a child subject to the authority of their parents. A broad social network and strong links provide strong social and emotional support to facilitate social supervision, participatory decision-making, and the implementation of social interventions. Given the long-term distrust of Roma users in therapeutic services offered by the majority population, the process of self-recovery with the help of family support is crucial for resolving drug addiction among the Roma minority. At the same time, we point out the effectiveness of various support and intervention strategies within the user's social environment when quitting addictive substances outside professional social and health facilities.

Ethical aspects and conflict of interests

The authors have no conflict of interests to declare.

Sebeúzdava romských uživatelů drog v kontextu sociální práce

Souhrn

Romští uživatelé drog jsou skupinou, která typicky nevyužívá terapeutické služby pro drogově závislé. V ambulantních službách však lze pozorovat vyšší míru sebeúzdavy u romských uživatelů drog než u majoritní populace. Popisovaný jev vychází z dlouhodobých pozorování a rozhovorů s romskými klienty v kontaktním centru (ambulantním centru sociálních služeb pro uživatele drog) v Jihočeském kraji. Tento článek zkoumá kulturní specifika spojená s odvykáním návykových látek mezi romskými uživateli drog v České republice. Naše analýza sebeúzdavy se zaměřuje na popis motivů pro odvykání drogám spolu s používáním jednotlivých strategií a specifických rituálů spojených s odvykáním, které jsou vzájemně propojeny v kontextu kulturních specifik romské menšiny v České republice. Výsledky demonstrují vliv sociálního kapitálu, kde se ukazuje vliv širší a soudržnější rodinné sociální sítě. Sociální kapitál byl spolu s vytvořením nové identity nejzásadnějším motivačním prvkem.

Klíčová slova: Romové; sebeúzdava; sociální práce; uživatelé drog

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