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## Delivering drug services to Black and ethnic-minority communities

### Report

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BUILDING A SAFE, JUST  
AND TOLERANT SOCIETY

## Delivering drug services to Black and ethnic-minority communities

Deborah Sangster, Michael Shiner, Kamlesh Patel and Noreen Sheikh

There is growing concern that drug services are largely aimed at White people and have failed to develop in ways that would make them more accessible to Black and ethnic-minority drug users. One of the aims of the Government's drug strategy is to give everyone equal access to drug services and to develop best practice towards this aim. This study aimed to:

- provide a clear summary of the important issues for drug services provided to Black and ethnic-minority drug users; and
- identify areas of work for priority action.

The authors examine figures on drug use and the uptake of drug services, and describe a revealing picture of distinct ethnic differences. From research among professionals and community members, they uncover the way Black and ethnic-minority drug users' needs are not considered when drug services are planned, commissioned and delivered.

The report shows a need for far-reaching change and makes a series of detailed recommendations about developing a national planned response, working towards appropriate services, tackling racism and improving the information collected about people receiving drugs treatment.

### THE STUDY AT A GLANCE

The study is based on:

- a literature review;
- fieldwork in six Drug Action Team areas, including interviews with 99 people who buy, plan and provide services, and a community consultation with 131 people;
- interviews with 14 practitioners and policy makers who have experience in responding to drug use among ethnic minorities; and
- statistical evidence including the Regional Drug Misuse Database and the 1996 British Crime Survey.

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INVESTOR IN PEOPLE



# KEY FINDINGS

## DRUG USE AND ETHNICITY

- 1 National surveys indicate that levels of drug use among Black and ethnic minorities are lower than among Whites. Low levels of use were found particularly among south Asians (Indian, Pakistani and Bangladeshi) and Black Africans. However, African Caribbeans showed similar levels of drug use to Whites – mainly because of their use of cannabis.
- 2 The authors examined the ethnic backgrounds of people contacting drug services across the six Drug Action Team areas. They found a number of distinct differences among this group of service users.
  - Black and ethnic-minority heroin users in contact with drug services were less likely than Whites to inject this drug – they were more likely to smoke it instead.
  - Those African Caribbeans in contact with drug services were more likely than Whites to be asking for help to overcome their use of crack.
  - Those African Caribbeans in contact with drug services were also more likely than Whites to be asking for help to overcome problematic cannabis use.

All of this will affect drugs policies and the way services are developed in the future.

- 3 Recently-settled refugee populations are not usually represented in statistical records. But, by looking at two examples of such populations, the Vietnamese and Somali communities, the authors found evidence that problematic drug use does exist, although it appears largely limited to men. Particular community concerns were:
  - links between drug use and post-traumatic stress disorder;
  - the use of khat within Somali communities;
  - the availability of drugs which are unknown in Somalia and Vietnam; and
  - the way that being involved in crime leads people into contact with problematic drug use.

## DRUG SERVICES AND THEIR RELATIONSHIP WITH ETHNIC-MINORITY DRUG USERS

- 4 People repeatedly mentioned problems between services and ethnic-minority drug users, including:
  - the way services are aimed towards White people and their distance from Black and ethnic minorities;

# KEY FINDINGS

- the way service providers respond to distinct patterns of drug use among Black and ethnic minorities; and
  - the way service providers cannot respond to the wide-ranging needs of Black and ethnic-minority communities.
- 5 These problems were particularly severe among specialist residential services. For example, there is a widespread fear among the African Caribbean community of being kept in a medical institution for a mental illness they do not have. This has led to deep distrust of residential rehabilitation services. Vietnamese clients reacted badly to group counselling, which reminded them of the humiliation faced by drug users who were forced to confess under communist policies in Vietnam.
- 6 The continued focus by drug services on heroin injecting is one crucial way that Black and ethnic-minority drug users are neglected. This reflects broader problems of a lack of representation of ethnic minorities in those organisations that plan drug services. Drug users in general, and African Caribbean drug users in particular, face a lack of treatment options for stimulant and cannabis use. The focus on injecting also excludes south Asian heroin users, who are more likely to smoke heroin than inject it.
- 7 While there were some examples of co-ordinated planning in the six Drug Action Team areas, the funding of drug services tended to be based on what had gone before. There was little evidence of assessing people's needs and consulting community members. There was often no clear logic to the way service providers monitored services.

## THE EXPERIENCE OF SERVICE USERS

- 8 All of the above failings led to problems for service users. Outside London, there was strong evidence that people from Black and ethnic-minority groups, particularly south Asians, were under-represented in services. In London, African Caribbeans and Indians were reasonably well represented, but services were failing to attract smaller groups – Black Africans, Pakistanis and Bangladeshis. And services were not helping communities which have only recently settled in the UK, for example, Somali or Yemeni communities, to reduce their use of khat.
- 9 People often rejected 'colour-blind' approaches to service delivery and instead wanted services that were specific and appropriate to their needs.

# GOOD-PRACTICE POINTS

The report recommends that government departments and the National Treatment Agency should co-ordinate and fund a planned response to the needs of Black and ethnic-minority communities.

The report says that while there is a place for specialist services, it is crucial for mainstream providers to develop accessible and appropriate services. It outlines the basis of good practice in developing drug services for Black and ethnic-minority drug users.

- **Cultural ownership and leadership** within a service, including a team made up of people from different ethnic backgrounds, and Black and ethnic-minority representatives within its management structure.
- **Symbols** which clearly show that an agency is there to meet the needs of a wide range of users.
- **Familiarity with, and ability to meet, the distinct needs of communities.** Services must be supported by an understanding of the norms, history, codes of conduct and beliefs within communities.
- **Alternative forms of help for drug users** that go beyond a narrow medical approach to drug treatment and which understand that drug use may be an escape from social deprivation.
- **Creating different services** to break away from services which are heavily focused on opiate use.
- **Black and ethnic-minority workers** employed as part of an ongoing process and not just a 'one-off'.
- **Services that are in, and for, the community,** including education and training for community members.

These are just as important in planning and commissioning as in delivering services.

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A related report is available from the Drugs Strategy Directorate:

'Dealing with Diversity: good practice in drug prevention work with racially and culturally diverse communities, Drugs Prevention Initiative paper 5'.

You can get a full copy of this report from:

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