

Barriers to drug service access: data from  
*Department of Health's Black and minority ethnic drug  
misuse needs assessment project 2000-2006*

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- Conducted throughout England in three phases (2000-2001, 2004-2005, 2006)
- Used the Centre for Ethnicity and Health's Community Engagement Model to train and support 179 community organisations to conduct drug service needs assessments
- Each community organisation also supported by a steering group - membership included local drug service planners, commissioners and providers

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Series of publications - published by the NTA - to  
inform drug service planning and provision

- South Asians: 65 community organisation reports /  
sample - 10,500
- Black Africans: 42 community organisation reports /  
sample - over 4,500
- Black Caribbeans: 34 community organisation  
reports / sample - almost 2,000

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- Not a prevalence survey
- South Asians and Black Africans: the illicit drugs used and the relative popularity of their use same as in the whole population -

cannabis is the most used illicit drug

followed by cocaine powder

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- Lack of awareness of the range of services that exist and the help they can offer:
  - information about drugs being used
  - advice - including harm reduction strategies
  - treatment (or unrealistic expectations)

Whole population needs this information

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- The stigma of drug use must be understood in the context of the centrality of the family and of respect in the South Asian communities' traditional cultures.
- Family's role: to maintain a close network of family relationships and the wider community's cultural and religious values.
- Thus, the stigma attached to the use of drugs, rather than being directed at the individual only, is also felt amongst the family, the extended family and family friends.
- In those communities where this tradition continues, the family of a drug user expects and is expected to play a key role in tackling the situation.

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Stigma - news spreads quickly and the result is:

*It brings so much shame to the family within the  
community, people just look down on you, they  
think the whole family is bad. The drug user  
won't get a marriage proposal, and neither will  
the sisters if their brother is a drug user.*

(Drug user's sister)

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Stigma - news spreads quickly and the result is:

*We noticed severe criticism of the [drug users']  
families and individuals [drug users] at the  
hands of community leaders and alienation and  
estrangement of those involved in drug misuse  
from the rest of the community and the  
neighbourhood.*

(Community organisation's final report)

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- Lack of trust in confidentiality

Strong link between avoiding stigma and a lack of  
trust in the confidentiality of drug services

Belief that South Asian doctors and drug workers  
would breach confidentiality:

*this Asian knows every other Asian and they are  
going to go out and tell others.*

Implications in terms of ethnicity of staff

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- Religious beliefs: refusal of substitute and ameliorative drugs
- Language: particularly older generations and some females
- Lack of women-only services and environments
- Perceived and experienced cultural and religious incompetence

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65 reports on South Asians, sample of 10,500

- Lack of awareness of the range of services that exist and the help they can offer
- The stigma of drug use
- Lack of trust in confidentiality
- Religious beliefs
- Language
- Lack of women-only services and environments
- Perceived and experienced cultural and religious incompetence

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- South Asians are under-represented as drug information, advice and treatment clients
- Although their drug-using patterns are not different from those of the general population, it does not follow that South Asians can simply 'slot into' existing drug services
- Responses may have to be different in order that the barriers to drug service access that they face can be overcome

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### Overall picture

**South Asian communities** are struggling to deal with drug use

- without sufficient knowledge of the issues,
- within the traditional immediate family support structure.
- and in isolation from mainstream drug services

and **drug services** are unaware of the needs of South Asian communities and of how to meet them

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Challenges to drug services

- Work at local level
- Get information about drugs and drug services to South Asian communities
- Build up trust in services' confidentiality and their cultural and religious competence
- Engagement and commitment
- Adaptation and flexibility

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Challenges to drug services

- Because trust and confidence in drug services is currently low, and some of their current methods of dealing with drug use will be challenged, increased access by South Asians is unlikely to be an immediate outcome of any changes.
- Too much emphasis on treatment and retention.

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- Some good work taking place
- BUT over 7 years, almost identical conclusions and recommendations for drug service development
- indicates that drug information, advice and treatment services continue to be as hard for South Asians to reach today as they were in 2000