



Issues surrounding drug use and drug services amongst Black and ethnic minorities in England

This is the LDAN summary of Jane Fountain's series of publications¹ to inform drug service planning and provision amongst Black and ethnic minorities. This summary focuses on the findings that relate to patterns of substance use and drug service needs. The full reports also include information on help seeking, information needs, cultural competence, drug service development and engagement. The reports are based on the results from the *Department of Health's Black and minority ethnic drug misuse needs assessment project* that was conducted throughout England in three phases during 2000-2001, 2004-2005 and 2006. This series of reports focus on the following groups:

- Black African
- Black Caribbean
- Kurdish, Turkish Cypriot, Turkish
- Chinese and Vietnamese
- South Asian

Overall findings on drug service needs amongst Black and ethnic minorities in England

- On a whole to be effective, work should take place at a local level, so that the heterogeneity of these communities is addressed as what works for one group may be inappropriate for others (even within the respective communities).
- A "pick and mix" approach to meeting the drug service needs will be ineffective as other barriers to service access will remain.
- Meeting these needs relies not only on action by drug service planners, commissioners and providers, but also by the communities themselves.
- Further the reports demonstrate that Black and ethnic minorities require more and better targeted information, which enables them to understand the impact of drugs on their communities more fully and helps them to access and trust services when needed.

BLACK AFRICAN COMMUNITY ²

Patterns of substance use

- With the exception of cannabis, the perceived and reported prevalence of illicit drug use amongst this population appears to be lower than that amongst the whole population. However, illicit and problematic drug use (especially of heroin and cocaine) may have been under-reported due to the stigma surrounding it, the taboo on discussing it and concerns that disclosing drug use would negatively affect immigration status.

¹ Available on the NTA website at <http://www.nta.nhs.uk/publications/publications.aspx?CategoryID=39>

² 'Issues surrounding drug use and drug services among the Black African communities in England', Jane Fountain, (2009), is available on the NTA website at http://www.nta.nhs.uk/publications/documents/2_black_african_final.pdf

- Risk factors for problematic drug use amongst this population include; unemployment, separation from the family and, in some cases, the adverse effects on mental health of the migration process and the trauma which led to migration.
- The illicit drug most used by Black Africans is cannabis, as it is among the general population.
- A smaller proportion of Black African females have used illicit drugs when compared with females in the general population.
- Khat is the most commonly used stimulant among Somalis and Ethiopians. Among other Black Africans, as in the general population, cocaine powder is the most commonly used stimulant.
- Overall, Black Africans lack knowledge about illicit drugs (whether they use them or not), although those in communities where khat is used were far more knowledgeable about khat.
- The use of cannabis and of khat was perceived by many Black Africans to be more culturally acceptable than other illicit drugs and alcohol, and considered to be less harmful.
- It appears that most khat users do not also use illicit drugs, and vice versa.
- Patterns of khat use in England are reported to be different and more problematic than those in Africa, and a larger proportion of khat users than illicit drug users reported problems related to their use.

Drug service needs

- The overall picture painted by the results is that this group lacks information about illicit drugs and about the existence of drug information, advice and treatment services and the help they can offer. In addition, their trust in the cultural competence of drug services should be built up.
- Adaptation and flexibility are clearly required so that the barriers to drug service access by Black Africans begin to be overcome. However, because trust and confidence in drug services is currently low – and some of the responses to illicit drug and khat use will be challenged – increased access by Black Africans is unlikely to be an immediate outcome of any changes.

BLACK CARRIBEAN COMMUNITIES³

Patterns of drug use

- A large majority of the Black Caribbeans who participated in this study reported being exposed to illicit drug use and users.
- As in the general population, cannabis (including skunk) is the illicit drug most commonly used by Black Caribbeans of all ages.
- The use of crack cocaine and, especially, of heroin may have been underreported by study participants because of the stigma surrounding these substances.
- The early onset of drug use is a risk factor for problematic drug use. This is a cause for concern, as the study participants agreed that drug use among Black Caribbeans began in the early teens.

Drug service needs

- The results suggest that drug use amongst young Black Caribbeans (especially males) is one of the consequences of their social exclusion. The majority of the community organisations' recommendations stressed the complexity of '*multiple social problems*' within Black Caribbean communities, and that, in order to address drug use, there should be better coordination of health and social services.

³ 'Issues surrounding drug use and drug services among the Black Caribbean communities in England', Jane Fountain, (2009), is available on the NTA website at

http://www.nta.nhs.uk/publications/documents/3_black_caribbean_final.pdf

- The drug-related needs of Black Caribbeans are, above all, information about drugs and drug services. The study reports stressed that better knowledge of drugs and drug services would increase the capacity of families and communities to support drug users.
- Engagement between the Black Caribbean communities and a whole range of health and social services is essential for progress towards meeting their drug-related service needs.

CHINESE AND VIETNAMESE COMMUNITIES⁴

Patterns of drug use

- Among Chinese communities, cannabis and ecstasy are the most commonly used drugs, especially (but not exclusively) among young people. Heroin and cocaine powder are also used, but by far fewer Chinese people than use cannabis and ecstasy, and the use of other illicit drugs is relatively low.
- Cannabis is by far the most commonly used drug within the Vietnamese community (followed by amphetamines). The use of other illicit drugs is relatively low. Young males are more likely to use drugs than females and other age groups. It was generally perceived that a greater proportion of Vietnamese people in Vietnam use drugs than those in the UK.

Drug service needs

- The results demonstrate that the Chinese and Vietnamese people are dealing with drug use without sufficient knowledge of the issues and in isolation from mainstream drug services, and that drug services are unaware of the needs of these communities and of how to meet them. It is clear that community members want support and that drug services want to be supportive, but both lack the capacity to progress these aims.
- The drug-related needs of the Chinese and Vietnamese communities are, above all, for information about drugs and drug services. In addition, their trust in the cultural competence of drug services needs building up. Engagement between – and commitment from – Chinese and Vietnamese communities and local drug service planners, commissioners and providers is essential for progress towards meeting these needs.

KURDISH, TURKISH CYPRIOT, TURKISH COMMUNITIES⁵

Patterns of drug use

- As in the general population, cannabis was most common illicit drug to be ever used by all age groups, although the majority are aged 30 and under.
- Compared to the lifetime drug use of the whole population, a smaller proportion of Kurdish, Turkish Cypriot and Turkish people may have used amphetamines and magic mushrooms, and a larger proportion may have used heroin.
- A far smaller proportion of Kurdish, Turkish Cypriot and Turkish females have used illicit drugs when compared to females in the general population.

Drug service needs

- Amongst this group illicit drug use is perceived as firmly connected to crime in the study areas and stigmatises the communities. The result is that community members ostracise drug users and are reluctant to discuss drugs and the related issues.

⁴ 'Issues surrounding drug use and drug services among the Chinese and Vietnamese communities in England', Jane Fountain, (2009), is available on the NTA website at http://www.nta.nhs.uk/publications/documents/5_chinese_vietnamese_final.pdf

⁵ 'Issues surrounding drug use and drug services among the Kurdish, Turkish Cypriot and Turkish communities in England', Jane Fountain, (2009), is available on the NTA website at http://www.nta.nhs.uk/publications/documents/4_kurdish_turkish_cypriot_turkish_final.pdf

SOUTH ASIAN COMMUNITIES⁶

Patterns of drug use

- The pattern of illicit drug use among South Asians appears little different from that of the general population in terms of the drugs used and the age of users.
- There may be a smaller proportion of South Asian females than females in the general population who have used illicit drugs, although some of the studies highlighted the reluctance of females to respond to questions on personal drug use.
- Drug use among the South Asian population is perceived to be increasing among young people, including females.
- Illicit drug use among young South Asians (particularly those born in the UK) is seen to result from the communities becoming '*more westernised*' as their adherence to traditional South Asian culture lessens, especially in relation to the preservation of family respect and behaving according to religious principles.
- The early onset of drug use is a risk factor for problematic drug use (for example, HAS, 2001). It is therefore a cause for concern that a growing proportion of young South Asians are perceived to be using drugs, as the South Asian communities have relatively larger proportions of young people compared to the rest of the population.

Drug service needs

- The overall picture painted is that this group is 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 that drug services are unaware of the needs of South Asian communities and of how to meet them. It is clear that community members want support and that drug services want to be supportive, but both lack the capacity to progress these aims.
- The drug-related needs of South Asians are, above all, information about drugs and drug services. In addition, their trust in the confidentiality and the cultural competence of drug services must be built up. Engagement between and commitment from local South Asian communities and local drug service planners, commissioners and providers is essential for progress towards meeting these needs.
- Adaptation and flexibility are clearly required so that the barriers to drug service access by South Asians begin to be overcome. However, 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.

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⁶ 'Issues surrounding drug use and drug services among the South Asian communities in England', Jane Fountain, (2009), is available on the NTA website at http://www.nta.nhs.uk/publications/documents/1_south_asian_final.pdf