

On behalf of EHI, Hanif Bobat welcomed participants to Manchester and to the conference. He explained that E.H.I have been conducting conferences for the last five years with a view to raising awareness in relation to the issues associated with culture and mental health. This is the first conference E.H.I have undertaken in the field of substance misuse.

The key conference questions for the day were as follows:

- Are some individuals and ethnic groups more or less susceptible to addiction than others?
- The global and UK picture: What are the prevalence rates for drug and alcohol misuse?
- What do we know about the impact of migration on drug and alcohol misuse?
- How can we improve access to drug and alcohol services by BME communities?
- How can we reduce stigma?
- What do we know about the needs and experiences of members of BME communities who do access services?

The opening address was given by **Dr Dima Abulrahim, Senior Researcher, National Treatment Agency.**

She presented some of the initial findings from data collected via NDTMS on black and minority ethnic people who are currently

receiving treatment for the period March 2008 to April 2009. Some of the key points she made included the fact that:

- The data highlights the national picture, as opposed to focusing on specific regions, cities or on individuals and individual needs
- The data shows that the percentage of people in treatment from each ethnic group is broadly similar to the percentage of that group in the population at large
- The data shows differences in the gender of service users. There were much lower rates of Indian, Pakistani and Bangladeshi women using services, which raises a number of questions. Does this reflect a much lower prevalence of drug misuse in Asian women? Are certain cultures protective or is it that drug misuse in Asian women is hidden? Does it reflect the fact that there are barriers to Asian women accessing services? Are services meeting their needs appropriately?
- The data collected in relation to the age of those in treatment shows some differences by ethnicity. The mean age of people in treatment was 32 years, but

Asians and those of mixed race tended to be older. It is unclear why this is the case.

There is a possibility that this may mean that these groups develop a problem later. This is an issue that needs further exploration.

- Age and gender can be more significant variables than ethnicity
- The data showed differences by ethnicity in the type of substance used. Clear differences were found between ethnic groups. One of the key findings is that Black users were half as likely to use heroin as those from other groups. They were five times more likely to use crack cocaine. Asians were more likely than any other group to use heroin. Users from a mixed race background were more likely to use heroin and crack as their main drug of choice.
- There were differences by ethnicity in relation to injecting status with lower rates of injecting seen in Asians. She highlighted the fact that there are lessons to be learnt via Asian communities about why this is the case.
- In relation to referral routes, Black people were more likely to be referred

for treatment via the criminal justice system.

- Retention rates of people in treatment over 12 weeks were very good but some differences were found by ethnicity but statistical analysis showed that the main driver is age.
- Discharge of problem drug users via ethnicity found that “White” service users had the lowest unplanned discharge rates as opposed to “Black” service users who had the highest

Dr Dima Abulrahim stressed that drug use and treatments need to be seen in the context of the wider socio-economic and political context. She also highlighted the fact that they occur in the context of racial discrimination. She closed her talk by discussing the work the NTA is conducting on ethnicity and race equality.

**Professor Jane Fountain, Professor of Substance Misuse Research, International School for Communities, Rights & Inclusion, University of Central Lancashire.** *“Issues surrounding drug use and barriers to drug services: results from the Department of Health’s Black and minority ethnic drug misuse needs assessment project 2000-2006”.*

Professor Fountain chaired the day and also gave a presentation, which focused on the findings of the above

project which was conducted in three phases used the IRSI model of Community Engagement to train and support 179 organisations to conduct drug service needs assessments. The sample consisted of 40,000 people. Several publications have been produced as a result of this project and are available on at [www.nta.nhs.uk/publications](http://www.nta.nhs.uk/publications)

Professor Fountain highlighted the fact that drug using patterns amongst ethnic minority communities were not different to those of the whole population. However, she stressed that this does not mean that they can simply “slot into” existing services. She reminded participants that it is not the communities which are “hard to reach”, it’s the services!

She also spoke about the findings from the project in relation to the stigma associated with drug misuse. Stigma was mentioned by most respondents and was one of the barriers to entering services. An example of this is the fact that via the project, Black Caribbean males reported that they would be perceived as “weak” or “not a man” because the drug had “conquered” them.

**Professor David Napier, Professor of Social Anthropology, University College London.** *“What makes substance misuse abusive? An anthropological perspective”.*

Professor Napier’s talk focused on the influence culture, context and legality has on the use or misuse of any substance. He contrasted social versus the religious use of any substance. He discussed the work of Carlos Castaneda and his book “The Teachings of Don Juan: A Yaqui way of life” as an example of this. He also presented the Peyote Way Church of God and presented some of his fieldwork from Bali to illustrate these points.

Professor Napier discussed the work of the late Carlos Castaneda, who in the late 1960’s was read by millions but became a controversial figure. In his many books Castaneda described his experiences under the tutelage of a Yaqui shaman. One of the most controversial aspects of his writings is his descriptions of the consumption of psychotropic plants in order to induce altered mental states. His anthropological fieldwork has been heavily criticized by some who believe his claims are fictitious.

Professor Napier also discussed the use of peyote as part of religious rituals. Peyote is a controlled substance but it’s religious use in America is protected by Federal Law by Native American members of the Native American Church. Peyote use is protected in five American states. The Peyote Church of God grow peyote and use / eat it as part of their religious practice.

The context within which any substance is used will influence how it's use is perceived and ultimately whether it is seen as abusive or not.

**Dr Shamil Wanigaratne, Consultant Clinical Psychologist & Hon. Senior Lecturer, King's Health Partners, London.** *"Alcohol misuse amongst South Asian Communities in the UK: The challenges of measuring the size of the problem, prevention interventions and in delivering appropriate service provision".*

He discussed the problems associated with the use of the term "South Asian" and how there is a lack of clarity in relation to which communities are being referred to when this term is used. He also discussed the need to better understand the epidemiology of alcohol consumption within the South Asian communities in the UK. He highlighted the need to undertake research in this area focusing on a range of variables including generational factors, age, gender and religious affiliation.

Shamil then presented his initial ideas around a research project he in the process of establishing using an on line questionnaire in order to measure patterns of alcohol consumption in South Asians in the UK and asked participants for their suggestions and comments about the proposed study and

methodology. Conference participants shared their ideas and previous experiences with him. As a result he and his fellow researchers have since met and are in the process of revising the research proposal as a result.

**Dr Susan Beckerleg, Senior Research Fellow, University of Warwick.** *"Khat and Somali culture: Old and new traditions"*. The talk covered the following areas:

- A description of the key components and effects of khat
- The legality of khat in different countries
- Examples of previous attempts to control khat consumption
- Somali culture & khat
- Khat and it's links to politics
- Who consumes and how khat is consumed in Ethiopia, Yemen, Kenya, Uganda and in the UK
- The change in chewing traditions

Dr Beckerleg highlighted previous attempts by colonial authorities to ban the sale and consumption of khat in Djibouti, Somaliland, Aden and Kenya. They all proved unworkable and were quietly abandoned. She also discussed khat and it's link to politics giving the example of how khat was used in 1993 by delegates at a major conference to decide the future of Somaliland.

In her presentation, Dr Beckerleg highlighted what is known about patterns of khat use in the UK. Khat is mainly used by Somalis and Yemenis and those from khat producing countries. Men remain the main users of khat as women users are stigmatized. Around £3 to £5 a day is spent by individuals on khat.

Dr Beckerleg concluded her talk by stating *"Khat chewing never helped anybody"*.

**Dr Harry Sumnall, Reader in Substance Misuse, Centre for Public Health, Liverpool John Moores University.** *"What works in drug prevention for BME populations"*. The talk covered the following areas:

- Epidemiology
- Local projects
- International and national evidence
- Standards in drug prevention
- Listening to young people
- What should we do now?

Harry stated that two of the key questions in relation to drug prevention are "Do BME communities differ from the majority culture and others in relation to drug use". He stated that the epidemiological data is telling us that they do. The second question he discussed was "Does that difference require a different theoretical and conceptual approach to prevention?".

He stated that the evidence base is equivocal but our best answer is “no”.

Harry then discussed why it is important to consider the issue of culture in relation to drug prevention work. He explained how drug prevention is complex and gave participants an outline of what “works” and doesn’t work in this area.

- In the UK, whilst we are good at monitoring or estimating drug use in the general population, we know very little about drug misuse amongst different ethnic or cultural groups.
- Drug prevention can be used as a mechanism for reducing inequalities and social inclusion.
- Drug use cannot be viewed in isolation. Other factors such as family, peer, societal and community factors also need to be considered
- The importance of considering cultural factors
- There are very few good practice guides available. However he recommended the following:

*“Drug abuse prevention among youth from ethnic and indigenous minorities” (United Nations Office on Drugs & Crime 2004) and also “Community based interventions to reduce substance misuse among vulnerable and disadvantaged*

*children and young people (NICE 2007).*

**Harrinder Dhillon, Service Director, Drug & Alcohol Service for London.** *“Developing staff and services to meet the diverse substance misuse needs of diverse BME communities”.*

Harrinder provided an overview of a research studies, he and his colleagues conducted: ‘Alcohol Issues & the South Asian & African Caribbean Communities-Improving Education, Research & Service Development’ (Menzies-Banton, Dhillon, Johnson & Subhra 2006). The study was a partnership between Alcohol Concern, Foundation 66, De Montfort and Derby Universities. A questionnaire was devised and sent out to Alcohol Concern’s mailing list and to all regional DAATs. Forty two completed questionnaires were returned. All of the respondents were agencies providing Tier 2 – 4 interventions with the exception of one which provided a Tier 1 service.

Harrinder presented some of the key findings from this study which included the fact:

- Most services were only offered in English
- Little was being done in terms of monitoring paid language support
- The provision of translated material was reliant on the employment of staff with these skills

- None of the agencies indicated that there were different referral routes for BAME users
- None of the responding agencies saw any need to adapt their admission criteria or assessment and cultural assessment procedures

In relation to the matching of workers and clients, most respondents stated that they only matched staff with clients following a request from the client. The one exception was gender matching which took place for “safety reasons”. The researchers had difficulty in accessing information from the participating agencies on the ethnic profile of employees. Overall, recruitment rounds were not attracting BME workers. Harrinder stated that comments such as “in the next round we will advertise in the Black press” were made. He then discussed other staffing issues which had arisen when undertaking the study. These included:

- “It is important to permit the worker to develop their own work plan...”
- The importance of supervision. In some cases this was provided externally
- The impact of having an insecure financial future can have on staff recruitment and turnover

The research project identified a number of practical problems in relation to delivering a service to BME communities including:

- The need to identify interpreters
- Lack of funding/resources/training
- The influence of shame and stigma
- The location of services
- The extent to which there was organizational will and commitment
- The fact that the problem was denied and minimized
- The fear of “labeling” any community as being problematic
- Low uptake and withdrawal of services

Harrinder also made a number of good practice points. He highlighted the importance of locating any service within the communities it wishes to serve and the need to show some humility and to listen. He also highlighted the need for outreach work into communities. He stressed the importance of recruiting highly motivated BAME staff with the necessary skills to work with community members. He highlighted the benefits associated with developing “trainee” posts and also discussed user involvement. The provision of mother tongue counseling and the importance of undertaking work with community leaders were also discussed.

The final part of Harrinder’s presentation focused on the question “What is a culturally competent workforce?”

**Key points raised during the day:**

Some of the key points or questions made by participants during the course of the day included:

- ***“How and who is defining what is problematic use?”***
- ***“Culture and cultural background is not protective against developing a substance misuse problem”.***
- ***“What is the best way to train staff to become more culturally sensitive?”***
- ***“It is important to involve service users in research and in conferences like this”.***
- ***“I attend conferences a lot but I never really find out what is going to be done about the issues discussed”.***

[www.bme-mentalhealth.org.uk](http://www.bme-mentalhealth.org.uk)

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