Ethnic Minorities and Substance Misuse: Research Report, Feasibility Study & Conference Summary

Prepared by:
Ethnic Minorities Task Group, Swansea Substance Misuse Action Team
Foreword

This document has been prepared by the Ethnic Minorities Task Group of the Swansea Substance Misuse Action Team (SMAT). It represents the culmination of nearly two years of communities and service organisations working together as part of this task group to address what, locally at least, is a new and challenging area of concern. The document has three main sections: the Research Report; Feasibility Study; and Conference Report, which have been presented chronologically to reflect the logical progression from identifying the issue to considering and recommending possible responses to these. While each section is self-contained, together they present the perspective from a range of stakeholders, including from ethnic minorities themselves, both younger and older, as well as from service providers and commissioning bodies such as the SMAT.

Section One is the Research Report undertaken by the EMSMAT in 2004, which importantly became the first locally based substantive piece of evidence on the subject, and which made 5 key recommendations to the SMAT. It contains information on the prevalence of and attitudes towards substance misuse amongst both younger and older sections of ethnic minority groups.

Section Two is the Feasibility Study which was commissioned by the SMAT and undertaken in 2005 to assess and consider further those 5 recommendations. It investigates the perspective of a broader range of stakeholders, the financial and resource implications, as well as the legal and policy context for the issue of ethnic minorities and substance misuse, in order to provide a framework for action for service planners.

Section Three is the report of the Conference held in December 2005, convened by the SMAT, and attended by over 100 service providers, commissioners and policy makers in the field of substance misuse. As well as presentations from experts in the field, the conference report includes the views and reflections shared by participants in the afternoon workshops.

The document ends with some concluding remarks and recommendations for service providers, commissioners and policy makers to consider, however it is as ever for individuals and organisations to identify and take actions to ensure its broader vision becomes a reality. This vision is not a utopia where substance misuse does not exist within ethnic minority groups, but rather where it is understood by all, including by families, communities and health professionals, and can be adequately responded to, treated, or prevented by effectively working together with all stakeholders.

Rocio Cifuentes
EMSMAT Chair
CEMVO Wales Director
March 2006
# Ethnic Minorities and Substance Misuse: Research Report, Feasibility Study & Conference Summary

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**Contact Information**

* Images courtesy of www.freeimages.co.uk
Ethnic Minority Substance Misuse Research Report 2004

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Executive Summary

Background
There is little or no up to date locally based information on levels of substance misuse amongst ethnic minority communities in Swansea or Wales. Recognising the lack of existing information and local knowledge about the subject, in May 2004 the Ethnic Minority (EM) subgroup of Swansea’s Substance Misuse Action Team (SMAT) began a research project to assess levels of and awareness about substance misuse amongst young people and older people from ethnic minority communities in Swansea. The EM SMAT subgroup comprises a range of groups including those working specifically with ethnic minority clients as well as substance misuse treatment agencies. Design, analysis and execution of the research was carried out ‘in house’ relying on the resources of EM Subgroup members and their organisations.

Research Aims
The research was intended to provide information about substance misuse issues from two perspectives: 1) from young ethnic minority people (aged approximately 16-25); and 2) from older ethnic minority people – likely to be the parents of the first group. Specific objectives were:
- To assess awareness of and attitudes towards substance misuse issues amongst both young and older ethnic minority people
- To assess awareness of and use of existing substance misuse treatment services amongst both young and older ethnic minority people
- To assess levels and types of substance misuse prevalent amongst ethnic minority young people and older people in the Swansea area.
- To explore both younger and older groups’ views and suggestions for improving substance misuse treatment services in the area.

Research Design
The questionnaire was selected as the principal research tool. Questionnaires were distributed by four agencies working with ethnic minority clients and were collected by the same. The majority of questionnaires were self-completed. Two questionnaires were designed – one for use with young people and another for use with older people. The questionnaires used open and closed questions to yield both quantitative and qualitative data (see Appendix I).

Research Sample
Opportunity sampling was used to distribute and collect questionnaires from clients at four key ethnic minority organisations in Swansea. 168 completed questionnaires were collected by the four agencies: 93 from young people and 75 from older people. Collectively, this sample represents 4% of the ethnic minority population aged 16-49 in Swansea (see Table 4 below.)

Of the young people nearly 80% of respondents were male. Of the older people 64% were female. Within the younger sample the largest ethnic category was ‘Bangladeshi/Bengali/ British Bangladeshi’ with 56% of respondents describing their ethnicity in this way. Within the older sample the largest ethnic category was the same, but with only 28% of respondents subscribing to this group. The distribution of respondents in terms of age,
gender and ethnic group reflects the client base of the four agencies involved in the research. 

Taken as a whole, the ethnic profile of the sample corresponds closely with the ethnic minority population of Swansea according to latest census figures. (see tables 1, 2, 3 & 4)

Conclusions
The research indicates a high incidence of drug use amongst the young person sample, particularly use of cannabis (including skunk), and a lower but significant use of alcohol and class A and B drugs (amphetamine, heroin, crack, cocaine), which is evident across the age groups from Under 16 to Over 25, but peaking at the 16-25 age groups, and across ethnic, religious and gender groups. The research also suggests that the majority (about two thirds) of respondents do view drug use as problematic.

However, the young person sample combined a low general awareness and uptake of drug support services with a low stated wish to know more about these. Some indications regarding barriers to use are given – many of which focus on the cultural barriers which are perceived as stopping young ethnic minority people from accessing services.

The response from the older sample provides some clues as to the generation gaps present within ethnic minority communities. Within the older sample, there is much lower recognition of drug names, and a lower reporting of drug use in people they know. Here however, the sensitivity and cultural stigma of the issue of drugs must be considered as a factor affecting responses given. Like the younger group, about two thirds of older respondents do see the drug use they are aware of as problematic, with many of the same reasons being given: damage to health, damage to society. Overall, there is a greater focus on the damage to the community in general, rather than the damage to the individual, which is what the younger group highlights.

The response from the older sample also reveals low general awareness of drug support services, low uptake of them, and again, combined with a low stated wish to know more about these. Indications of perceived barriers are given which echo some of the young people’s concerns about increasing the cultural accessibility, visibility and ethnic, linguistic and cultural mix of drug support services and their staff.

Recommendations
The following recommendations are made based on the ideas, suggestions and common themes emerging from the research carried out:

1. Increase cultural awareness of existing drug support service staff by providing quality training and information on issues present in ethnic minority communities.
2. Establish a service/services specifically targeted at working with ethnic minority communities, which will liaise effectively with other services.
3. Develop outreach programmes targeted specifically at ethnic minority young people.
4. Launch information and awareness raising campaigns targeted specifically at ethnic minority older people.
5. Establish meaningful and structured communication processes with the diverse ethnic minority groups and organisations to ensure effective integration of culturally diverse perspectives into ‘mainstream’ policy and practice.
### Table 1

**Census 2001: Ethnic Groups in Swansea**

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Castle</th>
<th>Swansea</th>
<th>Wales</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>93.9</td>
<td>97.8</td>
<td>97.9</td>
</tr>
<tr>
<td>of which White Irish</td>
<td>1.1</td>
<td>0.6</td>
<td>0.6</td>
</tr>
<tr>
<td>Mixed</td>
<td>0.7</td>
<td>0.5</td>
<td>0.6</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>3.9</td>
<td>1.0</td>
<td>0.9</td>
</tr>
<tr>
<td>Indian</td>
<td>0.4</td>
<td>0.2</td>
<td>0.3</td>
</tr>
<tr>
<td>Pakistani</td>
<td>0.3</td>
<td>0.1</td>
<td>0.3</td>
</tr>
<tr>
<td>Bangladeshi</td>
<td>2.8</td>
<td>0.4</td>
<td>0.2</td>
</tr>
<tr>
<td>Other Asian</td>
<td>0.4</td>
<td>0.2</td>
<td>0.1</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>0.3</td>
<td>0.1</td>
<td>0.2</td>
</tr>
<tr>
<td>Caribbean</td>
<td>0.0</td>
<td>0.0</td>
<td>0.1</td>
</tr>
<tr>
<td>African</td>
<td>0.3</td>
<td>0.1</td>
<td>0.1</td>
</tr>
<tr>
<td>Other Black</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>Chinese or Other Ethnic Group</td>
<td>1.3</td>
<td>0.5</td>
<td>0.4</td>
</tr>
</tbody>
</table>

Source: 2001 Census, ONS

### Table 2

**Ethnic identification of Sample (Young and Older people combined)**

<table>
<thead>
<tr>
<th>Ethnic Group*</th>
<th>Percentage**</th>
<th>Ethnic Group (cont)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladeshi/ Bengali / British Bangladeshi</td>
<td>43</td>
<td>Kurdish</td>
<td>2</td>
</tr>
<tr>
<td>Asian / British Asian</td>
<td>6</td>
<td>Georgian</td>
<td>1</td>
</tr>
<tr>
<td>Black African/ African</td>
<td>5</td>
<td>Welsh</td>
<td>1</td>
</tr>
<tr>
<td>None stated</td>
<td>11</td>
<td>Irish</td>
<td>1</td>
</tr>
<tr>
<td>Pakistani</td>
<td>9</td>
<td>Mauritian</td>
<td>1</td>
</tr>
<tr>
<td>Welsh-Bengali</td>
<td>1</td>
<td>Chinese</td>
<td>1</td>
</tr>
<tr>
<td>Half White-half Chinese</td>
<td>1</td>
<td>Libyan</td>
<td>1</td>
</tr>
<tr>
<td>Afro-Caribbean</td>
<td>1</td>
<td>Nigerian</td>
<td>1</td>
</tr>
<tr>
<td>White</td>
<td>4</td>
<td>Algerian</td>
<td>1</td>
</tr>
<tr>
<td>Punjabi</td>
<td>1</td>
<td>Polish</td>
<td>1</td>
</tr>
<tr>
<td>Moroccan</td>
<td>1</td>
<td>Mixed Race</td>
<td>1</td>
</tr>
<tr>
<td>Somali</td>
<td>2</td>
<td>Black</td>
<td>1</td>
</tr>
<tr>
<td>Turkish</td>
<td>1</td>
<td>Latin American</td>
<td>1</td>
</tr>
<tr>
<td>Indian</td>
<td>3</td>
<td>Filipino</td>
<td>1</td>
</tr>
<tr>
<td>Iraqi</td>
<td>1</td>
<td>Arab</td>
<td>1</td>
</tr>
</tbody>
</table>

* Ethnic identifications are self-ascribed, no predetermined options were given.

**Percentages are rounded to nearest whole number and so may not add up to 100.
**Table 3**

Ethnic Groupings of Swansea in Numbers and Percentage of Overall Population

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>Number</th>
<th>% of Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>218,499</td>
<td>97.86</td>
</tr>
<tr>
<td>Mixed</td>
<td>1,109</td>
<td>0.50</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>2,197</td>
<td>0.98</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>286</td>
<td>0.13</td>
</tr>
<tr>
<td>Chinese or Other ethnic Group</td>
<td>1190</td>
<td>0.53</td>
</tr>
</tbody>
</table>

*Source: Census, 2001*

**Table 4**

Ethnic Groupings of Swansea by Age Group (in Numbers)

<table>
<thead>
<tr>
<th>Ethnic Group</th>
<th>0 - 1 years</th>
<th>1 6 - 4 years</th>
<th>9 5 0 - 6 years</th>
<th>4 65+years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>40,793</td>
<td>96,942</td>
<td>40,151</td>
<td>40,613</td>
<td>218,499</td>
</tr>
<tr>
<td>Mixed</td>
<td>513</td>
<td>491</td>
<td>69</td>
<td>36</td>
<td>1,109</td>
</tr>
<tr>
<td>Asian or Asian British</td>
<td>687</td>
<td>1,214</td>
<td>213</td>
<td>83</td>
<td>2,197</td>
</tr>
<tr>
<td>Black or Black British</td>
<td>56</td>
<td>192</td>
<td>29</td>
<td>9</td>
<td>286</td>
</tr>
<tr>
<td>Chinese or Other ethnic Group</td>
<td>245</td>
<td>808</td>
<td>94</td>
<td>43</td>
<td>1,190</td>
</tr>
</tbody>
</table>

*Source: Census, 2001*
Ethnic Minority Substance Misuse Research Report 2004

Research Findings: Young People

- Three agencies collected 93 questionnaires from their young ethnic minority clients.
- Of the respondents, 74 were male and 14 were female (see Chart 1)
- 26% of the sample were under 16, 27% were 16-18, 32% were 19-25 and 11% were over 25. (see Chart 2)
- In terms of ethnicity, 56% identified as ‘Bangladeshi/Bengali/British Bangladeshi’, 12% did not state an ethnic group, 8% identified as Asian/British Asian’, 6% as ‘Pakistani’, and 4% as ‘White’. Other ethnic identities were also present in smaller numbers (see Chart 3).
- 77% of young respondents identified as Muslim, 11% did not state their religion, and a small remainder identified as Sikh, Christian, Buddhist or Atheist. (see Chart 4)

Awareness of Drugs

To assess respondents’ awareness of drugs a list of 14 drug types as used by the British Crime Survey (2000) was used and respondents were asked to tick which drugs they had heard of. To test for over-reporting of drugs knowledge, which has been found to occur with young people especially, this list includes the bogus drug ‘semeron’ which is not actually a drug. The EM SMAT group added the category ‘alcohol’ to the list.

- 100% of young people surveyed stated that they had heard of cannabis and alcohol.
- 87% of respondents had heard of more than half of the drugs listed, with the vast majority excluding semeron and one or two other drugs.
- 25% stated that they had heard of all of the drugs listed except for ‘semeron’.
- 15% stated that they had heard of all the drugs listed including ‘semeron’.
- The most commonly recognised drugs were: cannabis, cocaine, ecstasy, heroin, acid, magic mushrooms, crack and alcohol.
- The least commonly recognised drugs were semeron, methadone, and amyl nitrate (poppers).

From these results we may conclude that the sample has a broad awareness of drugs and that since 85% of respondents did not claim to have heard of semeron we may assume that recognition of drugs was not exaggerated by most.

There were no marked differences in answers from different age, gender, religious or ethnic groupings. Additional names given for some of the drugs included ‘Mary Jane’, ‘MJ’ and ‘chronic’ for Cannabis/Marijuana.

Use of Drugs

Leading on from the drug awareness question was a question about current or previous personal use of any of the drugs listed.

- 56% of respondents stated that ‘Yes’ they were currently using or had previously used one of the drugs listed; 43% answered ‘No’ to this question.
- 46% of under 16 year olds, 56% of 16-18 year olds, 57% of 19-25 year olds and 50% of over 25 year olds answered ‘Yes’ to personal use.
- 43% of respondents reported personal use of ‘Cannabis’ ‘Skunk’ or ‘Blow’ – with 17% reporting level of use as ‘daily’.
- Alcohol was the second most reported drug used with 23% of respondents reporting personal use – but with less reported frequency – mostly ‘a few times a week’.
- 3% of respondents reported personal use of Cocaine.
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- Smaller percentages (1-2%) reported personal use of Ecstasy, Magic mushrooms, Glue, Valium, Crack and Heroin. Those reporting personal use included respondents from all ethnic groups, all religious groups, and included both males and females.

Respondents were also asked whether they knew anyone who was currently or had previously used any of the drugs listed.
- 81% of respondents answered ‘Yes’ to this question; 18% answered ‘No’.
- 50% of under 16 year olds answered ‘Yes’ to this question; 84% of 16-18 year olds; 70% of 19-25 year olds, and; 70% of over 25 year olds.
- The most commonly listed drugs reported as being used by acquaintances were:
  - Cannabis/Blow/Ganja/Weed/MJ (51%)\(^1\)
  - Alcohol (16%)
  - Skunk (13%)
  - Ecstasy/E/Pills (11%)
  - Cocaine/Coke (7%)
  - Amphetamine/Speed/Whizz (6%)
  - Heroin (4%)
  - Crack (4%)
  - Acid/LSD (3%)
  - Poppers (2%)
  - Smack, Steroids, Tranquilisers, Temazepan, Solvents, Magic Mushroom (all 1% each)
  - ‘All or most of the above’ (4%)
- 68% of respondents stated that the people they knew using drugs were ‘Friends’, 45% said ‘People in the community’, 24% said ‘Family’ and 18% said ‘Other’.
- 25% of respondents stated that the people they knew using drugs were aged under 16, 71% said they were aged 16-25, 25% said they were 25-40, 3% said they were 41-60 and 1% said they were Over 60.

These answers suggest a fairly high (over 50%) incidence of drug use amongst the sample group and their acquaintances. While the most prevalent drug is Cannabis, there also appears to be a range of other drugs in circulation including Class A drugs such as Heroin and Cocaine.

Attitudes towards Drug Use

Asked whether they saw the drug use they were aware of as a problem:
- 65% answered ‘Yes’; 32% answered ‘No’.
- Of those who answered ‘Yes’, reasons given focused on the problems of addiction/ruining your life (22%), negative impact on society e.g. crime (23%), health problems (13%), and impact on family relationships (5%).
- Of those who answered ‘No’, reasons were less often given, but those that did, suggested that drug use was a matter of individual choice/ was just a laugh/ didn’t harm anyone else (6%) or relieved stress (3%)\(^3\).
- Nearly all of those stating that ‘No’ they did not see drug use as a problem either reported no use of drugs by themselves or others, or reported only Cannabis and Alcohol use on a less than daily basis.

\(^1\) Percentages given as a percent of the whole sample, not out of those answering ‘Yes’ to this question.
\(^2\) Respondents could choose more than one category, so percentages do not add up to 100.
\(^3\) Percentages are given here as a percentage of the whole young person sample.
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- Those answering ‘No’ to this question were spread evenly across the age groups, but were more likely to have answered ‘No’ to the question on personal drug use.

Typical explanations given by those who did see drug use as a problem were:
- “Anti-social behaviour, less commitment to education.”
- “It fucks them up and affects close friends and family”
- “Because it is addictive”
- “It’s bad for you and your health and it’s a waste of money”.

Explanations given by those who did not see drug use as a problem included:
- “It’s not my life and if they wanna take them it’s their choice”
- “Cause it’s nice to chill at the end of the working day, although any intoxication is harmful”
- “Cos we don’t really harm anyone else when we doing it. It’s ourselves – it becomes a hobby – you go and read books, we smoke spliffs”.

Awareness of Drug Support Services
The young people were asked whether they knew of any services available for people who want support to come off drugs.
- 54% of respondents answered ‘No’ to this question; 40% answered ‘Yes’.
- Of the 40% who answered ‘Yes’, the services named were ‘Doctor’ (19%), Youth Access (5%), SWANSEA DRUGS PROJECT (2%), CDAT (2%) and Frank (2%). Other responses included: WGCADA, NAFAS, AA, Hope House Teen Challenge, the Job Centre and ‘my family’ (1% each)

The next question prompted respondents to say whether they knew about four named drug services: SWANSEA DRUGS PROJECT (Swansea Drugs Project), WGCADA (West Glamorgan Council on Alcohol and Drug Abuse); CDAT (Community Drug and Alcohol Team) and Your Local Doctor.
- 40% of respondents said they knew about their Local Doctor
- 10% of respondents said they knew about SWANSEA DRUGS PROJECT
- 5% of respondents said they knew about WGCADA
- 4% of respondents said they knew about CDAT

Accessing Services
Respondents were asked whether they or anyone they knew had ever received support from any of the services named:
84% of respondents answered ‘No’ to this question; only 9% of respondents answered ‘Yes.

Those who answered ‘Yes’ were asked what this experience had been like. Of these, all respondents reported a positive or neutral experience described as “good”, “ok”, “very supportive”. There were no negative reports, but some stated that they couldn’t say or didn’t know.
Those who answered ‘No’ were asked why they thought support had not been accessed. Common themes emerging here can be categorised as:

- Didn’t know about Services (8%)
- Help not needed/ not wanted (8%)
- Fear of exposure/ shame/stigma of accessing services (3%)
- Culturally inappropriate Services (2%)

Example answers are:
- “because there was no knowledge of relevant services”
- “maybe they feel they don’t need it”
- “they won’t understand me or any of my mates: they don’t know my culture or religion.”

The young people were then asked whether they would like to know more about these services, for themselves or for others:
- 68% of respondents answered ‘No’ to this question; 28% answered ‘Yes’.

Given the relatively low knowledge of services available, it is surprising that such a high percentage stated that they did not want to know more about this.

**Views on Drug Support Services**

Respondents were asked whether they had any views on drug support services in Swansea:
- 70% of respondents gave an answer to this question; 30% did not.
- Of those answering, common themes were:
  - Improving cultural accessibility of services – having more Asian workers/ working more closely with communities/ understanding religion and culture more (31%)
  - Improving accessibility/availability of services (9%)
  - Better advertising of services – to young people and to parents/wider community and information in different languages (7%)

Example answers include:
- “Need a worker who can better understand the people and the problem”
- “Better publicity, more information to parents”
- “More Asians to talk to”
- “Swansea community needs to do more and not waste money on stupid projects like Info-nation on the Kingsway. That place is a waste of money because it is always closed”.

Respondents were asked what the best type of drug support service would like, specifically in terms of location, times and staff.

In terms of location:
- 30% of respondents stated it should be in central Swansea/town/St Helen’s Road
- 25% of respondents stated it should be located in Hafod
- 5% stated it should be somewhere private/ discreet/ out of the way.
In terms of times:
• 33% of respondents stated it should be available in the evenings
• 24% of respondents stated it should be available all hours/24 hours
• 23% of respondents stated it should be available in the daytime

In terms of staff:
• 14% of respondents said they would like staff who were multi-ethnic/multi-cultural/like myself/can relate to ethnic minorities/
• 11% said they would like staff who were friendly/talkative/non-judgemental
• 5% said they would like staff who were young
• 4% said they would like staff who had ‘been there done that’/were ex-addicts/ ‘could relate’
• 2% said they would like staff who were trained/educated

Any other Comments
16% of respondents gave a comment here. The few responses all had a common theme of commending the work started and calling for more work to be done to address the issue of drugs in ethnic minority communities. Example responses are:
• “Good luck with the work you are doing for the community, ethnic or not!”
• “Help us before the youth mess up their lives”
• “Cannabis that I am doing is wrong as this reflects badly on the youngsters. As I am the oldest therefore they would follow what I am doing.
• “Education for the ethnic group is needed urgently”

Research Findings: Older People
• 75 questionnaires were collected by three agencies working with older ethnic minority clients.
• Of the respondents, 22 were male and 48 were female (see Chart 1).
• 44% of respondents were aged 18-30, 36% were aged 31-45, 8% were aged 46-60 and 4% were aged over 60 (see Chart 2).
• In terms of ethnicity, the largest group was that identifying as ‘Bangladeshi/Bengali/British Bangladeshi’ (28%) followed by ‘Pakistani’ (12%), ‘Black African/African’ (11%), and no ethnic group stated (11%) (see Chart 3).
• 54% of the older respondents were Muslim, 19% did not state a religion, and 17% were Christian (see Chart 4).

Awareness of Drugs
In order for results to be comparable with the younger sample, the same list of drugs (including alcohol) was shown to older respondents in the questionnaire. Overall, a much lower recognition rate of drugs is apparent than in the young people’s sample:
• 52% of respondents recognised under half of the drugs listed; 36% recognised over half (but not all) of the drugs; 3% recognised all drugs listed; 3% recognised none of the drugs listed; 3% did not answer the question.
• 3% claimed to have heard of the bogus drug ‘sermon’.
Rather than the youth-related problem of over-reporting recognition of drugs, there are some suggestions from those administering questionnaires, that the inverse may be true within this sample – due to the cultural sensitivity of the subject, respondents may under-report recognition of drugs.

Use of Drugs
Respondents were asked whether they knew anyone who was currently using or had ever used any of the drugs listed. Results here were in clear contrast to those from the young people:

- 56% of respondents answered ‘No’ to this question; 39% answered ‘Yes’

From those who answered ‘Yes’ to this question, asked to identify whether these people were family, people in the community or other:

- 19% ticked the ‘People in your community’ box
- 5% ticked the ‘Family’ box
- 19% ticked the ‘Other’ box – specifying a range of answers including: ‘colleagues’, ‘clients/patients’, ‘friends’, ‘tenants’ and ‘young people’.

Attitudes towards Drug Use
Respondents were asked whether, if they aware of any drug use in their community, they saw this as a problem. Despite only 39% having stated that they knew anyone using/who had used drugs, a much higher percentage stated that they did see drug use in their community as a problem:

- 64% of respondents answered ‘Yes’ they did see drug use in their community as a problem; 29% answered ‘No’.

Respondents were asked to give reasons for their answer:

- 39% of respondents gave no answer, most of these being those who had stated they did not see drug use as a problem.
- Of those explaining why they did see drug use as a problem, explanations focused on the negative effects of drug use on the community, and on the negative impact on the family, health, and income of the drug user. For example:
  - “It brings down the name of the community and people will think our people are rough and rubbish”
  - “Where drug use is widespread in a community it is indicative of the degradation of the very morals which uphold society. Higher crime and higher violent crimes are also associated with drug use”
  - “These people have various problems – i.e. family, income, educational, crime.”

Of those who said they did not see drug use a problem, two thirds gave no explanation, but of those who did give an explanation, most emphasised the fact that they did not know of any drug use in their community. E.g.:

- “I have not come across any incident or even gossip of use of drugs amongst people we interact with. There are some instances of use or intake of alcohol, but this is very much in control and more of social drinking.”
- “I haven’t heard or seen anyone”

4 Percentages are given as a percent of the total number of respondents, rather than as a percent of those answering that question.
Ethnic Minority Substance Misuse Research Report 2004

- A small minority of respondents (2%) who stated they did not see drug use as a problem, argued that it was up to the individual or did not cause any problems.

Awareness of Drug Support Services
As in the young person’s questionnaire, respondents were asked if they knew of any services available to help people stop taking drugs. Results here are similar to the young person’s sample, but with a higher percentage not answering the question at all.
- 57% of respondents answered ‘No’ to this question; 23% answered ‘Yes’
- Of those answering ‘Yes’, the most common service specified was ‘GP’ (4%), followed by CDAT (3%) and Alcoholics Anonymous (3%). Other services mentioned included WGCADA, PSALTS, SWANSEA DRUGS PROJECT, Youth Project, Counselling, TV Adverts and Voluntary Sector.

When prompted to say whether or not they knew that support was available from four named services, responses were as follows:
- 25% of respondents knew about their Local Doctor.
- 9% of respondents knew about SWANSEA DRUGS PROJECT (Swansea Drugs Project)
- 4% of respondents knew about WGCADA (West Glamorgan Council on Alcohol and Drug Abuse),
- 4% of respondents knew about CDAT (Community Drug and Alcohol Team)

These results suggest that awareness about drug support services is slightly lower amongst the older people sample than in the young people’s sample. However the possibility of under-reporting (due to stigma/ social embarrassment) by the older population should again be considered.

Accessing Services
Respondents were asked whether they or anyone they knew had ever received support form any of the services named. In contrast to their lower reported awareness about drug support services, older respondents were slightly more likely than young respondents to answer ‘yes’ to this question:
- 77% of respondents answered ‘No’ to this question; 16% answered ‘Yes’.

Those that answered ‘Yes’ were asked what this experience was like. All but one of those answering here reported a positive experience of services by themselves or their acquaintance e.g.:
- “My friend is going to the Alcohol Anonymous meetings and he is finding it beneficial”
- “Services in the SWANSEA DRUGS PROJECT project are excellent. I personally have been there and the staff are very supportive”.
- “Very good they are on a rehab programme”

One respondent said the experience was “Demoralising”.

Those that answered ‘No’ were asked why support was not accessed. Most people did not answer this question, but of those who did, responses can be categorised as:
- People are afraid or reluctant to seek help/ unwilling to confront their problem (7%)
- People don’t know where to go (5%)
- Support is not needed (5%)
This response is similar to that of the younger sample in terms of the lack of awareness and fear of stigma that it highlights as barriers to accessing services. The response from the older sample differs however, in that it does make mention of services being culturally inaccessible, as the younger sample does.

Respondents were then asked whether or not they would like to know more about any of these services, for themselves or for others. Like the younger sample, the majority of respondents answer no to this question, but with a smaller majority than the younger respondents. It is still surprising given the low level of awareness they report in the previous questions.

- 53% of respondents answered ‘No’ to this question; 37% answered ‘Yes’.

**Views on Services**

Most people (60%) did not answer this question, but of the 40% who did, common themes emerging were:

- Services need to be working more closely with communities/ better targeting of ethnic minority communities (15%)
- Greater awareness needs to be promoted of the help and services available (15%)
- More work needed focusing on drug prevention within schools (4%)

Example answers are:

- “Have support workers going to people’s houses and give Asian families a 10-15 minute talk about drugs and how to see the signs in their children”
- “They are not reaching the groups they need to target. They need to get more involved with community work”
- “Support services should be working more closely with the communities and educating them about drug and alcohol problems”

These views are similar to those expressed by the young people’s sample, albeit with a lower response rate by the older sample. The emphasis is on the need to improve links to the minority ethnic communities, either through more targeted work, as the older sample suggest, or through employing more staff from minority ethnic communities, as the younger sample suggest.

Asked specifically about what the best drug support service would like in terms of location, times and staff, 65% of the sample answered the question, 35% did not. Of those who did, common themes can be grouped as:

In terms of location:

- 27% of respondents stated it should be in central Swansea
- 17% of respondents stated it should be located close to the communities/ community-based.
- 5% of respondents stated it should be discreetly and privately located
Ethnic Minority Substance Misuse Research Report 2004

In terms of times:
- 24% of respondents stated it should be available 24 hours/all the time
- 9% stated it should be flexible
- 9% stated it should be available all day
- 7% stated it should be available in the evenings
- 4% stated it should be available outside of normal work hours.

In terms of staff:
- 17% stated that staff should be of mixed ethnic backgrounds/bilingual/from the community/representative of those it served
- 16% stated that staff should be friendly and supportive
- 16% stated that staff should be well trained/educated/qualified
- 5% stated that staff should be culturally aware/unprejudiced
- 4% stated that staff should be ex-users of drugs
- 4% stated that the staff should be of mixed gender and ages

Any other Comments
As with the young people, only a minority (16%) of the older sample gave an additional comment. Again, in common with the young people they were all emphasising the need for greater awareness raising amongst ethnic minority communities. Example comments are:
- “It’s encouraging to see that attempts are being made to remedy a serious problem”
- “Drug addiction is a serious problem – it destroys lives”
- “A lot of young Asian boys and girls are into drugs these days. It’s up to the local community to stop it happening. Most of all its’ about educating families. If it helps then it’s worthwhile giving a 10-15 minute talk in the local mosques. And encouraging the men to go home and educate their wife and kids.”
Ethnic Minority Substance Misuse Research Report 2004

Chart 1: Gender of Respondents

![Bar chart showing gender distribution of respondents.]

- Male: 74
- Female: 48
- Not Stated: 6

Chart 2: Age groups of Respondents

**Age groups of Respondents (Young People)**

- Under 16: 24
- 16-18: 25
- 19-25: 30
- 25+: 10
- Not Stated: 4

**Age Groups of Respondents (Older People)**

- 18-30: 33
- 31-45: 27
- 46-55: 6
- 60+: 3
- Not Stated: 5

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Chart 3: Ethnic identification of Respondents

Ethnic Category of Respondents (YP)

- Bangladeshi/ Bengali / British Bangladeshi: 56%
- Asian / British Asian: 8%
- Black African/ African: 1%
- None stated: 12%
- Pakistani: 6%
- Welsh-Bangali: 2%
- Half White-half Chinese: 1%
- Afro-Caribbean: 1%
- White: 1%
- Punjabi: 1%
- Morrocan: 1%
- Somali: 1%
- Indian: 4%
- Chinese: 2%
- Latin American: 1%
- Arab: 1%

Chart 4: Religious Category of Respondents

Religion of Respondents

- Muslim: 112
- Sikh: 71
- Hindu: 41
- Roman Catholic: 3
- Christian: 2
- Atheist/ None: 0
- Buddhist: 2
- Not Stated: 168
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Ethnic Minorities & Substance Misuse Feasibility Study

Executive Summary

1. This feasibility study presents the findings of a three-month stakeholder consultation exercise funded by the Swansea Substance Misuse Action Team Fund 2004-2005.

2. Its aim was to assess the five recommendations made by the Ethnic Minorities and Substance Misuse Research Report, presented to the SMAT Steering Group in January 2005.

3. The methodology is a stakeholder consultation and analysis, which together with a literature review and resourcing exercise informs the conclusions of the study. Key stakeholder groups consulted were: existing substance misuse service providers, ethnic minority organisations, and ethnic minority communities/individuals.

4. The summary of responses suggests a strong consensus on the need to act quickly to increase the cultural competence, inclusivity and responsiveness of existing services to the identified needs of ethnic minority communities/clients (recommendation 1). Closely linked to this is agreement on the need to increase communication with ethnic minority groups/communities through a range of methods (recommendation 2).

5. Resource assessment suggests that recommendations one and two could be implemented fairly quickly and possibly within existing resources.

6. There is a widespread view that, while not constituting a discrete service, the appointment of a minority link worker to liaise between ethnic minority communities/clients and mainstream services would facilitate the implementation of recommendations one and two.

7. The literature review identifies key themes which were echoed during the consultation which highlight the gulf in cultural understanding between mainstream services and minority communities. The literature review, together with stakeholder analysis suggests that there is a need to reconcile definitions of ‘use’, ‘misuse’, ‘harmful’, ‘recreational’ and so on, to respect and recognise cultural variations of this.

8. A second consideration emerging from the consultations is the need to consider the diversity of approaches within existing services – from ‘harm-reduction’ to ‘abstinence’ models – to consider the model(s) most appropriate, effective and culturally resonant for the target group.

9. The term ‘drugs’ is used in this study to include both alcohol and drugs, however there is also a need for further consideration of the distinctions made by some ethnic minority groups between the two, which does not always resonate with the ‘mainstream’ tendency to normalise the former and problematise the latter. This is beyond the scope of this study, but should be a subject for later consideration.
10. The findings and recommendations of this feasibility and research report need to be considered in the light of recent key legislation and government directives. In particular the Race Relations Amendment Act (2000) places a duty on all statutory bodies to proactively ensure that all services are fair and accessible to all, whilst acknowledging and respecting diverse cultures and backgrounds. Additionally the UK Governments Drug Strategy aims to ensure that diversity issues are addressed with the specific objectives of:

- Increasing the number of minority ethnic users receiving drug treatment.
- Increasing the number of young people from minority ethnic backgrounds receiving drug prevention, education and treatment.

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We would like to thank all those individuals and organisations who gave up their time to contribute to this feasibility study, either by taking part in community information events, being interviewed, providing advice or guidance. This includes representatives from SBREC, MEWN Swansea, EMS, EYST, SWANSEA DRUGS PROJECT, CDAT, WGCADA, SMAT, CEMVO, BEN, South Wales Police and others.

We would also like to thank NAFAS a London based ethnic minority substance misuse service for their guidance, support and expertise throughout the research process and for their attendance at one of the community information events.

Special thanks are due to those who have driven the whole research process through their regular attendance and participation in the Ethnic Minorities Task Group. This includes representatives from the following organisations:

- South Wales Police
- Council of Ethnic Minority Voluntary Organisations (CEMVO) Wales
- Swansea City Council Youth Access Ethnic Mentoring Service (EMS)
- Ethnic Youth Support Team (EYST)
- Black Environment Network (BEN)
- West Glamorgan Council for Alcohol and Drug Abuse (WGCADA)
- Swansea Substance Misuse Action Team (SMAT)
Ethnic Minorities & Substance Misuse Feasibility Study

Introduction and Methodology

Background to the Study
1. The Ethnic Minority Subgroup of Swansea’s Substance Misuse Action Team (SMAT) was set up in May 2004 to begin to address a gap in understanding and knowledge regarding ethnic minority communities and substance misuse locally. One of the group’s key achievements was the undertaking, analysis and dissemination of exploratory research into levels of use and levels of awareness about substance misuse and substance misuse services amongst ethnic minority groups locally, young and older. The findings of this research indicated higher than previously recognised levels of substance misuse amongst ethnic minority groups, combined with low awareness about drug support services¹.

2. The EM SMAT Research Report also made a number of recommendations based on its findings. These recommendations (see below) were presented to the Steering Group of the Swansea SMAT for consideration. In January 2005 the Steering Group approved a bid made by the EM SMAT Subgroup for funds to undertake an in-depth feasibility study assessing the key recommendations.

Aims
3. The aims of this study are therefore:
   i. To assess the feasibility of the four development options (below)
   ii. To consult with stakeholders on the five research recommendations made (below)
   iii. To consider the practical ways in which existing agencies can begin to work together to achieve this, and
   iv. To examine the resource implications of each option.

4. This feasibility study assesses four distinct development options available to SMAT agencies in Swansea. They are:
   a. To develop existing service provision to become more culturally competent and responsive to ethnic minority clients’ needs.
   b. To develop new service provision specifically targeted at working with ethnic minority clients.
   c. To do both of the above.
   d. To do none of the above.

5. More specifically, the study assesses each of the five recommendations made in the EM SMAT Research Report. These are:
   i. Increase cultural awareness of existing drug support services staff by providing quality training and information on issues present in ethnic minority communities.
   ii. Establish a service/services specifically targeted at working with ethnic minority communities, which will liaise effectively with other services
   iii. Develop outreach programmes targeted specifically at ethnic minority young people.

¹ (For full report see Appendix 5.)
Ethnic Minorities & Substance Misuse Feasibility Study

iv. Launch information and awareness raising campaigns targeted specifically at ethnic minority older people.
v. Establish meaningful and structured communication processes with the diverse ethnic minority groups and organisations to ensure effective integration of culturally diverse perspectives into ‘mainstream’ policy and practice.

Methodology

6. The design of this study is mainly qualitative, with the key method being stakeholder consultation and analysis. Three key stakeholder groups were consulted:
   i. Ethnic minority organisations
   ii. Substance misuse service providers
   iii. Ethnic minority communities/individuals

7. Ethnic Minority Organisations
   Semi-structured interviews were held with representatives from three longstanding ethnic minority organisations in Swansea. Interviewees were asked about their general views regarding ethnic minorities and substance misuse issues, as well as for their specific response to each of the four feasibility options and five research report recommendations. Interviewees had been sent the EM SMAT research report (2004) prior to the interview. These organisations were selected due to their wealth of experience and in-depth understanding of key ethnic minority issues and concerns. As such, their views can be taken as reflective, and to some extent representative of their wider client group’s concerns and experiences.

8. Substance Misuse Service Providers
   Again, these interviews were semi-structured, and were held with senior management representatives of the three main substance misuse service providers in Swansea. Interviewees were asked about their general views regarding ethnic minorities and substance misuse issues, as well as for their specific response to each of the four feasibility options and five research report recommendations. Interviewees had also been sent the EM SMAT research report prior to the interview. The three main substance misuse service providers in the area were consulted, two of which are direct access units, and the third referral-only.

9. Ethnic Minority Communities/Individuals
   Four community awareness events were held, targeted at older males; older females; younger males; and younger females. At each event, translation services were made available, as appropriate. The aims of the events were:
   a. To inform attendees of findings of the EM SMAT Research Report
   b. To inform attendees of services available, through presentations by key substance misuse service providers
   c. To consult with the attendees on their general views regarding ethnic minorities and substance misuse, and on the five recommendations from the research report and four feasibility options.

1 (For full report see Appendix 5.)
Ethnic Minorities & Substance Misuse Feasibility Study

Literature Review

Ethnic Minority Communities and Drugs Services: A literature review

1. This section will briefly review the literature regarding ethnic minority groups and access to drugs services. The coverage is not exhaustive; indeed, the literature on this particular area is substantial. Rather, the aim here is to illuminate some of the key themes that these studies comment upon, and which may be relevant in the Swansea context. It should also be noted however, that this review relies almost entirely on research carried out in England, not Wales, and there is an important gap in information on the Welsh context.

Information

2. It has been documented that one of the key issues surrounding drug service providers and delivery to ethnic minorities concerns the lack of information that service providers have on the minority communities (and patterns of drug use within a given minority community) in their locality. However, drug service providers cannot be exclusively blamed for such discrepancies. There is a powerful imagery at play here and one which stereotypes racial groups (Sangster et al. 2002). For example, Afro-Caribbean people being associated with the use of cannabis and crack cocaine, south Asian communities' 'Denial' of drug use as well as religious and community leaders' colluding and supporting the idea that Asians do not use drugs. All of this has made it even more difficult to get information about drug use in minority communities.

Acknowledgement

3. Further, Fountain et al comment on the issue of the lack of acknowledgement by drug service commissioners and providers of drug use amongst Black and minority ethnic communities as follows: "Reasons for this include a fear of accusations of racism by drawing attention to drug use in these communities, and a desire to avoid increasing stigmatisation of them. This stance is misguided. Ignoring or hiding a problem does not make it disappear: it must be confronted in order that appropriate responses can be developed. Many Black and minority ethnic groups are already stigmatised as drug users or dealers, yet refusing to accept that this behaviour may occur amongst them does nothing to decrease the stigmatisation, and obstructs consideration of their drug service needs by policy-makers and service planners and commissioners" (Fountain et al, 2002:8).

A number of other research documents have also talked of the 'double-standards' that service providers adopt insomuch that they assume that white communities need drug services, whereas others must prove the need. (Chantler et al, 1998).
Ethnic Minorities & Substance Misuse Feasibility Study

Partnership Working

4. Drug service providers' lack of knowledge of minority communities and patterns of drug use points toward another pivotal issue. The issue of working relationships (or the lack of) between service providers and ethnic minority communities is indubitably a fundamental reason behind slow developments in the field of providing suitable services to diverse groups. In short, the 'image of services and their isolation from 'the community' (Sangster D, et al. 2002), has been highlighted. Essentially, this topic concerns the contentious debate of barriers to drugs services that ethnic minority communities face. It has also been suggested however, that this problem is related to a far wider and more complex issue and can be located within the 'broader context of racism and social exclusion', (Sangster D, et al. 2002). It has also been pointed out that the 'historical process by which drugs services were developed' which 'crucially were concerned with the way in which injecting use provided a potential route for HIV-transmission’. As such many drugs services were arguably 'configured largely around the needs of white males' who dominated in this arena (Sangster, 1997).

Staffing of Drugs Services

5. Researchers in this area further comment on the aspect of staffing of drugs services. Many of the studies that have asked members of minority ethnic groups for their perception of drug services and/or the reasons that drug users from their communities do not use these services have resulted in comments that there is no worker there who is from the same ethnic group as themselves. The solution however, is more complex than simply employing workers who are from the same ethnic group as their potential clients. Commentators are in agreement that in general, staffing should reflect the target communities (Khan and Ditton, 1999; Mistry, 1996; Patel, 2000; Perera et al, 1997). However, it has also been observed that the issue is not straightforward. When researchers Khan and Ditton (1999) and Bentley and Hanton (1997) discussed the ethnic origin of workers with their samples of drug users, non-users and drug workers, their respondents voiced concerns that, although a worker of the same cultural background as their client would understand the cultural factors surrounding their drug use, confidentiality may be compromised in communities with an efficient 'gossip network.' Gooden (1999) points out that this is a problem in small cities and, particularly, in rural areas.

Language

6. Language is a key aspect of service provision and accessibility, which researchers have grappled with. Researchers Shahnaz (1993) and Prinjha et al (2001b) see the provision of information in appropriate languages as an essential component of any drug service development. However, not all members of ethnic minority groups will want translated or interpreted information. The young South Asian boys interviewed by Bola and Walpole (1997) wanted information for themselves in English, but thought that for their parents it should be in their native tongue. The mothers interviewed in the same study agreed. Perera (1998) reports that some South Asian parents would feel patronised by having information delivered in their own language and suggests that material is prepared in both the language of the targeted group and in English.
Ethnic Minorities & Substance Misuse Feasibility Study

Legislation and Policy Context

7. In the past few years there have been important developments in legislation, policy and practice development affecting service provision for minority ethnic communities. Importantly, the general expansion in race equality legislation (and equality legislation more broadly) had become a key driver in influencing organisations’ recognition of the need for change.

8. The Race Relations (Amendment) Act 2000 extends the application of the Race Relations Act 1976 to the police and other public authorities and strengthens the duty placed on local authorities and other public bodies to carry out their functions having due regard to the need to eliminate unlawful racial discrimination and promote equality of opportunity and good race relations.

9. In terms of substance misuse service provision, there has been recognition of the requirement for service providers to consider the 'distinct patterns of drug use and diverse needs' (Sangster D, et al. 2002). As far back as 1995 a Home Office paper on good practice in drug service delivery pointed toward the need to 'direct action [to] be targeted at minority ethnic groups to meet their specific needs.' It was suggested that service providers 'activit[i]es must take into account the very real diversity in the population in general.' Further, the report also mentioned that for prevention work to be relevant and effective both the needs of the service providers (i.e. the need for them to be informed) and ethnic minorities must be met (Johnson & Carroll, 1995).

10. As already stated, this review is not nearly exhaustive. Research in this area commenced over a decade ago and continues at increasing pace. This is necessary. It has been the intention here, to give a very broad outline of some issues that researchers have gathered over the years. Nor is the claim here that the most important points have been highlighted- all this would be relative to demography, particular ethnic minorities with which one is dealing, the social backgrounds of minority users and many other factors. Rather the aim here has been to show just some of the generic issues that academics in this area have looked into, many of which may be relevant for substance misuse service providers and the wider Swansea communities.
Ethnic Minorities & Substance Misuse Feasibility Study

Stakeholder Consultation & Analysis

Ethnic Minority Organisations

1. Ethnic Minority organisations in Swansea were consulted in order to gain their views on the issue of ethnic minorities and substance misuse. Individuals consulted were members of the Ethnic Minority Task Group of the Substance Misuse Action Team and therefore had prior knowledge and understanding of the issue, in addition to their own experience with their organisations. Interviews were undertaken with individuals working in ethnic minority-serving organisations, and any views expressed are their own and not necessarily those of their organisation.

2. The aim of the interviews was 1) to gain a picture of these workers’ views and concerns about substance misuse issues amongst the minority communities in Swansea and, 2) to identify how they envisaged the best way to go about addressing this. The interviewer stressed that they consider the context of this region and then give an answer. Interviewees were asked about their general views regarding ethnic minorities and substance misuse issues, as well as for their specific response to each of the four feasibility options and five research report recommendations.

E.M. Organisation Number 1

3. The organisation is a long-established one in Swansea, serving all minority ethnic groups across the age range. The officers here were aware of a drugs problem within minority ethnic communities, and were concerned with the pace at which it was escalating. They concurred with the research findings in their understanding that it was predominantly an issue amongst younger males, and that the usage of substances was mainly with cannabis. They also emphasised their view that this issue should not be blown out of proportion. However, the interviewees were quite positive in their view that something substantial needs to be done to address the identified problem.

4. With the above in mind, the individuals interviewed presented the following points in response to the question of adequate service provision for ethnic minority substance misusers in Swansea:

- Overall they felt that at this present junction the agenda for addressing drug use amongst minority individuals/groups should focus on education.
- They felt that service providers required continuous training in the field of cultural knowledge. They felt that service providers needed to do much more to address this.
- The issue of staffing was also emphasised. There should be a recruitment drive to increase the number of people from minority ethnic backgrounds working for/with the drug service providers.
- As this particular organisation was more in contact with the older minority community in Swansea, the interviewees stated that a fundamental step towards addressing this issue was the education of parents within the minority communities.
- Out of the four feasibility options to address the issue, the individuals felt that option A ‘To develop existing service provision to become more culturally competent and responsive to ethnic minority clients’ needs’ should be the first option adopted to begin this venture.

2 For details on this and the other organisations consulted, see Appendix Two
Response to ‘Recommendations

5. The interviewees were asked to respond to each specific recommendation from the research report. Their responses were as follows:

- **Recommendation 1- Increase Cultural Awareness**: The interviewees highlighted the fact that there was a legal obligation on public service providers to meet the diverse needs of minority communities. They viewed this recommendation as a priority.

- **Recommendation 2- Establish Specific Service**: Both individuals here were not really sure that this was the most suitable for Swansea at present, and felt that the other options should firstly be attempted.

- **Recommendation 3- Outreach to younger people**: The interviewees felt that culturally tailored outreach programmes could help deliver information to more hard to reach sections of the ethnic minority communities in Swansea. Hence, this would be a good idea.

- **Recommendation 4- Education for older people**: The interviewees felt that this was necessary not only for the older section of the ethnic minority community, but also for the younger people.

- **Recommendation 5- Improve Community Links**: Interviewees felt that establishing a network, possibly via a link person, whereby the Service Providers and the ethnic minority communities share information and discuss issues was important for the development of appropriate provisions for ethnic minority drug users.

**E.M. Organisation Number 2**

6. This agency has been working with ethnic minority young people for a number of years. The manager as well as the workers had a clear and comprehensive understanding of the issue at hand and also had direct experience of dealing with substance misusing clients. They made pertinent points as well as proposed coherent methods for tackling substance misuse amongst the ethnic minority population of Swansea.

7. The key points made were:

- As they had contact with the ‘drug scene’ in Swansea (especially amongst the younger) people, they expressed genuine concern with what may lie ahead. From examples in other parts of the country, the team could clearly observe that Swansea’s minority groups involved with drugs were trailing along the footsteps of bigger cities.

- They explained that, although the substance misuse at present was primarily with the softer drugs ‘it was only a matter of time before this changes, and that sooner or later we are going to see class A drugs explosion amidst the scene of Swansea’s minority population. We have to step in now before it is too late.

- On the issue of adequate service provision, this team were in agreement with that of the first organisation, emphasising the need for staff from drug services to be appropriately trained in cultural diversity.
Ethnic Minorities & Substance Misuse Feasibility Study

- They further specified that any holistic service for minority users would need to involve close partnership working between key stakeholders including schools/colleges, existing agencies and frontline ethnic minority youth organisations such as EYST (Ethnic Youth Support Team) and Swansea City Council’s Ethnic Mentoring Service.

8. From the four feasibility options, representatives from this organisation felt that it was crucial both to develop existing service provision to become more culturally competent and responsive to ethnic minorities’ needs, and to develop new service provision to act as a link worker between ethnic minority clients/communities and mainstream services.

Response to ‘Recommendations

9. The interviewees were asked to respond to each specific recommendation from the research report. Their responses were as follows:

- **Recommendation 1- Increase Cultural Awareness:** The team at this organisation had strong views about the importance of improving the cultural competencies of staff at the drugs services, which they felt was currently fairly low. Implementing this recommendation, would, they believed, rapidly increase the accessibility to services of ethnic minority individuals.

- **Recommendation 2- Establish Specific Service:** It was felt that this recommendation was a strong possibility in the future if the existing drugs services do not make real progress in meeting the different and diverse drugs problems of the ethnic minority communities. Interviewees stated that the drugs services ‘have to realise that their traditional views of what a drugs problem entails is significantly disparate to the drugs problems of minority communities. They need to shake off their insular views of drugs problems and come to realise that in the present multi-cultural society, drugs problems consist of more than just those who inject heroin or smoke crack.’

- **Recommendation 3- Outreach for Younger People:** Interviewees agreed that this should be a key component of any successful work with ethnic minority clients.

- **Recommendation 4- Education for Older People:** Interviewees felt that information/awareness events would raise the profile of the problem and so it would be a good way of getting the ethnic minority communities’ older generations to come to accept that this problem does exist in their midst.

- **Recommendation 5- Improve Community Links:** Connecting up with the ethnic minority communities and organisations would be a major step towards getting to understand those communities- this would obviously assist the development of suitable provisions for minority drugs users.
Ethnic Minorities & Substance Misuse Feasibility Study

E.M. Organisation Number 3
10. This organisation is also a long established one in Swansea, with a remit to work with minority ethnic women and girls. Interviewees felt that educating this group was crucial in order to make inroads towards addressing the drugs problem which they recognised as becoming a growing concern and reality for their clients and their clients’ families.

11. Key points made were:
   - The interviewees concurred with the views of the two preceding organisations that the most pressing need is to develop the cultural competence of existing substance misuse service providers, and to do so by using some sort of link worker.
   - The issues of language barrier was raised, particularly for older women (i.e. parents of substance users) who may wish to access services for the purpose of getting information about drugs.
   - Specific concerns included the need for mainstream workers to be more informed about diverse cultural etiquette, for example, the fact that Muslim women are not supposed to shake hands with members of the opposite sex, even in a professional setting.

Response to ‘Recommendations
12. The interviewees were asked to respond to each specific recommendation from the research report. Their responses were as follows:
   - **Recommendation 1 - Increase Cultural Awareness:** Interviewees felt that low cultural awareness amongst an organisation’s staff was a major obstacle to service accessibility, and that this applied to many mainstream services in Swansea. The individuals at this organisation felt that this was compounded in the case of females from ethnic minority communities who had specific cultural codes. They felt this recommendation to be very important.
   - **Recommendation 2 - Establish Specific Service:** Interviewees felt that a separate service would be inappropriate at this time. The present services should be given the opportunity to develop provisions for minority communities. However, if present service providers did not meet the diverse needs of the excluded groups then, this would need to be looked at.
   - **Recommendation 3 - Outreach to Younger people:** Workshops in community venues would be a good way of delivering advice to mothers who may be concerned about their children. Hence, outreach programmes should be tried out.
   - **Recommendation 4 - Education for Older people:** In their experience, information events are a good idea and an effective way of raising the profile of an issue. Drugs services should participate in this and try to link with larger events and deliver/advertise their services through this means.
   - **Recommendation 5 - Improve Community Links:** The interviewees felt that a network of structured communication with ethnic minority organisations and those communities was definitely needed.
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Ethnic Minority Communities
13. In order to produce an appropriate action plan for the development of drugs treatment services that caters sufficiently to the specific needs of minority groups in Swansea it was necessary to get the views of the minority community itself. As such, as part of this feasibility study a series of community information events were organised. Due to socio-cultural, as well as practical reasons it was not possible to have all sections of the minority community to attend one single event. Consequently, four separate events were organised over the course of two weeks. They were arranged according to differing age group and sex. Thus, there were two events for females and two for males-for each sex there was an event for the older and younger members of that section of the community. In this section the comments (during the focus group discussions) of the participants of these events shall be presented.

14. In each of these events the structure remained the same. To begin the main findings of the ‘Research Report’ was presented to the audience. Following this, Substance Misuse Service Providers delivered a short introductory presentation about their agency and basic information of their services. The final part of the events was a focus group discussion with the audience of the five recommendations from the research report.

Event 1: Younger females

15. Eleven young females attended this event. Delegates from service providers were representatives from WGCADA and SWANSEA DRUGS PROJECT.

16. Key comments made were:
- About half of those present were surprised by the findings of the research report, in particular they were surprised at the apparent prevalence of substance misuse.
- However, on reflection, the younger females commented that the research shows ‘proof that there is a drugs problem and that it cannot be ignored’.
- Overall, they also stated that they were more shocked at the reported alcohol use, than they were at cannabis use, due to the former’s explicit prohibition in Islam. However one participant stated “it would be naïve to think that our men don’t drink alcohol even though they work with alcohol in the restaurants”.
- One concern was the visibility of some of the drug service agencies, and their proximity to the residents of the Bangladeshi community in particular. This would make it “too obvious if members of that community were entering there”.

Response to ‘Recommendations’

17. Attendees were asked to respond to each specific recommendation from the research report. Their responses were as follows:

- **Recommendation 1- Increase Cultural Awareness:** The focus group participants commented on the aspect of drugs service providers and how it was crucial that they are appropriately *educated and trained* with regards to the Bangladeshi/Muslim culture and about its views on drugs and alcohol. More, the females mentioned how it is important that drugs workers be informed of certain *cultural etiquettes* of diverse groups e.g. knowing that certain individuals will not feel comfortable when shaking hands with the opposite sex. One participant said “[these] small things make a big difference’

- **Recommendation 2- Establish Specific Service:** They accepted that this was a good idea. They opined that it would be a better idea to have a link worker who was familiar with ethnic minority communities and with mainstream services.

- **Recommendation 3- Outreach for Younger People:** Also agreed with this idea. Whilst some said that outreach programmes should be targeted at boys (as they thought the issue of drugs was a boys’ problem), others disagreed. They looked at the problem in London where the problem involved females also. Hence, outreach programmes should be preventative as well as offering treatment, and be for boys and girls as well as parents.

- **Recommendation 4- Education for Older People:** The younger females stressed that parents needed a suitable avenue through which they are able to obtain information related to drugs. This is more important for those parents who cannot speak the English language and who are worried of their children getting involved with use of drugs. Attendants felt it was very important that parents be informed about drugs and that it was taking place in their community. They may not welcome this exposure, but they need to know. The females suggested outreach programmes might be suitable in community venues known to individuals.

- **Recommendation 5- Improve Community Links:** Attendees felt that this was important and could be done through linking information events to social trips organised via minority ethnic women’s organisations.
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Event 2: Older Females

18. Twelve older females attended this event. Delegates from service providers were representatives from WGCADA and CDAT.

19. General comments and observations made were:

- Attendees expressed surprise at the findings of the research and said they were not aware of the extent of the problem, although they had heard from the mosque before that there was an emerging problem, related to drugs in Swansea and that they as parents, need to be careful with their children.
- They felt that the issue needed to be raised at bigger events (e.g. international women’s event, and could be linked to other health issues in order to draw people to events.
- They stated that parents in the Hafod areas needed to be made aware especially.
- Information leaflets in community languages needed to be disseminated to suitable organisations.
- Having heard the presentations, attendees stated that parents needed more education on the issue, and more specific information, for example regarding the signs and symptoms of individuals using drugs.
- Attendees stated they needed more information on how to respond to a potential drug user within their own family.

Response to Recommendations

20. Attendees were asked to respond to each specific recommendation from the research report. Their responses were as follows:

- **Recommendation 1- Increase Cultural Awareness:** Attendees agreed that it was vital that service providers be fully informed about their religion and culture.
- **Recommendation 2- Establish Specific Service:** Attendees discussed the difficulties due to the cultural sensitivity of the subject, and the issue of staffing and confidentiality. They stated – “if it’s a Bengali worker the information may leak back to the community”.
- **Recommendation 3- Outreach for Younger People:** Attendees felt that the most crucial site for outreach was schools. Mosques could also be approached via certain individuals and tactfully.
- **Recommendation 4- Education for Older People:** Definitely. Mothers especially, need to know.
- **Recommendation 5- Improve Community Links:** Attendees thought this should be done through organisations like MEWN, REC and others. The older women felt this particular event to be useful, but stressed that they need to be linked to bigger events or individuals from their section of the community would not attend.
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Event 3: Younger Males

21. Twenty-four young males attended the event. Delegates included representatives from WGCADA, CDAT and SWANSEA DRUGS PROJECT. This event can be viewed as a particularly successful example of community engagement, as two attendees self-referred to one the treatment services directly after the session.

22. General comments were as follows:
   • The young males felt that ethnic minority substance misusers have sensitive cultural issues— they need to have the confidence to talk and then support when they do come forward. The service providers have to put these together.
   • Some of the attendees said that those individuals using drugs recreationally did not want to attend any services and more, importantly did not want to risk community members finding out by taking a risk to attend any services.
   • Attendees stated that certain areas of Swansea have a more visible drug issue amongst minority groups, and that those communities need targeting.
   • Attendees felt strongly that services must be shaped to meet more diverse needs, and be more pro-active in meeting these, rather than just adopting a colour-blind, non-judgemental approach.

Response to Recommendations

23. Attendees were asked to respond to each specific recommendation from the research report. Their responses were as follows:
   • **Recommendation 1- Increase Cultural Awareness:** Attendees felt that this was a priority to ensure services are accessible and effective in treating clients from a range of backgrounds.
   • **Recommendation 2- Establish Specific Service:** Attendees felt that it was not necessary to set up a separate service, but perhaps just to ensure that someone was there to liaise between the ethnic minority clients and the service providers.
   • **Recommendation 3- Outreach for Younger People:** Attendees commented that outreach information workshops could be very effective in getting a message across.
   • **Recommendation 4- Education for Older People:** Attendees felt that information and education for parents about drugs was essential to addressing the problem.
   • **Recommendation 5- Improve Community Links:** Attendees felt that services needed to know about different communities and their cultures if they are to provide appropriate and effective services to them.
Event 4: Older Males

24. Ten older males attended this event. Delegates in attendance were representatives from WGCADA, from SWANSEA DRUGS PROJECT, and from London-based organisation NAFAS3

25. General comments were as follows:
   - They felt that service providers could do more by liaising more with community organisations and also the mosque Management committee.
   - A point stressed by the attendants concerned the police and how they should be doing more in terms of arresting drug dealers.
   - Some of the attendants emphasised how abstinence rather than harm reduction would be a more suitable way of dealing with the ethnic minority substance misusers, as this approach is more culturally consonant with the community’s ethical and religious framework.

Response to Recommendations

26. Attendees were asked to respond to each specific recommendation from the research report. Their responses were as follows:
   - **Recommendation 1- Increase Cultural Awareness:** All participants agreed that by service providers being informed of the diverse cultures and their views on drugs, they could deal with minority users more efficiently.
   - **Recommendation 2- Establish Specific Service:** This was not needed and the older men felt that those who are working presently with the drug services could provide a service for minority individuals if they were culturally trained and really wanted to deal with their specific needs.
   - **Recommendation 3- Outreach for Younger People:** Yes: The older men felt that particular areas (Port Tenant) needed targeting and an outreach worker ought to be available in order to instruct and inform concerned parents.
   - **Recommendation 4- Education for Older People:** They agreed with this and felt that awareness raising amongst ethnic minority older generations was central to making a start in acknowledging and dealing with their drug use.
   - **Recommendation 5- Improve Community Links** Attendees felt that service providers need to work more closely with community organisations (e.g. the Mosque) to deliver services more effectively.

3 See Appendix Two for details
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Substance Misuse Service Provider Organisations

27. The three main substance misuse treatment organisations in Swansea were consulted for this study. Interviews were held with senior representatives from each organisation. Views given are those of the individuals and not necessarily those of their organisation.

28. Interviewees were asked for their response to the EM SMAT Research Report, its findings and its recommendations. They were also questioned about their organisations current service provision, and to what extent the research recommendations could fit within this or planned service development.

29. It is plain to see that in contrast to the previous two groups consulted, service providers were much more cautious in their response to the recommendations, and evidently are highly aware of resource constraints in meeting substance misuse needs.

Substance Misuse Service Provider Organisation 1

30. This is a primary treatment agency employing a harm reduction philosophy to treat and support people using drugs.

Key statements made were:

- The respondent from this organisation stated there was no surprise with the findings of the research report and that drug use in Swansea BME communities seems to be similar to what national research suggests: that is to say there is growing and substantial levels of recreational and experimental drug use, and a small but growing of compulsive users.

- The respondent emphasised that there three recognised types of social drug use (experimental, recreational and compulsive), and that the different types require different worker skills, responses and services.

- The respondent stated that while recreational and experimental users may have needs, it is inappropriate to expect these groups to come to Projects that deal with compulsive problems. Rather, work these groups has to be educational, outreach, and community based.

- The respondent emphasised that the existing drug services, including Swansea Drugs Project, work principally with compulsive users (as opposed to recreational or experimental users) and that such users need to want to seek services, they cannot be made to attend services.

4 For details of these organisations and the services they provide, see Appendix One
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Response to Recommendations

31. Interviewees were asked to give their response to each specific recommendation. Responses were as follows:

- **Recommendation 1- Increase Cultural Awareness:** There was agreement that this was the key recommendation at present. The organisation would welcome any such training for their staff to become more informed of the diverse cultures and their concerns pertaining to drug issues.

- **Recommendation 2- Establish Specific Service:** The respondent expressed uncertainty over whether this was necessary at present.

- **Recommendation 3- Outreach for Younger People:** The respondent stated that outreach programmes could be delivered if there was a real need for this. The respondent stated this would best be undertaken by any future minority link worker who could bring individuals to the agency if they were in need of help.

- **Recommendation 4- Education for Older People:** The respondent stated that this would be useful, however there was no need to place too much focus on this.

- **Recommendation 5- Improve Community Links:** Respondent commented that this was similar to first recommendation, but equally important.

Resources

32. Interviewees were asked what resources, if any, their organisation may be able to contribute to implementing the recommendations. Responses were:

- The organisation would be able to offer space for a day or so in order for a minority worker to base him/herself in their building if this would help individuals to access their services.

- A worker from this organisation could work with the minority worker to co-ordinate and plan services that would be more suitable for ethnic minority individuals if there were a need.

- Financially, the organisation may be able to contribute towards information events. This could not however be a regular thing- perhaps once a year.

- The organisation would be able to participate at information and awareness events for parents, and ethnic minority community organisations.
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Substance Misuse Service Provider Organisation 2

33. This is a primary treatment agency employing the ‘abstinence’ philosophy to treat and support clients.

34. Key statements made were:
   • The individual consulted from this organisation also said they were not surprised at the research findings, in terms of reported levels of drug use amongst ethnic minorities in Swansea.
   • They were also not surprised at the low level of awareness about their services that was reported, stating that these levels were probably not that different from non-minority communities.
   • Again, the individual from this organisation also commented on the fact that individuals with drug problems would come for help of any sort only when they really felt themselves to be in need of it.

Response to Recommendations

35. Interviewees were asked to give their response to each specific recommendation. Responses were as follows:
   • **Recommendation 1- Increase Cultural Awareness:** Stated that this was the most important of the recommendations.
   • **Recommendation 2- Establish Specific Service:** This was not an aspiration at present. This was unnecessary for the needs of BME communities of Swansea.
   • **Recommendation 3- Outreach for Younger People:** Outreach programmes for BME communities could be a good idea if there were individuals using up such provisions.
   • **Recommendation 4- Education for Older People:** This would be a good idea and raising awareness was amongst parents was important.
   • **Recommendation 5- Improve Community Links:** Liaising with a minority worker in order create links with communities would be useful.

Resources

36. Interviewees were asked what resources, if any, their organisation may be able to contribute to implementing the recommendations. Responses were:
   • The organisation could offer desk space for a minority worker for several hours a week if needed.
   • A worker from the organisation could spend part of their working week working closely with a minority worker for the purpose of looking at ways in which the organisation could provide services for ethnic minority individuals.
   • They would be happy to participate at information and awareness events.
   • It may be possible to have specific afternoons where programmes could be catered specifically for minority drug users wanting assistance towards abstinence.
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Substance Misuse Service Provider Organisation 3

37. This is a secondary treatment agency employing a ‘harm minimisation’ philosophy to treat and support clients needing more specialist help. It takes clients on a referral-only basis.

38. Key statements made were:
   • There was no real surprise with the research findings.
   • The respondent felt that the ethnic minorities who had contributed to the EM SMAT research report appeared not to be in need of what this organisation offers – treatment for those deemed to have a ‘serious’ drugs problem, often combined with mental health problems.
   • The respondent emphasised that this was not to say that if there were ethnic minority individuals with serious drugs problems CDAT would not be able to offer suitable help.
   • The respondent felt that overall the other two agencies would be most relevant to meeting the identified needs.

Response to Recommendations

39. Interviewees were asked to give their response to each specific recommendation. Responses were as follows:
   • **Recommendation 1- Increase Cultural Awareness:** The respondent agreed with this recommendation and felt that staff from the organisation would benefit from more exposure to and education about diverse cultures.
   • **Recommendation 2- Establish Specific Service:** The respondent stated that their organisation was not in a position to provide specific services for specific groups due to their statutory position.
   • **Recommendation 3- Outreach for Younger People:** This was not possible due to resource constraints.
   • **Recommendation 4- Education for Older People:** The respondent stated that they would participate in community education events on occasion, subject to staff time.
   • **Recommendation 5- Improve Community Links:** The respondent reiterated that the organisation was willing to undertake cultural diversity training.

Resources

40. Interviewees were asked what resources, if any, their organisation may be able to contribute to implementing the recommendations. Responses were:
   • Desk space could be offered for some hours for a minority link worker (subject to the organisation expanding and having more space).
   • A worker could liaise with a minority link worker to co-ordinate cultural training amongst staff.
   • A worker could participate in community awareness events
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Conclusions
1. There is evidence to suggest that ethnic minority communities do experience higher levels of drug misuse than is currently reported. And, though it may predominantly be at a ‘recreational’ level and with the ‘softer’ categories of illegal substances, it is a serious enough problem in the perceptions and cultural context of many ethnic minority respondents, individuals and organisations.

2. It is also apparent that many of the existing service providers consider the scale of the problem to be relatively minor, compared to that affecting those pockets of the white population with whom they mainly deal. These varying interpretations of ‘serious’, ‘recreational’ are at the heart of the gulf of understanding between mainstream service providers and ethnic minority communities, and should be addressed, if not reconciled, to meet the diversity of need.

3. Community organisations and respondents concurred with service providers however, in their perception of the problem as ‘in its early stages’. However, for some of the ‘frontline’ ethnic minority organisations, drug use amongst these communities was increasing at such a pace as to provoke a sense of urgency that ‘something must be done’, and that preventative measures (including educating the young and old) were crucial if the drug use patterns of minorities in other large cities were not to be replicated in the near future.

4. From the community information events that were organised, it further became evident that there is an undercurrent of concern regarding drugs, and older people especially, do not know enough about drugs and would not know what to do if faced directly with the problem. Attendants from each of the events were unanimously agreed on the urgent need for education regarding substance misuse – its patterns, symptoms, causes and effects.

5. All stakeholders clearly recognise the need for services to become more culturally competent and responsive to the needs of diverse clients. However, existing service providers are far more concerned with the resource implications of achieving this, and there appears to be an implicit and unstated fear that resources could be diverted away from current services towards the type suggested by the research recommendations.

6. This is not the intention or wish of anyone involved with undertaking this feasibility study or the preceding EM SMAT Research.

7. The consultation suggests that substance misuse treatment services in Swansea still operate within what has been termed the traditional Eurocentric view. This means that services have been developed along a mono-cultural framework, with service provision originating with the early drug scene of white 1970’s Britain (Ahmun et al, 1999), and remaining largely focused on this client group.
8. There is a clear need for services to become more evidence-based, to meet the full diversity of need for substance misuse help, and for such evidence to be made available (and commissioned) on a local, regional and national basis. To this end, all available expertise, including that from other parts of the UK, should be scrutinised for relevance and application to the local scene.

9. The implications of relevant legislation, in particular the Race Relations Amendment Act (2000) needs to be given serious and non-tokenistic attention by service commissioners and managers, if any real progress is to be made towards the objectives of increasing relevance and accessibility of services to all.

10. Finally, it is also clear that any effective service development to meet the needs of minority ethnic clients must ensure the full and continued engagement, involvement, commitment and mutual understanding of the key stakeholders involved in this study. How this can be achieved is a matter for further consideration, but establishing some form of ongoing partnership may be one way of doing so.

Summary of Responses to Recommendations

11. This feasibility study has consulted on the five recommendations, and there is agreement from those stakeholders interviewed on the priorities which should be taken on board by SMAT commissioners, managers and workers. (It is noted however, that these views are indicative and not necessarily representative of SMAT commissioners, managers or workers.) Their response are summarised in the table which follows:
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<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Service Provider Response</th>
<th>E.M. Organisation Response</th>
<th>E.M. Community Response</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recommendation 2: Establish a service/services specifically targeted at working with ethnic minority communities, which will liaise effectively with other services</td>
<td>- No - No - No</td>
<td>- Not at the Moment - Not at the Moment - Perhaps if other measures prove unsuccessful</td>
<td>- Not a service, just a link worker - Not a service, just a link worker - No - No</td>
<td>Low Priority - There is no wish to establish a separate service, although many respondents made reference to a Link Worker who could liaise between minority communities/clients and mainstream services.</td>
</tr>
<tr>
<td>Recommendation 3: Develop outreach programmes targeted specifically at ethnic minority young people.</td>
<td>- Subject to Resources - Subject to Resources - Subject to Resources</td>
<td>- Medium Priority - Medium Priority - Medium Priority</td>
<td>- Medium Priority (High in certain parts of Swansea) - Medium Priority - Medium Priority (High in certain parts of Swansea)</td>
<td>Medium/ High Priority - There was general consensus on the benefits of undertaking outreach work for young people, particularly in certain areas of Swansea, however service providers said they could not resource this type of work at present.</td>
</tr>
<tr>
<td>Recommendation 4: Launch information and awareness raising campaigns targeted specifically at ethnic minority older people.</td>
<td>- Aspiration - Yes, Medium Priority, within existing resources - No</td>
<td>- Medium Priority - Medium Priority - Medium Priority</td>
<td>- Medium/ High Priority - Medium/ High Priority - Medium Priority</td>
<td>Medium Priority – Given most emphasis by older community groups, less so by e.m. organisations, and least emphasis by existing service providers.</td>
</tr>
<tr>
<td>Recommendation 5: Establish meaningful and structured communication processes with the diverse ethnic minority groups and organisations to ensure effective integration of culturally diverse perspectives into ‘mainstream’ policy and practice.</td>
<td>- High Priority - High Priority</td>
<td>- High Priority - High Priority</td>
<td>- High Priority - High Priority - High Priority</td>
<td>High Priority - Linked by all stakeholders to recommendation 1. Community information events were seen as an example of how to achieve this. Some went further to suggest a more integral involvement of ethnic minority organisations/ representatives in service development.</td>
</tr>
</tbody>
</table>
12. From the responses gathered, a potential partnership model could be envisaged as shown:

**Service Providers**
- CDAT
- Swansea Drugs Project
- WGCADA
- SMAT Partnerships

**Statutory Bodies**
- Schools and Colleges
- EYST (Ethnic Youth Support Team)
- SBREC
- Swansea Islamic Community Centre
- MEWN
- Bangladeshi (and other nationalities') Welfare Association
- Owners of Local Minority Businesses
- Other minority/relevant organisations

**Ethnic Minority Organisations**
- Education Department; EMS (i.e. Ethnic Mentor Service) and other statutory projects that attend to minority young individuals' needs

**Minority Liaison Worker**
13. From the four feasibility options stated at the outset of the study\(^5\), there is clear support from all stakeholders for the first option: ‘To develop *existing* service provision to become more culturally competent and responsive to ethnic minority clients’ needs’. However, while not in support of a separate service for ethnic minorities, the main way in which stakeholders envisage this could begin to be achieved is through the employment of a minority ethnic link worker to liaise closely with substance misuse service providers and ethnic minority communities/clients and ensure the ongoing involvement and engagement of the key stakeholders contributing to this study.

14. The resources, responsibilities, aims, actions and outcomes associated with each recommendation are detailed in the table on the following page\(^6\).

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5 These options were: a) To develop *existing* service provision to become more culturally competent and responsive to ethnic minority clients’ needs; b) To develop *new* service provision specifically targeted at working with ethnic minority clients; c) To do both of the above; d) To do none of the above.

6Funding opportunities for resourcing substance misuse/ethnic minority focused projects are detailed in Appendix 3.
<table>
<thead>
<tr>
<th>Recommendation No.</th>
<th>Aim</th>
<th>Action Required</th>
<th>Responsible</th>
<th>Total Estimated Cost</th>
<th>Timescale</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Training of present Drugs Service Staff</td>
<td>Managers to link with ethnic Minority organisations to train their staff</td>
<td>SMAT Existing Drugs Services</td>
<td>£10,000 (based on 10% of staff salaries)</td>
<td>1 Year</td>
<td>A more culturally informed workforce in Drugs Services.</td>
</tr>
<tr>
<td>2</td>
<td>Provide a separate Drugs Service specifically for ethnic minorities</td>
<td>SMAT and it’s EM Subgroup to look into how this ought to be done</td>
<td>SMAT and present Drugs Services</td>
<td>£60,000</td>
<td>To be agreed amongst SMAT and it’s EM Subgroup</td>
<td>A separate drugs service for particular ethnic minority drugs problem</td>
</tr>
<tr>
<td>3</td>
<td>Developing Outreach programmes for EM young people</td>
<td>Service Providers to consult with ethnic minority organisations about this could/should take place</td>
<td>WGCADA, Swansea Drugs Project and relevant community organisations.</td>
<td>£5,000+ running costs (based on 1 day a week) depending on level of outreach</td>
<td>1 Year</td>
<td>EM drug users having a more accessible avenue for help/advice etc.</td>
</tr>
<tr>
<td>4</td>
<td>Information and Awareness events for EM Older people</td>
<td>Service Providers to establish and maintain links with BME organisations to keep informed about events</td>
<td>WGCADA, Swansea Drugs Project and relevant community organisations.</td>
<td>£2,000-£20,000 depending on level of outreach</td>
<td>To be agreed</td>
<td>Older EM people being informed of drugs in their community and service providers building relations with them.</td>
</tr>
<tr>
<td>5</td>
<td>Establishing structured communication processes</td>
<td>Service Providers, ethnic minority organisations and community individuals discussing this at SMAT EM Subgroup</td>
<td>WGCADA, Swansea Drugs Project and relevant community organisations/individuals</td>
<td>£1,000-£5,000</td>
<td>To be agreed</td>
<td>A better and more efficient structure enabling exchange of information amongst the different players trying to provide solution to EM drugs problems.</td>
</tr>
</tbody>
</table>
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References

Bentley C, Hanton A, (1997): A study to investigate the extent to which there is a drug problem amongst young Asian people in Nottingham. How effective are drugs services in providing assistance for such minority groups? Report: ADAPT, Nottingham.


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Appendix I: Service Provider Profiles

Swansea Drugs Project

1). History/Background/Philosophical outlook
Swansea Drugs Project is an independent Charity founded in 1983 by local people concerned about an increasing number of people affected by illegal drug use. The Agency began with the following mission statement:

- to help [drug users] to live healthier lives
- to minimise physical, psychological social and legal problems related to their drug use

As a community-based/street agency providing a first point of contact for drug users wishing to stabilise or reduce their drug taking through help and support. Thus, the agency has at the centre of its philosophical outlook the principle of ‘harm reduction.’

2). Organisation Structure/Staff Numbers
SWANSEA DRUGS PROJECT employs a total of 22 members of staff. At the head is the Director followed by 3 Deputy Directors. There are 3 in the Tenancy Support team; 3 in the SANDPIT team; 5 working in Health; 5 also in the Core team; and 2 Administrative staff. There is also a number of volunteers.

3). Service Types
For their main client base (i.e. users of drugs), the project offers this group a variety of services. This includes a Needle Exchange scheme that offers clean syringes-this is available for users of both heroin and/or steroids. Amongst the many other type of services that the project provides for users as well as those affected by users are:
- Drop in service
- Initial and Full Assessment
- Women’s only session
- Activities
- Telephone helpline
- Needle exchange service – for any injectors – includes heroin, steroids, amphetamines etc.
- Auricular acupuncture and homeopathy
- Practical help with benefits, housing, legal etc
- Separate young persons service
- Tenancy support service
- Prescribing service support
- Family worker (pregnancy and parenting (children 0 –10) support
- One to one work
- Group work – relapse prevention, parenting skills,
- Service Users Group
- Volunteer training and support.
4). Services Not Provided
Closed on Weekends
Not a 24-hour service
The project does not target recreational users

5). Client Profile and Referral Procedures
In 2003-04 the project had a total client number of 2016 of which 571 were new clients that began to access the services in the year. The remainder of the clients were on-going. Out of this the male clients make up just over 65% with the remainder being females. The largest age group stand at 25-34(c.40%) with 19-24 year olds coming second and making up about 21% of the total client. About 67% of the clients are white British. The second largest group’s (22%) ethnicity is not recorded. BME clients make up no more than 1.5%.

The procedural routes for clients entering the services at the agency are quite varied, although over 75% of clients are self referral (word of mouth, posters etc), a small proportion are referred by a range of other services (GPs etc).

6). Organisational Links
SWANSEA DRUGS PROJECT has close links with the Primary Substance Abuse Liaison Team (PSALT), which is a GP led medical service that provides treatment for people with substance misuse problems. The organisation also works with WGCADA and refers some of its clients onto CDAT.

7). Future/Planned Services
Making service more accessible. plans are being made to open for more hours and weekends. Also, to open more drop in centres throughout Swansea.

Staff to be Qualified to the appropriate DANOS (Drugs and Alcohol Occupational Standards).

Possible move to a purpose built location.

8). Funding
Monies are raised from both statutory and charitable sources:

Charitable Trusts: BBC Children in Need Lloyds TSB Trust
Crisis Tudor Trust
National Aids Trust Boots Charitable Trust

Statutory Sources: Welsh Assembly Government
Swansea Local Health Board
City and County of Swansea Local Authority
Swansea Social Services
The Home Office
Ethnic Minorities & Substance Misuse Feasibility Study

Community Drug and Alcohol Team (CDAT)

1). Background/Philosophy
CDAT is a statutory multidisciplinary team and embraces the philosophical concept of harm minimisation. It aims to empower the individual drug user to achieve their full potential. It is a secondary care service for substance misusers who require who require specialist interventions, encompassing their medical, psychological and social needs.

2). Organisation Structure/Staff Numbers
CDAT has a total of 17 staffs. This includes the Manager, an in-house GP and drugs workers and counsellors.

3). Service Types
CDAT has a particular criterion for their service provision. They are as follows:-
An adult service, 18-70 year olds.
Clients with substance misuse fall into categories; those with complex needs; individuals with mental health problems/ dual diagnosis issues; people with complex physical needs.

CDAT provide a prescribing service; a Home Detox programme; In-Patient Detoxification; Specialist Interventions for people with co-occurring mental health and substance misuse issues; psychological intervention with motivational enhancement; relapse prevention as well as a needle exchange service.

4). Services Not Provided
Closed on Weekends
Not a 24-hour service
Due to its statutory status and because of the fact that CDAT is a Tier 3 drug and alcohol service it does not target recreational users of any sort.

5). Client Profile and Referral Procedures
CDAT has between 15-30 new referrals each week on top of dealing with approximately 250 ongoing cases.

6). Organisational Links
CDAT has working relations with the other drugs service providers namely, WGCADA and Swansea Drugs Project.

7). Future/Planned Services

8). Funding
The funding for CDAT comes from statutory governmental authorities.

Statutory sources:  City and County of Swansea Local Authority
Welsh Assembly
Ethnic Minorities & Substance Misuse Feasibility Study

West Glamorgan Council on Alcohol and Drug Abuse Ltd (WGCADA).

1). Background/Philosophy

WGCADA was founded in 1979 by the founder members who were, among others Mr Alan Douglas and Dr Allan Hawkins. The first location was a small room above a gent's tailors in the Uplands. Over the past 25 years it has grown into a much bigger organisation, with the new premises based at St James Crescent. WGCADA’s staff have considerable experience, expertise and training in working with people with alcohol and drug problems. The goal of all of their centres is to help people with alcohol and drugs problems to lead a more fulfilled life by adopting the Minnesota model of treatment. WGCADA is a treatment service that has abstinence as its objective. The organisation also helps those who are affected by someone who has substance misuse problems such as family members and friends.

2). Organisation Structure/Staff Numbers

The staff now number more than sixty. There is a Board of Directors with 3 members. The Chief Executive then heads a team of Managers who then head a particular area with their own team. There are also a number of volunteers and the organisation is expanding all the time. In addition to our Swansea and Port Talbot premises, we have now opened agencies in Neath and Bridgend.

3). Service Types

WGCADA follow a comprehensive assessment procedure and a programme is designed to meet client specific needs.

**Arrest Referral**

Focused on the point of entry to the criminal justice system, the scheme aims to target problem alcohol and/or drug using arrestees and refer them to appropriate treatment. The main objective of the scheme is to help alcohol and/or drug users break their cycle of substance misuse and crime as early as possible.

**CARAT Workers**

Focused at the point of entry to the Prison System but also available throughout the sentence term for individual prisoners who wish to address drug and alcohol related problems. The scheme provides an initial assessment that leads to a Care Plan that helps Prisoners access all interventions and treatment programmes available to them in the Prison system.

**Community Support**

The scheme aims to support those individuals whose substance misuse is chaotic and/or health is too poor for them to access services independently.
Ethnic Minorities & Substance Misuse Feasibility Study

Domestic Violence
The aim of this post is to reduce drug related crime, particularly where domestic violence or the fear of such violence results from drug misuse.

DOMINO
The Domino Project was established at WGCADA in 1997, and provides any recovering or chemically dependent individuals the opportunity to become part of a worthwhile and productive learning experience.

Home Detoxification
The scheme was set up due to the shortage of detox beds in hospitals and the cost of sending people to rehabs. It was also found that some people did not what to go away and detox, they wanted to stay at home. A partnership was set up with West Glamorgan Council On Alcohol And Drug Abuse Ltd, Swansea Drugs Project and Community Drug Team.

Needle Exchange
Needle Exchange was started in 1987 and it is in place to help to prevent the spread of blood borne infections from sharing needles and paraphernalia. We also offer safer injecting advice and health awareness.

Outreach Worker
The scheme is funded to provide advice, information and support to users of any age, gender and ethnicity in their local communities. The scheme is offered to anyone who has or is in contact with substance misuse problems.

RAP (Rapid Access Point)
Rapid Access Point is an assessment service for people who have substance misuse problems. It will offer a detailed evaluation of your needs based on your assessment and a treatment plan will be discussed and agreed with you.

SPARC
The Swansea Prison Addiction Rehabilitation Centre is run in partnership with WGCADA, HMP Swansea and Probation Service delivering the newly accredited Prison Partnership 12-Step Drug Rehabilitation Programme, in conjunction with HMP Verne, HMP Lancaster castle, and HMP Earlstoke.

The Pad
“The Pad” is a separate young people’s drug and alcohol service that offers free, confidential advice, information and support to young people under the age of 21.

Tenancy Support
A partnership scheme between WGCADA and the City and County of Swansea to provide intensive ‘floating’ support for people who have alcohol or drug misuse issues.

Young Persons Worker
This is a separate young peoples drug and alcohol service, offering free confidential advice and information and support to young people under the age of 21, who want drugs or alcohol information or who are expressing problems as a result of using drugs / alcohol.
4). Services Not Provided
Closed on Weekends
Not a 24-hour service
The project does not target recreational users

5). Client Profile and Referral Procedures
In the period from 1st April 2003-31st March 2004 the Swansea Branch had a total of 197 active clients accessing WGCADA (103 male; 94 female).

Referral Procedures include individuals sent via Health Referrals; Social Services; Self/Family or Friends; Inter-Agency; Referrals from other Agencies (e.g SWANSEA DRUGS PROJECT, Housing Associations)

6). Organisational Links
WGCADA has close links to YOT, Community Safety Partnerships as well as Young Carers.

7). Future/Planned Services
- Young Persons Worker: This worker will look at families also.
- Older disability persons worker
- Domestic Violence Worker

8). Funding
Funders include:-
- Home Office
- South Wales Police
- Welsh Assembly Government (Drug and Alcohol Treatment Fund)
- Community Fund (Lottery) Grant
- Children in Need
- National Probation Service Cardiff
- Safer Community Fund
Appendix Two: Ethnic Minority Organisations

Swansea Bay Race Equality Council

An organisation working to promote race equality issues across Swansea and Neath Port Talbot. Its objectives are:

• to work towards the elimination of racial discrimination
• to promote equality of opportunity, and good relations, between persons of different racial groups

SBREC employs eight members of staff.

MEWN (Minority Ethnic Women’s Network) Swansea

The aim of MEWN Swansea is to provide support for black and ethnic minority women and to develop an agenda of action to counter the barriers to form full participation in the Welsh work force and the community.

The Objectives of MEWN Swansea are:

• To set up multicultural women's centre.
• To empower women from black and ethnic minority communities and enable them to develop their own initiatives and participate fully in mainstream services.
• To provide a regular drop in service for black and ethnic minority women.
• To establish a training unit for black and ethnic minority women which offers courses that will help the women to get back into the work force.

MEWN employs 10 members of staff

Swansea City Council Ethnic Mentoring Service

Originally part of Youth Access, this service provides mentoring and support to pupils at risk of educational drop out or disengagement. This project will drop from three to one member of staff at the end of June 2005.
Ethnic Minorities & Substance Misuse Feasibility Study

Appendix Three: Funding Opportunities

Statutory Sources

Welsh Assembly Government:-
*’Drug And Alcohol Initiatives’

The Scheme: The Drug and Alcohol Initiatives budget supports initiatives that contribute to meeting the objectives outlined in the Welsh substance misuse strategy 'Tackling Substance misuse in Wales' as well as funding national initiatives such as the drug misuse database, the national telephone helpline and welsh adult substance misuse survey.

Contact: Gareth Hewitt
Finance Manager
Substance Misuse Branch
Community Safety Unit
Welsh Assembly Government
Tel: 029 2082 5637
E-mail: gareth.hewitt@wales.gsi.gov.uk

*’Drug And Alcohol Treatment Fund’

The Scheme: The Drug and Alcohol Treatment Fund (DATF) was established in 1999 initially as part of the Assembly’s Social Inclusion Fund and then became a budget heading in its own right. The Fund has grown from £1.5 million in 1999/2000 to £4.7 million in 2003/04.

The Fund was distributed to Drug and Alcohol Action Teams (DAATs) on a per capita basis up until 2002/03 and on an equal split basis for 2003/04. With the abolition of DAATs in March 2003, Community Safety Partnerships (CSPs) took over responsibility for administering the fund and allocating new funding.

Initially the fund was used to support drug and alcohol treatment services to improve access to treatment and this has remained the basic criteria for the fund throughout its existence. Although new funding for 2003/04 required proposals to meet the following criteria:

1. An increase in the capacity of core treatment services
2. An improvement in the availability of treatment
3. Achieve a reduction in waiting time to access treatment
4. Expand services in place from April 2003 or as soon as possible thereafter

The Fund has been renamed the Substance Misuse Action Plan Fund for 2004/05 and will be used to help implement the needs identified in CSPs substance misuse local action plans. £2m of additional resources have been allocated to the fund for 2004/05 and can be accessed via local Community Safety Partnerships.

Contact: Gareth Hewitt
Finance Manager
Substance Misuse Branch
Community Safety Unit
Welsh Assembly Government
Tel: 029 2082 5637
E-mail: gareth.hewitt@wales.gsi.gov.uk
Ethnic Minorities & Substance Misuse Feasibility Study

Community Safety Unit
The Community Safety Unit works primarily to Edwina Hart the Assembly Minister for Social Justice and Regeneration. It is her responsibility to take forward the Assembly’s new agenda for creating safer communities in Wales, reducing both crime and the fear of crime. In doing this she has control over the Assembly’s £100 million Crime Fighting Fund, which will provide a joined up approach to combating crime, the fear of crime and substance misuse.

Communities First Programme
The Scheme: Communities First is a long-term strategy for improving the living conditions and prospects for people in the most disadvantaged communities in Wales. The programme ensures that the funds and support available from the Welsh Assembly Government and other publicly funded agencies are targeted at the poorest areas.
Eligibility Criteria: The Assembly Government, on the basis of evidence of deprivation, selected communities to receive help and support under the programme including:
- The 100 most deprived communities according to the Welsh Index of Multiple Deprivation;
- 32 areas containing pockets of deprivation at sub ward level throughout Wales; and
- 10 communities of interest and communities for which imaginative proposals have been made by local authorities in consultation with others.
Funding is available for Preparatory Activity, Capacity Building Plans and Community Action Plans.

Community Fund
The Community Fund gives Lottery money to charities and voluntary and community groups. The grants mainly help meet the needs of those at greatest disadvantage in society and also to improve the quality of life in the community.

Contact: Wales Office
2nd Floor,
Ladywell House,
Newtown,
Powys,
SY16 1JB
Telephone: 01686 611700
Email: enquiries.wales@biglotteryfund.org.uk
Ethnic Minorities & Substance Misuse Feasibility Study

Social Risk Fund
The Social Risk Fund is a small grants scheme administered by Wales Council for Voluntary Action, which provides community and voluntary groups with quick and easy access to European funding.
Grants of up to £10,000 are available for projects costing no more than £10,000 in total, which aims to regenerate local communities and combat social exclusion.
This is likely to be through projects that:
- Raise skill levels amongst specific target groups that face social exclusion and marginalisation
- Increase access to and widen participation in education, training and employment amongst specific target groups

Contact: Mike Shirley
Tel: 01267 229322 or 07798 558696.

City and County of Swansea Local Authority
The City and County of Swansea has a Project Development and Funding Unit that can provide information and general advice about funding, sponsorship and project development. The unit primarily assists with guidance and project management support on internal projects and match funded projects with community groups, the voluntary sector and businesses. For private businesses seeking to obtain funding some general information and signposting to further assistance can be found in the Funding Guide, produced and updated by the Unit.

Contact: Sian Seabrook
Project Development and Funding Officer
Tel: 01792 635486
Email: sian.seabrook@swansea.gov.uk

Welsh Council for Voluntary Action
WCVA manages a range of grant schemes that support local voluntary organisations, communities and volunteers throughout Wales, with funding from charitable trusts, the Millennium Commission, the National Assembly for Wales, New Opportunities Fund and the European Structural Funds. Our grant schemes are safeguarding and increasing the overall funding available for the voluntary sector in Wales. They give voluntary organisations access to sources of funding managed within the voluntary sector, strengthening their independence from other sectors.

Applications for grant aid are considered by grant panels, whose members are drawn from WCVA’s Board as well as additional experts from the voluntary sector and other sectors.
Ethnic Minorities & Substance Misuse Feasibility Study

Charitable Trusts

**Tudor Trust**
Tudor aims to help break cycles of disadvantage and dependency. Preventing people from being drawn into these cycles is crucially important too. The Trust is interested in supporting projects that increase people’s capacity to cope, build their confidence and vision, and give them greater control over their future.

**J. Paul Getty Jr. Charitable Trust**
The Trust aims to fund projects to alleviate poverty and misery in general, and unpopular causes in particular, within the U.K. The emphasis is on self-help and enabling people to reach their potential. The trustees favour small community and local projects, which make good use of volunteers.

There are 4 main beneficial areas: Social Welfare, Therapeutic use of the Arts, Conservation, and the Environment. Most of the funding is given to Social Welfare. Grants are usually in the £5 - 15,000 range, Priority is likely to be given to projects in the less prosperous parts of the country, particularly outside London and the South East, and to those which cover more than one beneficial area.

**Lloyds TSB Foundation**
This Foundation’s funding supports charities working in the fields of social and community needs and education and training, and the main grants programmes are designed to address essential community needs. We are particularly keen to support small community-based charities where small amounts of funding can make a significant difference to local people’s lives. We welcome applications from all sections of the community.

**Esmee Fairbairn Foundation**
The Foundation make grants to organisations, which aim to improve the quality of life for people and communities in the UK, both now and in the future. The Charity likes to consider work which others may find hard to fund, perhaps because it breaks new ground, appears too risky, requires core funding, or needs a more unusual form of financial help such as a loan.
Ethnic Minorities & Substance Misuse Feasibility Study

Appendix Four: Invited Responses to Draft Report from Key Partners
All organisations consulted were invited to comment on an initial draft of the feasibility and research reports. Most responses were considered, taken on board and amendments made to the report hereby presented. However, some of the responses were of a more generic nature, and therefore their full comment is given here:

Swansea Drugs Project:
- The three recognised types of social drug use are experimental use, recreational use, and compulsive use. The report does not sufficiently recognise that the different types require different worker skills, responses and services. It is crucial that in future discussion we explore further these differences.
- Throughout the report there are discussions about various services for younger people. The report does not adequately recognise the need for separately delivered substance misuse services for young people. All guidance on drugs work with young people stresses that young people must not just be bolted onto adult services, they must have separately delivered, separately staffed provision. At present only SANDPIT staff have specific remit for 18 year olds and under.
- The statement that “harm reduction” may be more culturally acceptable misses the point. Help provided should be evidence based. Research confirms that this approach saves lives! Most members of the public want that abstinence is the only acceptable choice. This is not entirely cultural. It is very similar to the issue of contraception. I am sure that abstinence from sex may be seen as more culturally appropriate for some groups – but the help must be appropriate to the individual (within the community but for their own needs). In addition it is entirely erroneous to imagine that harm reduction is somehow at odds with abstinence – abstinence is very harm reduction when it can be achieved!
- Conclusions - After stating that there is a growing drugs problem in the ethnic community the report continues its conclusions “These varying interpretations of ‘serious’, ‘recreational’ are at the heart of the gulf of understanding between mainstream service providers and ethnic minority communities, and should be addressed, if not reconciled, to meet the diversity of need.” You will note from my previous comments that I do not think that this is entirely cultural. I accept absolutely that the treatment agencies can do far more (with help) to have better services for BME members with addiction problems. However it is not the role of the treatment agencies to deal with all drug use. Services are mostly limited to those with compulsive problems not because we regard other issues as not important, but because the education and information work required is not what the treatment agencies provide. As I’ve stated these are other valuable services. Should be provided for BME and the white community in appropriate ways. It would lose all meaning if it just gets pushed onto the treatment agencies.
- There is obviously also a need to clarify the language used by throughout the report and by the agencies. There are already clearer definitions of meanings of misuse, use etc – see National Treatment Agency Guidance.
- Finally some consideration should be given with regard to the hoped for outcomes. It is not likely that drug use in the BME will reduce, even with the hoped for interventions.
Ethnic Minorities & Substance Misuse Conference Report

8th December 2005
Dylan Thomas Centre, Swansea

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Ethnic Minorities & Substance Misuse Conference Report

Foreword

This report summarises the findings presented in a one-day conference held in Dylan Thomas Centre Swansea on 8th December 2005. The conference focused on the emerging issue of ethnic minorities and substance misuse and presented a range of perspectives on the subject, including some recent and local research findings carried out in Wales.

The conference, hosted by the Swansea Substance Misuse Action Team (SMAT), was the culmination of efforts spanning over two years, co-ordinated by the Ethnic Minorities Task Group of the SMAT. This partnership, benefited from representation from a range of organisations including the police, specialist drugs agencies and minority youth groups, which enabled its unique perspective on this pressing issue.

The report firstly summarises the three key presentations made on the day, as well as giving an overview of the ensuing debate from conference participants. The report also includes the full EM SMAT research and feasibility studies.

The primary aim of this document is to become part of an ongoing process of debate and development of best practice in this field. To this end, this document is also available online at www.smat.co.uk. For any further information, please contact David Evans, SMAT coordinator, 01792 636000 or email David.Evans@swansea.gov.uk
Section One: Conference Presentations

EM SMAT Research 2004 & Feasibility Study 2005
(Rocio Cifuentes, CEMVO Wales)

Slide 1

Rocio Cifuentes & Nicky Nijjer
Ethnic Minorities Task Group

Slide 2

How it all Started……..
A Youth Worker Perspective
Nicky Nijjer
Ethnic Youth Support Team

Slide 3

Background
- Anecdotal evidence of a growing problem
- No existing data on substance misuse levels amongst ethnic minorities locally
- Little historical consideration of the issue at service commissioning or service provider level.

Slide 4

Ethnic Minorities Task Group Research 2004
- Aims
- Objectives
  - To assess awareness of and attitudes towards substance misuse issues amongst both young and older ethnic minority people
  - To assess awareness of and use of existing substance misuse treatment services amongst both young and older ethnic minority people
  - To assess levels and types of substance misuse prevalent amongst ethnic minority young people and older people in the Swansea area.
  - To explore both younger and older groups' views and suggestions for improving substance misuse treatment services in the area.

Rocio Cifuentes, CEMVO

Slide 5

Methodology
- Opportunity Sample (distributed via four ethnic-minority client-facing agencies)
- Self-completion Anonymous Questionnaires
- 75 Older People (majority female)
- 93 Young People (majority male)
- Representative of ethnic mix of local population
- 4% of local ethnic minority population

Rocio Cifuentes, CEMVO

Slide 6

EM SMAT Research: Key Findings
Young People:
- Higher than previously recognised level of cannabis and alcohol use. Some use of Class A drugs.
- Most view their own or their friends’ drug use as problematic
- Low general awareness and low uptake of substance misuse services amongst young people
Older People:
- Low general awareness about drugs and substance misuse services amongst older people
- Issue of cultural sensitivity and stigma of topic
- Recommendations made regarding improving service accessibility and relevance.

Rocio Cifuentes, CEMVO
EM SMAT Research: Recommendations

- Increase cultural awareness of existing drug support service staff by providing quality training and information on issues present in ethnic minority communities.
- Establish a service targeted specifically at working with ethnic minority communities, which will liaise effectively with other services.
- Develop outreach programmes targeted specifically at ethnic minority young people.
- Launch information and awareness raising campaigns targeted specifically at ethnic minority older people.
- Establish meaningful and structured communication processes with the diverse ethnic minority groups and organizations to ensure integration of culturally diverse perspectives into ‘mainstream’ policy and practice.

Rocio Cifuentes, CEMVO

Stakeholders Consulted

Interviews with:
- Key Drug Treatment Agencies
- Local Ethnic Minority Organisations

Focus Group Interviews with:
- Ethnic Minority Individuals/ Communities:
  - Older Women
  - Older Men
  - Younger Women
  - Younger Men

Rocio Cifuentes, CEMVO

Ethnic Minorities Task Group Feasibility Study 2005

- Commissioned by Swansea SMAT
- Carried out by Askor Ali

Aims:
- To conduct a Literature Review of Research on the Topic
- To consult with stakeholders on the five research recommendations made
- To consider the practical ways in which existing agencies can work together to implement the recommendations
- To examine the resource implications of each option

Rocio Cifuentes, CEMVO

Literature Review: Key Issues

- General Lack of Data on Minority Substance Misuse Needs
- General Lack of Acknowledgement of Minority Substance Misuse (Problem of Denial)
- Lack of Partnership working between minority groups/organisations and mainstream
- Conflicting views on staffing of services
- Language of services
- The Legal Context

Rocio Cifuentes, CEMVO

Response to Recommendations

- Increase Cultural Awareness of Existing Services
- Establish specific service targeted at E.M. Clients
- Develop Outreach Programmes for E.M. Young People
- Launch Information & Awareness Campaigns for E.M. Older People
- Establish Communication Processes with E.M. groups and Organizations

Rocio Cifuentes, CEMVO

Conclusions

- Growing concern about drug use amongst ethnic minority communities in Swansea
- Apparently increasing levels of use
- Contrasts with low numbers of ethnic minorities accessing substance misuse services locally
- Highest Priority is to increase the cultural competency and awareness of existing services
- Not a separate service, but some consensus on the need to employ at least one link worker to ensure progress towards the other recommendations
- Issue of resourcing needs urgent address

Rocio Cifuentes, CEMVO
Thank You
Rocio Cifuentes & Nicky Nijjer

Ethnic Minorities Task Group:
- CEMVO (Council of Ethnic Minority Voluntary Organisations)
- Swansea City Council Education Department
- WGCADA (West Glamorgan Council for Alcohol and Drug Abuse)
- South Wales Police
- EYST (Ethnic Youth Support Team)
- Swansea SMAT (Substance Misuse Action Team)
- BED (Black Environment Network)
& Supported By:
- MEWN (Minority Ethnic Women’s Network)
- SBREC (Swansea Bay Race Equality Council)
- Action Team for Jobs

BME Axis Project
(Tony Hendrixson, Newlink Wales)

Building on Local Perspectives

Tony Hendrickson
Fundraising & Business Development Officer
NewLink Wales

NewLink Wales
~Linking Volunteers to Agencies
~Agencies to Training and
~Communities to Services

Who are we trying to engage?
There are three main types of user and levels of use:

- DEPENDENT
  - 10%
- RECREATIONAL
- EXPERIMENTAL

- How have we engaged locally with Minority Ethnic Communities within Welsh Substance Misuse Strategy?
- What lessons have we learned?
- How do we build upon our existing services?
Ethnic Minorities & Substance Misuse Conference Report

Slide 5

Terminology

- The terms black & minority ethnic and minority ethnic are used within this presentation with reference to ‘minoritised’ people and communities who experience prejudice and discrimination based on their ‘race’, ethnicity, culture and/or religion.
- NewLink Wales respects the individuals right to self definition.

Slide 6

- Drug and alcohol problems touch all communities – they have no boundaries of race, gender, sexual orientation, age or class
- The effects of drug and alcohol use upon people’s lives is a cause of concern for us all

Slide 7

Substance Misuse Strategy and Structure

- Welsh Assembly Government
- Ministrer for Social Justice
- Advisory Panel on Substance Misuse
- Crime & Disorder Strategy
- Community Safety Unit
- Substance Misuse Action Teams Regional Teams (SMARTs) for Wales
- Community Safety Initiatives
- Local Substance Misuse Action Teams (SMATs)
- Local SMAT Sub-Groups

Slide 8

Structure of Local SMAT Sub-Groups

- Treatment & Rehab
- Children, Young People and Adults
- Families & Communities
- Availability
- Black & Minority Ethnic Issues

- To enable people with SM problems to overcome them & lead fulfilling lives
- To help the above resist substance misuse in order to achieve their potential and to promote healthy living in the context of a healthy lifestyle
- To protect families & communities from antisocial & criminal behaviour & to reduce their health risks related to substance misuse
- To reduce the availability of illegal drugs on the streets & the inappropriate availability of other substances
- To inform the development of SM services for Minority Ethnic communities

Slide 9

Ethnicity in Wales

In the last census, April 2001:

- Most of the population of Wales (97.9%) described their ethnicity as White
- The remaining 2.1% of the population were from ethnic backgrounds other than White, together numbering 62,000 people. Of these:
  - More than 25,000 were of Asian descent
  - Nearly 18,000 were of mixed ethnic origin
  - 7,000 described their ethnicity as Black
  - 6,000 described their ethnicity as Chinese
  - 5,000 described themselves as coming from other ethnic backgrounds
Ethnic Minorities & Substance Misuse Conference Report

Slide 11

Ethnicity in the Cities

People from ethnic backgrounds other than White were concentrated in Wales’ three largest cities:

- Cardiff – 8.4%
- Newport – 4.8%
- Swansea – 2.2%
- Vale of Glam – 2.2%

NewLink Wales

Slide 14

Research Participation

Participation by Ward
- Butetown 32%
- Grangetown 30%
- Riverside 25%
- Splott 9%
- Canton 4%

NewLink Wales

Slide 12

Why Have We Engaged Minority Ethnic Communities?

1. Local research by Laxmi Budhwar in April 1999 showed less than 1% accessing treatment services
2. BME Task Group formed
3. NewLink Wales established July 1999 and asked to recruit volunteers to work with and support BME drug and alcohol users
4. 1999-2000: networking/consultation/community development work
5. Began to recruit volunteers
6. BME Volunteer Co-ordinator recruited
7. Some volunteers speak ‘community’ languages to help give users choices about substance misuse
8. Need identified for substance misuse information materials/resources

NewLink Wales

Slide 15

Research Participation

Participation by age group
- Under 14 = 15
- 14 – 21 = 97
- 22 – 31 = 94
- 32 – 41 = 95
- 42 – 51 = 88
- 51+ = 87

NewLink Wales

Slide 13

BME Research on Substance Misuse Information, 2001 - 2002

- Research conducted by NewLink Wales Outreach Worker, Noad Hashi (2001-2002)
- Research conducted into information needs on substance misuse primarily focused on the Bengali, Caribbean, Somali and Yemeni communities
- 476 questionnaires returned

NewLink Wales

Slide 16

Key Research Findings

- People unsure what drugs looked like
- Language barriers
- Little or No knowledge of where to find support for treatment
- Perceived lack of awareness of ‘cultural’ issues by treatment providers
- Need for women-only sessions
- Unsure of confidentiality - communities
- Who will know? Fear of authorities
- Concerns for young people

NewLink Wales
Key Research Findings

How would you like to receive substance misuse information?
- Leaflet: 212 (53%)
- Internet: 79 (19%)
- Video: 55 (13%)
- Audio: 49 (12%)
- C.D.Rom: 14 (3%)

Out of the 409 people who answered the question on how they would like to obtain materials about substance misuse:
- 300 People said they would prefer to see material in their first language.
- This option was particularly popular with those whose first language was Arabic, Bengali or Somali

How Are We Engaging with BME Communities, 2002 - Present?
- Taking the research forward, information cards for 17 different substances were produced in Arabic, Bengali, English and Somali
- BME Information Desk set up at accessible venues
- Due to requests Urdu information leaflets have since been added

NewLink Wales BME Volunteer Statistics

<table>
<thead>
<tr>
<th>Nov 2000 – Feb 2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteer application enquiries</td>
</tr>
<tr>
<td>Applications returned</td>
</tr>
<tr>
<td>Volunteers trained and placed</td>
</tr>
</tbody>
</table>

| Individuals received information | 742 |
| Individuals asked for information: |     |
| For themselves | 68 |
| For a family member | 187 |

What Have We Learned?

• Don’t assume – develop effective consultation and research

• Aim to understand the needs of each community in your area - findings from any one community may not apply to others


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What Have We Learned?

• Training needs identified at Levels 1 and 3

• Training for treatment providers and communities were requested and have been conducted

What Have We Learned?

• Don’t assume – develop effective consultation and research

• Aim to understand the needs of each community in your area - findings from any one community may not apply to others

• Don’t assume – develop effective consultation and research

• Aim to understand the needs of each community in your area - findings from any one community may not apply to others

Patterns of substance misuse may differ from one community to another

• Seek to actively engage communities in the manner in which services are implemented rather than focus on one particular ‘community leader’

• Respect community leaders and work with them appropriately

What Have We Learned?

• Training needs identified at Levels 1 and 3

• Training for treatment providers and communities were requested and have been conducted

• Much more needs to be done!

What Have We Learned?

• Treatment providers need to work in a holistic manner and treatment needs to be led by the individual and his/her own (cultural) needs

• Nothing can be done in a hurry – building both understanding and trust in the confidentiality of the service

• Families as well as clients – family members may need to be met and consulted separately to ensure confidentiality

• Each region is different – what works in one area may not in another (eg, London–Cardiff, Cardiff–Swansea)

• Sustainable core funding - for BME substance misuse services

• Develop services with communities so that ownership is theirs!
Every substance misuser or drinker, from whatever community, should be given the choice and the right to access treatment services, and treatment provision should be diverse enough to welcome them.

Shafi Rahman, NAFAS, London

"Breath of Life…, Freedom…, the Self…"

LB of Tower Hamlets
- 8 sq miles – one of London’s smallest and densely populated borough.
- one of the most deprived areas of the country.
- Total Population = 196,016
- Bangladeshis = 66,645 [34%]
- African / Caribbean = 11760 [6%]

Background
- First signs of drug misuse amongst Bangladesh youth noticed late 1988-90.
- Continued rise 1990-93
- Wide scale problems reported 1996+
- Local CDT stats
- LBTH proposals to deal with issue
- Community response

BDP - Nafas
- Professionals from the community create BDP
- Consultants
- Service development proposal created in 1998 for a new drug agency to target the Bangladeshi community
- Service to be called Nafas
- Nafas starts to operate 2000
Problems navigated
- Lack of suitable premises
- Lack of lead time for project development, staff recruitment, premises configuration, publicity materials, and internal policies.
- Unrealistic expectations from commissioners and community
- Image and Identity.

Nafas services
A culturally sensitive multi-faceted resource
- Drug Treatment
- Education
- Prevention
- Outreach
- Research / Training
- Development

Vision
- The BDP works to enable individuals and communities who are affected by drug misuse and its related effects, to positively change their life conditions to live without drugs, through a combination of individually focused solutions and community level programmes.

Aim for Tower Hamlets
- Nafas is a multifaceted specialist resource established to meet the drug and drug related education, prevention and treatment needs of primarily the Bangladeshi community in the London Borough of Tower Hamlets.

Staffing
- Total 17 staff members
  - 13 FT / 4PT
  - 1x Manager
  - 1x Admin
  - 1x Development & Communications
  - 5x Day Programme
  - 1x Addictions Counselor
  - 1x Family Support Worker
  - 2x Drug Education
  - 2x Outreach Workers
  - 3 x OPAD, ASN, Rihla

Day Programme
- Structured Programme of upto 12 wks
  - Talk therapy
  - Key work and Group Work
  - Individual Care Plans
  - Relapse Prevention
  - Therapies – Shiatsu, Acupuncture, Sauna
  - Access to prescribed medication detox / rehab / other specialist services
  - Health & Fitness
  - Access to education, training and employment

Day Programme results
- Received 229 referrals 2004-05
- Carried out 106 initial assessments
  - 20 Clients Drug free
  - 23 Clients had reduced drug use
  - 90% of Clients are Bangladeshi
  - 10% of Clients are female
  - 60% of Clients are self referrals
  - 50% of Clients are under 25 yrs of age
Drug Education

- Provides Drug Education Workshops in schools, colleges, & Community locations
- Leading member of Drug & Alcohol Education Prevention Group to coordinate borough wide strategy
- Drug Education training Course for young people
- OPAD
- Parents seminars and conferences
- Translation of drug education materials

Drug Education Outcomes

- 3579 participants at 227 Drug Education workshops (04-05)
- From a sample of evaluation forms 95% of participants record an increase in drugs knowledge after sessions
- Translation of ADFAM booklet – living with a drug user into Bengali
- Participants by age
  - under 16 = 57%
  - 16-25 = 23%
  - 25+ = 20%

Outreach

- To contact young people, community members and drug users
- Disseminate information about drug agencies and support available to users.
- To network with other agencies and workers
- Contacted of 3872 people (2003-04)

Ocean Parents Against Drugs [OPAD]

- NDC funded project.
- Produced Bengali / English Video for Parents of NDC area.
- Produced 3 leaflets in English / Bengali
- 2200 copies of video and drug information leaflets were distributed to every home in the area.
- 534 Parents attended DA workshops
- Currently working on Somali video

Other Projects

Abstinent Support Network [ASN]

- BME Self help group for ex drug users
- Support and motivate people to stay drug free.
- Support to access training & employment

Rihla drug education project

- Targeted drug education and referral work through Mosques aimed at Parents
- Drug Awareness Training for Imams

Specific Issues Related to our target community

- Culture / Faith / Language
- Family Structure
- Level of Drug Awareness
- Awareness of service provision, rights
- Large no. of young people using drugs
- Easy availability of drugs
**Research, Training & Development**

- Full time Development Officer
- BME Needs Assessment Hounslow 2004
- Input - Feasibility Study Swansea – Wales 2005
- Bangladeshi Needs Assessment London Borough of Newham 2005-06
- Cultural Competency Audit Tool
- Cultural Competency Training for substance misuse staff
- Joint Conference planned with Home Office + GLA
- Home Office Drug Services Directorate [DSD] Race Equality Group member
- National Treatment Agency (NTA) guidance
- BME capacity building
- Premises / Funding
- Quality staff availability

**How are we more Accessible?**

- Management and Staff members from local BME community.
- Use of appropriate and relevant publicity and advertising methods.
- Understanding of faith culture and language of service users.
- Atmosphere, décor and feel of the actual building.
- Our approach to clients and families
- User involvement

**What difference have we made?**

- Increased treatment choice
- Raised awareness in the BME / Bangladeshi community
- Increased access to treatment from BME / Bangladeshi Community
- Developed original drug education resources
- Informed local and national planning and delivery of drug services
- Developed a working model that can be replicated with other BME communities

**What next?**

- Develop and deliver services for BME communities around the UK
- Further develop nafas training department
- Work with other DAAT’s to meet the needs of BME communities
Section Two
Participants Response (Workshop Summaries)
Delegates took part in workshops focusing on four key questions:
1. **Cultural Awareness** - How can services increase the cultural diversity and awareness of their staff?
2. **Mainstream or Specialist** - Do ethnic minorities need separate service provision, or should the mainstream aim to meet all needs?
3. **Young People** - How do the distinct needs of young people, relate to those of ethnic minorities in general, and how can service providers respond to this?
4. **Family and Community** - What can be done to increase the information and knowledge which ethnic minority families and communities have on substance misuse?

Debate was lively and opinions varied widely, as such while not all views can be represented, key points are summarised and presented below:

**Workshop 1**
**Cultural Awareness** - How can services increase the cultural diversity and awareness of their staff?

There was a general consensus that the cultural awareness of mainstream service providers was limited with regard to ethnic minority communities, and many delegates stated they personally recognised their awareness as limited. Two themes identified were ‘organisational development’ and ‘availability of information.’ Some of the points raised included:-

- Organisations should be representative of the community that they serve. This means that service providers should seek to employ staff from the BME communities in order for them to be more accessible and user friendly.

- Coupled with the last point is the need for BME volunteers/workers to be of such a background whereby the individual/s have ‘first hand experience, knowledge and understanding of cultural and religious issues of the minority groups.’

- Services should continuously endeavour to proactively engage with BME communities. They should address issues of location, language (hire interpreters if necessary), and times of services for BME communities. Also, look at the possibility of home visit services.

- Drugs agencies should review and evaluate their organizational policies and update them where there is a need especially in light of the Race Relations Amendment Act 2000.

- There needs to be in place a mechanism for involving/empowering grass-root users so they can feel that they played a part in the decision making process. A bottom-up approach.

- Agencies need to have good relations amongst other service providers in order that they can learn from each other’s experiences.
**Workshop 2**

**Mainstream or Specialist-** Do ethnic minorities need separate service provision, or should the mainstream aim to meet all needs?

The question posed above is one that is being discussed in many cities around Britain. The facilitators, from Nafas in London, have a particular concern with this question, as they were founders of a specialist service in London, having expertise in tackling substance misuse in a culturally sensitive manner.


The facilitators went on to question the possibility of ‘reshaping existing services’ and/or creating a ‘separately resourced service from the same pot of money’ available from local authorities in order to tackle substance misuse of a diverse nature, while remaining mainstream. It was suggested that the terms ‘mainstream’ and ‘specialist’ are misnomers to a certain extent insomuch that a ‘specialist’ service could merely mean the ‘vehicle’ or ‘method’ of access to treatment that ‘mainstream’ service providers could take on board. In contrast ‘specialist’ service can also mean alternative types of treatment altogether. Some of the points that need consideration before a ‘specialist/separate can be warranted are aspects such as:-

- The *cost-effectiveness* of a ‘specialist’ service for smaller numbers of people and the actual resources that is available.

- There needs to be *clarity as to the real situation* before a decision is made on the approach to be adopted. In other words a rigorous *assessment of needs* is always a pre-requisite.
Workshop 3
Young People- How do the distinct needs of young people, relate to those of ethnic minorities in general, and how can service providers respond to this?

Delegates discussed the view that addressing the substance misuse needs of young people is always difficult. The problem is compounded even further when it comes to addressing the needs of young people from a minority background. There is substantial national evidence to support the notion that young people from the BME groups are the most deprived and excluded from mainstream society in cities across the country. In trying to respond to the distinct needs of young BME young people, the group came forward with some of these suggestions:

• Service providers should really try to understand ‘where BME young people are coming from’, that is, get to inform themselves of the context from which their habits arose.

• Provisions should be made that are an alternative form of treatment.

• Services need to challenge their own attitudes within their services.

• Staffing issues need attention and role models need to be brought in with whom BME young people can relate.

• Workers should respect the young people and avoid passing judgment on individuals. They need to support the young people’s life-style and let them decide on what is best for them.

• Young people should be given re-assurance of confidentiality.

• Need for young ethnic minority drug-workers.

Once again, there was an emphasis on the need for cultural training for existing drugs workers in Swansea and for them to go into those communities and work with them from the grass-roots.
Ethnic Minorities & Substance Misuse Conference Report

Workshop 4
Family and Community - What can be done to increase the information and knowledge which ethnic minority families and communities have on substance misuse?

Over the course of the day a pervading message was that in order to tackle the substance misuse issue amongst young people in BME communities, there is a need to gather support and create a network of parents and senior community members. Some important points mentioned revolved around information availability and service providers going out to meet with, and try to work alongside, the elder population of the BME communities in Swansea. In addition:

- There should be strenuous efforts to ‘de-jargonise’ the traditional literature on drugs and produce tailor-made literature that does not contain illustrations which may be offensive or alienating for certain groups.

- Need to engage with key elders from BME communities and work together with them to address substance misuse amongst young people therein.

- Services to provide specifically geared presentations to an elder audience that will inform them of how to support their children with problems related to drugs.

- Making sure that they follow up and keep contact in the aftermath of any consultations that take place.

- Adopt alternative mediums to disseminate the message e.g videos, stories/plays on Asian Network.

- New literature should be creatively written with a shared language in mind for young people form a multi-cultural background and understandable by older people.

- Making use of community venues such as mosques and BME organizations.
## APPENDIX I: December 8th 2005 - Conference Programme

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<tr>
<th>Time</th>
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<tr>
<td>9.30</td>
<td>Registration, Tea &amp; Coffee</td>
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| 10.00 | Opening Remarks: **Sara Harvey**, Swansea City Council Head of Regeneration & Chair of SMAT & Safer Swansea Partnership  
**Asim Hafeez**, Equality Policy Unit, Welsh Assembly Government |
| 10.15 | **NAFAS**, Bangladeshi Drugs Project, London  
Shafi Rahman, Director; Alibor Choudhury, Development & Communications Officer |
| 11.00 | **Newlink Wales**, BME Axis Project, Cardiff  
Tony Hendrickson, Fundraising Manager; Outreach Worker |
| 11.30 | Tea/Coffee Break |
| 11.45 | **Ethnic Minorities SMAT Task Group**, Research & Feasibility Study  
Rocio Cifuentes, Director, CEMVO Wales; Nicky Nijjer, Youth Worker, Ethnic Youth Support Team |
| 12.30 | Lunch |
| 1.30  | Workshops: Taking Forward the Recommendations: *Where do we go from here?*  
Workshop Options:  
- Cultural Awareness: *How can services increase the cultural diversity and awareness of their staff?*  
- Mainstream or Specialist? *Do ethnic minorities need separate service provision, or should the mainstream aim to meet all needs?*  
- Young People: *How do the distinct needs of young people, relate to those of ethnic minorities in general, and how can service providers respond to this?*  
- Family & Community: *What can be done to increase the information and knowledge which ethnic minority families and communities have on substance misuse?* |
<p>| 2.30  | Plenary &amp; Closing Remarks: <strong>David Evans</strong>, Substance Misuse Planning &amp; Commissioning Manager, Swansea SMAT. |
| 3.00  | Close |</p>
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<tr>
<td>Mrs Katrina Guntrip</td>
<td>City and County of Swansea</td>
<td>Swansea</td>
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<tr>
<td>Mr Terry Johnston</td>
<td>SW Substance Misuse Regional Advisor - Welsh Assembly Government</td>
<td>Cardiff</td>
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<td>Mr Kelvin Barlow</td>
<td>Service Manager - Community Drugs and Alcohol Team</td>
<td>Bridgend</td>
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<tr>
<td>Mr Christopher Jones</td>
<td>Divisional General Manager - NHS</td>
<td>Swansea</td>
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<tr>
<td>Miss Caroline Harley</td>
<td>Monitoring and Support Officer - Bridgend SMAT</td>
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<tr>
<td>Miss Anqharad Evans</td>
<td>Substance Misuse Development Manager - Bridgend SMAT</td>
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<tr>
<td>Mr Mark Campion</td>
<td>Teacher Advisor for PSE - City and County of Swansea</td>
<td>Swansea</td>
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<tr>
<td>Mrs Sandy Phillips</td>
<td>TSS Manager South Wales &amp; Gwent - Bridgend County Council</td>
<td>Bridgend</td>
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<tr>
<td>Mr Mark Spooner</td>
<td>CJII Manager - Bridgend County Council</td>
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<td>Heather Hughes</td>
<td>Planning Manager - City and County of Swansea</td>
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<td>Councillor Joan Peters</td>
<td>Cabinet Member - City and County of Swansea</td>
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<tr>
<td>Ms Carol Handy</td>
<td>Substance Misuse Lead Officer - Vale of Glamorgan</td>
<td>Barry</td>
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<td>Ms Rajada Begum</td>
<td>Carers Development Worker - City and county of Swansea</td>
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<td>Mr Kevin Hopkins</td>
<td>Hafod Community Partnership Co-ordinator - City and County of Swansea</td>
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<td>Ms Bernice Mayne</td>
<td>Health Promotion Co-ordinator - Terence Higgins Trust CYMRU</td>
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<td>Mr David Emery</td>
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<td>Mr Tony Harte</td>
<td>Project Manager - SOVA</td>
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<td>Mrs Shaheen Munsif</td>
<td>Education &amp; Raising Awareness Co-ordinator - BAWSO Women’s Aid</td>
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<tr>
<td>Mrs Gaby Cortez</td>
<td>Information and Research Co-ordinator - BAWSO Women’s Aid</td>
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<tr>
<td>Professor Joy Merrell</td>
<td>Professor of Public Health Nursing - Swansea University</td>
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<td>Mrs Yvonne Jardine</td>
<td>Manager - MEWN</td>
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<td>Mrs Shehla Khan</td>
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<td>Ms Liz Slade</td>
<td>Director - SYSHP</td>
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<td>Reg Brown</td>
<td>Probation Services Officer - South Wales Probation</td>
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### Ethnic Minorities & Substance Misuse Conference Report

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<tr>
<td>Mario Wisdom</td>
<td>Drugs Project Worker - South Wales Probation</td>
<td>Bridgend</td>
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<tr>
<td>Mr Lee Ball</td>
<td>Bridge Programme Manager - Salvation Army</td>
<td>Cardiff</td>
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<td>Mr Stephen Ridd</td>
<td>Professional Development Manager - Lloyds Pharmacy</td>
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<td>Mrs Anette Rumble</td>
<td>Business Manager - Rhaserchan</td>
<td>Aberystwyth</td>
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<tr>
<td>Erica Painter</td>
<td>Substance Misuse Lead Officer - Cardiff Community Safety Partnership</td>
<td>Cardiff</td>
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<tr>
<td>Miss Helen Ghatt</td>
<td>Residential Childcare Officer - City and County of Swansea</td>
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<tr>
<td>Ms Anita Smith</td>
<td>Senior Social Worker - CMHT 2</td>
<td>Swansea</td>
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<td>Mrs Angela Singh</td>
<td>Social Worker Student - CMHT 2 Swansea</td>
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<td>Mr Gareth Pawan</td>
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<td>Mrs Karen Zasheva</td>
<td>Senior Project Worker - City and County of Swansea</td>
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<td>Mrs Cristina Cifuentes</td>
<td>Support Worker - City and County of Swansea</td>
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<tr>
<td>Miss Amina Abu-Shahba</td>
<td>Resettlement Support Worker - City and County of Swansea</td>
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<td>Mrs Jackie James</td>
<td>Resettlement and Aftercare Provision Co-ordinator, City and County of Swansea</td>
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<td>Mrs Edna Esprit-Griffiths</td>
<td>Community Researcher - Barefoot Health Workers Project</td>
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<tr>
<td>Lisa Barnfield</td>
<td>Newport Locality Co-ordinator - Gwent Alcohol Project</td>
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<tr>
<td>Lisa Osmond</td>
<td>Fusion Young Persons Worker - Fusion</td>
<td>Newport</td>
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<tr>
<td>Ms Sarah Taylor</td>
<td>Development Worker - Castle Communities First</td>
<td>Swansea</td>
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<tr>
<td>Mr Harry Fisher</td>
<td>Young Persons Worker - SANDPIT, Swansea drugs project</td>
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<td>Miss Sian Chicken</td>
<td>Senior Project Worker - Kaleidoscope</td>
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<tr>
<td>Ms Betsy Walielay</td>
<td>Domestic Violence Co-ordinator - NPTCF</td>
<td>Neath</td>
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<td>Mr Eugene Dubens</td>
<td>Minority Development Worker - Neath Port Talbot Communities First</td>
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<tr>
<td>Mrs Alison Evans</td>
<td>Part time Detached Youth Worker - Swansea Youth Worker</td>
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<tr>
<td>Mrs Lisa John</td>
<td>Head of Occupational Therapy Mental Health - Swansea NHS Trust</td>
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<td>Mrs Tammy Glick</td>
<td>Residential Child Care Officer - City and County of Swansea</td>
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<td>Mrs Carol Maddock</td>
<td>Health and Social Care Facilitator - SCVS</td>
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<td>Ms Toto Gronlund</td>
<td>Director - Phoenix House</td>
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<td>Julian Hardwick</td>
<td>Social Worker - NHS Trust</td>
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<tr>
<td>Miss Carolina Mayorga-Williams</td>
<td>Crown Court Caseworker - Crown Prosecution Service</td>
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Appendix III: Notes on Participating Organisations


The Safer Swansea Partnership is formed by groups from the public, private and government sectors all working together towards the aim of making the City and County of Swansea a safer place within which to live. The SMAT is a sub-group of the Community Safety Partnership and its aims are to reduce the harm caused by substance misuse for all those that are affected. The EM SMAT subgroup comprises a range of groups including those working specifically with ethnic minority clients as well as substance misuse treatment agencies.

NAFAS (London)

NAFAS is a multifaceted specialist resource established to meet the drug and drug related education, prevention and treatment needs of primarily the Bangladeshi community in the London Borough of Tower Hamlets. The Bangladeshi Drugs Project works to enable individuals and communities who are affected by drug misuse and its related effects, to positively change their life conditions to live without drugs, through a combination of individually focused solutions and community level programmes.

New Link Wales

NewLink South Wales (now NewLink Wales) was established through the Local Action Teams of Cardiff and the Vale of Glamorgan in July 1999. It became an independent voluntary organisation on 2nd April 2001 and - due to successful developments and demands for its services - expanded its area of benefit Wales-wide in January 2004.
Anonymous evaluation forms were collected at the end of the conference. Responses are shown below:

**How useful did you find the information presented today?**

- 1 (Not very useful) - 1
- 2
- 3
- 4 - 26
- 5 (Very useful) - 21

**How clear were the presentations?**

- 1 (Not very clear) - 0
- 2 - 1
- 3 - 9
- 4 - 19
- 5 (Very clear) - 21

**How relevant was the information presented to your organisation's needs?**

- 1 (Not very relevant) - 0
- 2
- 3 - 6
- 4 - 22
- 5 (Very relevant) - 22
Ethnic Minorities and Substance Misuse: Research Report, Feasibility Study & Conference Summary

Concluding Remarks

The research presented here indicates that substance misuse amongst certain sections of ethnic minority population may be higher than previously recognised, with lower than average uptake of substance misuse treatment services. The research suggests that there are perceived cultural as well as physical barriers (e.g. opening times, visibility) to accessing services, and gives some suggestions for overcoming these. The contrast between the response from the older and younger groups also provides some clues as to the generation gaps which may compound any cultural gaps or chasms.

Based on analysis of the research, five recommendations are made.

1. Increase cultural awareness of existing drug support service staff by providing quality training an information on issues present in ethnic minority communities
2. Establish service/services specifically targeted at working with ethnic minority communities, which will liaise effectively with other services.
3. Develop outreach programmes targeted specifically at ethnic minority young people
4. Launch information and awareness raising campaigns targeted specifically at ethnic minority older people
5. Establish meaningful and structured communication processes with the diverse ethnic minority groups and organisation to ensure effective integration of culturally diverse perspectives into ‘mainstream’ policy and practice.

The subsequent feasibility study invited a range of stakeholders to consider the research, its findings and recommendations, in order to begin to assess and prioritise the five recommendations. Stakeholders consulted included substance misuse service providers, ethnic minority organisations and ethnic minority community groups, who welcomed all five recommendations, but concurred strongly in prioritising the need to act quickly to increase the cultural competence and accessibility of existing services and their staff. This message was also underpinned by the feedback given at the Ethnic Minorities and Substance Misuse Conference, summarised here, and attended by over 100 health professionals.

In conclusion therefore, it can be reiterated that adequate training is a crucial starting point for achieving better, more accessible and effective treatment services, but more creative strategies for engaging with ethnic minority communities, as an active constituent not only passive recipient of services, need also be developed – and, of course, resourced.
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