

Accessing Drug Services in Peterborough: A Study of Black and Minority Ethnic Communities

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Aims of the study

The University of Hertfordshire's Centre for Community Research was commissioned by Peterborough Drug Action Team (DAT) to undertake a study of Peterborough's 'new' and emerging BME communities. The intention of the study was to investigate the needs of these communities in relation to drugs. Experiences of using drugs, and knowledge and experiences of accessing drug services in Peterborough were examined and a number of recommendations were proposed.

Background to the study

Peterborough's demography is changing. Over 10% of the population of Peterborough classifying themselves as belonging to a non-white ethnic minority group (2001 Census). The largest non-white ethnic group in Peterborough is the Pakistani community (4.5%) and the city is also home to people from other minority ethnic groups such as Italian and Caribbean, and newer groups from Eastern Europe, Africa, and the Middle East.

In recent years Peterborough has experienced new arrivals including asylum seekers and refugees, and economic migrants from a number of EU countries such as Portugal. In addition, Peterborough's economy is supported by a substantial number of migrant workers from EU accession countries. This group of individuals would appear to be relatively transient within Peterborough and consequently harder to reach by local drugs services.

The impression of the DAT is that the inclusion in the community of refugees from Afghanistan, Iraq and Iran as well the troubled areas of Africa, is crucial to the development of appropriate services. These individuals present different challenges to service providers, with experiences of abuse in the country of origin compounded by isolation, vulnerability and sometimes exploitation within the host community.

It was to explore the perceptions, attitudes, and experiences of the individuals from these emerging communities that this report was commissioned.

The research found that:

- The majority of respondents were not users of Criminal Justice Services.
- Drug misuse among minority communities in Peterborough, seems to be shaped in part by the context in which the community is living and in part by the drugs available in the country of origin, in common with the findings of Sangster (2002) for example, the use of dance drugs by the young eastern European community, the use of opium by those from the Middle East, and the smoking of heroin by the Pakistani community.
- BME communities are characterised by high levels of shame and denial in relation to drug use and tend to ostracise drug users.
- There are particular difficulties for some BME communities in broaching drugs problems across the generational divide.
- Knowledge and awareness of drugs in hard to reach BME communities is low.
- Loss of immigration status, and indefinite leave to remain in Britain, are of overriding concern to asylum seekers, who fear that leave to remain will be refused if their drug taking is discovered.
- Issues around maintaining confidentiality are paramount.
- Drug agency clients do not think that workers needed to be 'matched' for ethnicity or race but that drug workers need to have knowledge and understanding of the cultural issues for clients.
- Clients wanted daily contact in the early stages of treatment.
- Clients wanted help in establishing a new non-drug using lifestyle and developing skills for employment.
- The life history respondents valued local projects: the Nene Drug Intervention Programme (DIP) and Bridgegate Drugs Services.
- Where new communities in Peterborough are not integrated into social networks there seems to be an increased risk of substance misuse.
- Data regarding to BME communities, particularly the 'new' and emerging communities, is limited.

Conclusions from the study

1. Barriers to the take-up of Services

Confidentiality and shame

The single most significant barrier to service provision amongst this sample would appear to be fear of a lack of confidentiality. While this manifested itself in

different ways among different groups of interviewees, it proved to be a consistent theme for the majority of respondents. Across groups the notion of the shame associated with drug misuse was mentioned, coupled in some cases with a sense that professionals have no real investment in maintaining privacy.

Among the interviewees in this study, a distrust of service providers was mentioned, but also relevant was the fact that each minority community within Peterborough is small, and with the prospect of ostracism, there is no sense that other social networks could ever be forged.

Generational and Family Issues

Just as isolation from family networks was identified as a potential risk factor for some of the communities interviewed, the more established groups within Peterborough identified the gap in understanding between generations as being an inhibiting factor in approaching services.

There was a sense that values are in the process of being reconfigured within a new context and that this creates tensions for community members across generations. Both the Asian community and the Italian community identified family as a real source of advice and support in times of trouble. However when the 'trouble' in question was that of drug misuse, that avenue was closed by the lack of knowledge and the attitudes of older generations.

Local needs vs. national targets

The understanding of drugs and drug misuse within minority communities in Peterborough does not seem to be congruent with the demands of the Drugs Strategy. Treatment services have orientated themselves around criminal justice priorities. However the cultural and religious demands upon some minority communities suggest an interpretation of 'drugs' which goes far beyond the confines of current policy – embracing tobacco, alcohol and tea. Equally the drugs mentioned as being in use by members of groups from Eastern Europe are not core to the delivery of the drugs strategy. The individuals in this group of respondents appeared to be employing dance drugs, largely recreationally. Their aim in travelling to England is not long term integration. Some engagement of this community might be seen as advisable however, as in the longer term a community using drugs in this way might prove to be more vulnerable to the influx of 'crystal meth' into the UK.

2. Developing Services within Peterborough

Awareness and Information

The need to improve information was mentioned by all groups of respondents in this study. The emphasis here though was that such information should be appropriate. Respondents touched upon the provision of leaflets in the language of their mother tongue and suggested that these should be made available within mainstream services, where anyone interested could pick them up unobserved.

However one cannot assume that the translation of a leaflet into a myriad other languages will facilitate the dissemination of information. Any information must reflect the context of use within individual communities, and it should be borne in mind that the penetration of leaflets is dependent upon literacy levels in the mother tongue.

Web-based media were cited as potential sources of information by respondents. In the context of communities where confidentiality is of such a premium the Internet offers an untapped opportunity for providing information to hard-to-reach groups in a way which is private, accurate and responsive.

Outreach within Families

Younger members of the Asian community within Peterborough appeared relatively knowledgeable about drugs issues. Several commented that they would welcome this information being disseminated within the community in order to improve information and discussion across generations.

Outreach within Faith Groups

While a handful did describe themselves as multi-faith or 'lapsed' Catholic the vast majority of respondents orientated themselves within a faith group. In reaching minority communities, dialogue with faith leaders would seem to be crucial.

Forging Links with Community Groups

In addition to faith communities, interviewees did have contact with a wide variety of community groups. Frontline health services were mentioned by minority groups of all types. A number of respondents suggested that links could be forged with such

groups – partly to enhance information and offer services as part of an holistic package and also in order that drug treatment can be accessed discreetly.

Staffing front line services

The issues in relation to staffing services are complex and multi-faceted. In this research contributors were clear that there is a real need for services to be able to understand and act upon the concerns and cultural orientation of service users. A need for service providers to offer treatment services in a range of languages was also highlighted. However strong caveats were placed upon the employment of staff from within minority communities to work with those community members – it was felt that gains in terms of cultural competence were at the expense of a loss of trust. It was the suggestion here that white staff who have an intimate acquaintance with the needs and the language of minority groups be employed.

Nevertheless the need for a representative and diverse workforce is pressing and there is scope to employ staff from the widest range of community groups, across the full spectrum of service hierarchy.

3. Life Stories

Drugs were linked to a variety of problems including: low self esteem; problematic relationships; childhood emotional, physical and sexual abuse at home and in the care system; acquisitive crime; prostitution; domestic violence; confusion over mixed race identity; rejection from family and community because of drug use. In addition, it was clear that drugs were being used as a form of self medication for some individuals.

Low levels of available information about drugs was seen as problematic in many of the communities from individuals providing the life stories. This was compounded by high levels of denial and minimisation in relation to drug problems in the communities involved and a tendency for them to ostracise individuals for their drug use.

Poly-drug use with an escalation of drug use linked to acquisitive crime was a common theme in the life story data. In common with most people suffering from addiction, numerous unsuccessful attempts to come off the drug of choice were described and relapse was common.

Counselling on a one-to-one basis was seen as the most helpful form of treatment by all those interviewed. Interviewees wanted counsellors, who understood the

cultural, religious and family issues for BME communities but who were preferably not from the local community, for fear of breaches of confidentiality.

Interviewees wanted agencies to have firm boundaries and rules, and to challenge manipulation and encourage service users to take responsibility for their own treatment and progress. Interviewees expressed the view that once a week contact with the treatment agency is not enough for some drug users to stay motivated and make changes. There needed to be daily contact at least for the initial stages.

The need to break with drug using friends and establish a new lifestyle with a network of non drug using friends was a key theme. Most of those interviewed said that it is hard to make friends and develop new social circles outside familiar drug using groups.

Other key themes were the need for help with issues such as housing, employment, developing new interests and social activities to occupy time outside of the familiar drug using routines and help prevent relapse.

It is interesting to note that the life stories of the two female interviewees had many issues in common both with each other and with many other women who misuse drugs. Both had experienced an extremely disrupted and painful childhood and had turned to alcohol and drugs at an early stage to escape from their problems. Social Services had intervened to remove their children to protect them from harm, but both were motivated to come off drugs in the hope of getting their children back. Both women had low self-esteem and had been involved in self-harm and both had been rejected by their family and the local community.

Summary of Recommendations

National recommendations

- ❑ To consider publicity via TV, radio & video.
- ❑ To improve and diversify the information available to drug users on the World Wide Web.
- ❑ To provide drugs information in a range of languages.
- ❑ To take steps to ensure that the workforce within drugs services and the promotion of staff within projects is developed to reflect the community.
- ❑ To put in place a thoroughgoing cross-cultural training programme to support the knowledge and understanding of staff.

- ❑ Develop a protocol concerning how drugs services treat issues of confidentiality not only in relation to drug use, but also in relation to immigration status.
- ❑ Revise the existing Drugs Interventions Record so that 'new' and emerging BME groups are included.

Local recommendations

- ❑ A strategy for disseminating information about drugs and drugs services to hard to reach BME communities in Peterborough needs to be developed.
- ❑ To enhance the written information available to minority communities.
- ❑ To raise awareness of the risk factors, which impinge upon the different specific minority groups.
- ❑ To ensure that accurate and recent data is available about the numbers and whereabouts of minority groups within Peterborough.
- ❑ To consider the development and publicity of an anonymous telephone helpline to offer a first contact for members of minority groups.
- ❑ To consider protocols for the transmission of information between staff in the DIP.
- ❑ For the DIP to consider mechanisms for developing drugs prevention and treatment initiatives which extend beyond the confines of the Drugs Strategy.
- ❑ To consider the engagement of the Eastern European community's use of dance drugs.
- ❑ To support DIP service users by engaging in awareness raising and education across generations.
- ❑ To forge links with those community groups who are the natural sources of support for Peterborough's minority communities.
- ❑ To reduce waiting times for prescribing and detoxification to a minimum.
- ❑ To explore the extent to which services for the Asian community could usefully be offered to families as well/instead of on an individual basis.
- ❑ To ensure that members of the Asian community are aware of the dangers of returning young substance misusers to Pakistan for a 'cure'.
- ❑ To engage and collaborate with the full range of faith leaders.

About the project

This study was undertaken by Karen Mills, Susan Brooks, Helen Sender, Dr Roger Green, Centre for Community Research, School of Social, Community and Health Studies, University of Hertfordshire.

A collaborative approach was key to the success of the project and at all times during the project the research team maintained a close working alliance with staff from Bridgegate Drugs Services (a local treatment service).

In order to reach members of Peterborough's BME communities the research team sought to employ the contacts of sessional outreach workers already employed by Bridgegate. Staff at Bridgegate identified sessional workers who had rich community contacts and an interest in learning research skills. It was agreed to train these individuals in interviewing skills in order that they could undertake a series of semi-structured interviews to gather data for the research team. In total 96 questionnaires were undertaken.

In addition six life story interviews were undertaken by means of semi-structured interviews by Bridgegate staff, with existing service users from minority groups. These provided insights into the experiences and treatment journeys of individuals who had been successfully engaged by existing services.

The data gathered was analysed by the research team and a report of findings prepared for Peterborough DAT.

For further information

For more information on the project, contact: Dr Roger Green, Centre for Community Research, School of Social, Community and Health Studies, University of Hertfordshire. r.d.green@herts.ac.uk.

The full report, *Accessing Drug Services in Peterborough: A Study of Black and Minority Ethnic Communities*, by Karen Mills, Susan Brooks, Helen Sender, and Dr Roger Green is available on the Home Office website at www.homeoffice.gov.uk/.....