CollectiveVoice

The National Alliance of Drug and Alcohol Treatment and Recovery Charities

Drug use in ethnic minority groups

Collective Voice submission to the Advisory Council on the Misuse of Drugs call for evidence

About Collective Voice

Collective Voice is the alliance of voluntary sector drug and alcohol treatment and recovery providers. We believe that anyone in England with a drug or alcohol problem should be able to access effective, evidence-based, and person-centred support. We know that treatment and wider support has a transformative power for people with drug or alcohol issues, their families and communities.

The voluntary sector plays a key role in providing this support, comprising almost three quarters of the total treatment provider workforce[1]. Collective Voice was created through the collective leadership of treatment and recovery charities to ensure that the knowledge and expertise of this field is able to contribute to the development of policy and practice. Together, our sponsoring organisations[2] support over 200,000 people every year and are part of a wider ecosystem of charities across the country which include local, specialist and lived experience recovery organisations, working alongside statutory partners to support people with drug and alcohol issues.

About this response

We warmly welcome the Advisory Council on the Misuse of Drugs' focus on drug use amongst people from minority ethnic backgrounds. This is particularly important given that the governments drug strategy From Harm to Hope commits to a system '*where no one falls through the gaps*' and which will '*promote equality and meet the needs of all communities, particularly, those who have often not received an effective service in the past, including people from ethnic minority backgrounds and women*'. However, it sets out no specific actions to address this and, as a result, the strategy's implementation since its publication has largely ignored this issue.

[1] NHS Benchmarking Network, 2023, Drug and Alcohol Treatment and Recovery Services National Workforce Census February 2023

[2] Collective Voice, Our Sponsors

To respond to this consultation, we have gathered input from voluntary sector treatment and recovery providers. This includes specialist organisations who are 'led by and for' people from minority ethnic backgrounds who have experienced or are experiencing problems with drugs and/or alcohol and with larger organisations who hold prime contracts with local authorities to provide drug and alcohol services across the wider population. The specialist organisations we engaged with are:

- One organisation based in the East midlands that supports Black, Asian, Minority Ethnic and Refugee (BAMER) communities to overcome multiple adversities, including addiction and crime, to fulfil their full potential.
- One organisation in the East Midlands that offers innovative solutions inspired by lived experience, positive impact of Transformative Recovery and shared voices of the under-served/seldom engaged Black, Asian and Minority Ethnic communities.
- A black-led charity in the South West, providing services to adults from Black, Asian, and Minoritized Communities.

We were unable to engage with as many specialist providers as we had hoped. Some organisations we contacted were no longer working in substance misuse due to a lack of funding and others did not respond to us, we assume - based on our conversations with those we did engage with - because they have either closed or because their resources are overstretched.

In addition, some specialist provider organisations we engaged with expressed concern about the call for evidence. There was a sense that interest in this issue had come too late and based on experience of previous evidence-gathering exercises, a lack of optimism that it would lead to necessary change. This was exacerbated by concerns about the consultation methods. Written consultation may not be the optimal method of engaging with specialist organisations who are often small and focused on delivering frontline services with little resource available to write and submit policy responses. More active and effective engagement would see government agencies identifying and reaching out to relevant stakeholders in person. We recommend that in taking forward this area of work, the ACMD assesses the level of response received from specialist organisations and considers further engagement with organisations led by-and-for people from ethnic minority groups, including enhanced engagement beyond the present written consultation exercise. Collective Voice is always happy to explore how we might support such engagement with the sector.

Our response to this consultation focuses on the questions relevant to the ability of voluntary sector treatment and recovery providers to meet the needs of people from minority ethnic backgrounds who require their services, and the evidence included is informed by our ongoing work with the sector as well as the specific engagement we have undertaken in relation to this response.

Summary of key findings and recommendations

- **We recommend** that in taking forward this area of work the ACMD assesses the level of response received from specialist organisations and considers further engagement with organisations led by-and-for people from ethnic minority groups, including enhanced engagement beyond the present written consultation exercise.

- The Drugs strategy recognition that "*legal consequences for [drug] use have not been sufficiently applied across all levels of society" will be insufficiently addressed by the* commitment to "*improve our methods for identifying 'recreational' drug users and roll-out a system of tougher penalties aimed at this.*" In fact, without addressing the over-policing of ethnic minority communities, nor exploring and addressing the causes for unequal outcomes at court, this 'system of tougher penalties' may in fact have further negative impact.

- **We recommend** that the government review how drug treatment and recovery services for ethnic minority people are commissioned with specific consideration of:
  - ringfenced grant funding for the provision of specialist services for ethnic minority groups
  - guidance for commissioners, co-produced with organisations led by and for ethnic minority groups, that supports the engagement of specialist organisations throughout the whole commissioning cycle and places a responsibility for 'market stewardship' upon commissioners to ensure that partnership arrangements with specialist organisations in the bidding process and delivery of contracts are fair and equitable.

3. What ethnic minority groups do you work with? What features of substance use have been noted in that / those group(s)?

Collective Voice does not provide frontline services, but we work to ensure that the knowledge and expertise of voluntary sector drug and alcohol services informs policy and practice.

Overall, white people[3] are overrepresented in treatment services, forming 90% of the overall treatment-accessing population in 2021-22 (of which, 90% of those accessing opiate treatment, 85% of those accessing non-opiate-only treatment, and 92% of those accessing alcohol-only treatment were white)[4]. This compares to an 81.7% white population in England and Wales according to the 2021 census. In particular, women from Black, Asian, and ethnic minority communities have been identified as making up only a 'tiny fraction' of the treatment population[5], with gaps in appropriate provision, and a particular absence of culturally-informed services, making it difficult for women from ethnic minority backgrounds to access appropriate support[6].

However, a limited presence of minority ethnic groups in treatment data should not necessarily be understood as a lack of need amongst minority ethnic communities. While there is evidence of higher rates of abstentionism within some ethnic minority communities, ethnic minority groups' limited representation in treatment figures may also be impacted by a range of barriers to accessing services. Substance misuse holds significant stigma within some BAME communities, particularly those where there are religious or cultural prohibitions on alcohol and/or drug use. This stigma may lead to people choosing not to seek support. The stigma may also affect the availability of information about and understanding of issues associated with substance services available to address them.

The association between drugs and crime creates additional stigma and can result in reluctance from people from BAME communities to discuss drugs and related issues[7]. As outlined in further detail below, people from ethnic minority communities may also choose not to engage with services because they don't feel the service meets their needs, or feel that it is not culturally appropriate[8].

4. What are the particular consequences of drug use in the ethnic minority group or groups?

The impacts of drug use fall unevenly across different groups within the overall population. Research has shown that particular genetic differences may mean that health impacts of drug use are disproportionately distributed by race. Recent evidence suggests, for instance, an overrepresentation of Asian men among patients in England with neurological damage related to nitrous oxide[9], and similarly

[3] The group as-defined-by the National Drug Treatment Monitoring System (NDTMS)
[4] NDTMS, 2023, Adult profiles: adults in treatment
[5] With You, 2021, 'A system designed for women?'
[6] Shinasa Shahid, 2023, 'What will people say', in Drink and Drugs News August 2023
[7] National Treatment Agency Website [Accessed on 22/04/15] [Available from: http://www.nta.nhs.uk/equality.aspx]
[8] National Treatment Agency Website [Accessed on 22/04/15] [Available from: http://www.nta.nhs.uk/equality.aspx]
[9] Gregory, A., 2023, 'Young people harmed by nitrous oxide use most likely to be Asian men – study', The Guardian

there appears an increased risk of alcoholic liver disease among White Irish men compared to other White ethnic groups[10]. Inequalities in drug harm across ethnic groups do not necessarily reflect patterns in self-reported consumption, and policymakers ought to be attentive to potential over- or under-representation of certain cohorts of people when examining health, social, and psychological consequences of drug use.

As with any public health issue, the consequences of drug use are mediated by differences in race, class, and gender. Substance use interacts with social and material disadvantage, healthcare access and accessibility, and other relevant socio-economic factors in generating consequences for the individual. Healthcare access and quality varies strongly according to race and income[11], and ONS data, for instance, shows that the highest rates of deaths related to drug poisoning occur in the areas of the greatest deprivation[12]. Opiate and crack use (OCU) in particular are strongly linked to deprivation, with 56% of people in OCU treatment being within the 30% most deprived English areas[13]. In a country with strong racial inequalities in income and wealth[14], recognising the interaction between health, wealth, and drug use is imperative.

The needs of women from ethnic minority backgrounds give cause for further concern and for greater intervention. Issues around racial healthcare inequality are compounded by gender differences in social norms and substance use stigmatisation – further complicating the fact that women's needs are generally under-met within existing treatment and recovery infrastructure[15], and meaning that women from ethnic minority backgrounds are doubly disadvantaged when accessing, or when needing-but-not-accessing, treatment services.

These intersecting inequalities are compounded by unevenly distributed consequences of the enforcement of drug prohibition. The current system of policing and criminalisation within England, exacerbated by racial and geographical inequalities in income distribution, also mean that drug use (or indeed perceptions of drug use based on racialised stereotypes and prejudice) bring uneven consequences for certain ethnic groups. In the year ending March 2022, there were over five times as

[10] Institute of Alcohol Studies, 2020, Ethnic Minorities and Alcohol
[11] Wise, J., 2022, Racial health inequality is stark and requires concerted action, says review, the BMJ
[12] Office for National Statistics, 2022, Deaths related to drug poisoning, England and Wales
[13] Public Health England, 2020, Adult substance misuse treatment statistics 2019 to 2020: report
[14] Runnymede Trust, 2020, 'The Colour of Money'
[15] Webb, L., et al, 2022, 'Editorial: Women and substance use: Specific needs and experiences of use, others' use and transitions towards recovery', Frontiers

many stop and searches for black people than white, while Asian and 'mixed' groups were stop-searched almost twice as often than white[16]. The 'find rate' for drugs stop-searches has historically been lower for black people than white, meanwhile[17], suggesting a clear over-policing of black and minority ethnic people as opposed to their white counterparts. Black people are less likely to be given an out-of-court disposal, thus more likely to face prosecution (ibid); ultimately prosecuted for drug offences at 8.6 times the rate of white people in 2017, compared with 3.7 times the rate for all offences. The Sentencing Council has advised that people from Asian, Black, and other minority groups are 1.4 to 1.5 times more likely to go to prison for drugs offences than white people are[18]. This year, the UN Working Group of Experts on People of African Descent raised serious concerns about racial disparities in the UK Criminal Justice System, including the 'dehumanising' stop and search strategy of policing. This disproportionate criminalisation has obvious and detrimental impacts, not only on immediate-term liberty, but on housing, employment, relationships and life chances in the medium- and long-term, further reinforcing aforementioned racial-socio-economic inequalities in health and life outcomes.

The Drugs strategy recognises that "*legal consequences for [drug] use have not been sufficiently applied across all levels of society, with the Commission on Race and Ethnic Disparities highlighting the disproportionate effect of possession laws, particularly for Class B drugs, on young black people"*. However, in response, the government intends only to "*improve our methods for identifying 'recreational' drug users and roll-out a system of tougher penalties aimed at this.*" **This alone will do little to address the disproportionate criminal justice outcomes outlined above. In fact, without addressing the over-policing of ethnic minority communities, nor exploring and addressing the causes for unequal outcomes at court, this 'system of tougher penalties' may in fact have further negative impact.**

5. What treatment services are available for ethnic minority groups? How are they accessed? What is the current level of engagement?

Voluntary sector treatment and recovery services are open to all with few *formal* barriers, but despite their formal accessibility, there are reasons which mean that the needs of people from ethnic minority backgrounds are often underserved within existing treatment and recovery structures.

[16] Home Office, 2023, Ethnicity facts and figures: stop and search
[17] Release, 2018, The colour of injustice: 'race', drugs and law enforcement in England and Wales
[18] Bowcott, O., 2020, 'BAME offenders 'far more likely than others' to be jailed for drug offences', the Guardian

Most large treatment and recovery charities will have dedicated teams for Equality, Diversity, and Inclusion responsible for understanding their needs and seeking improvements to services in response. Nevertheless, people from minority ethnic backgrounds may often feel that their needs are best met by services delivered by, or in collaboration with, specialist and culturally-embedded organisations, led by-and-for members of their community who themselves will often have their own lived experience of treatment and recovery. Such organisations may either work independently or alongside larger/non-specialist providers. There are, though, significant challenges to the provision and delivery of such services which we explore in answer to question 6.

6. What are the barriers to treatment for ethnic minority groups?

There are numerous reasons as to why treatment provision for ethnic minority groups should be differentiated from 'mainstream' treatment services, and evidence suggests that there are practical reasons, rooted in the suitability of 'mainstream' services, which impede or dissuade people from ethnic minority communities from seeking or accessing support from services designed to serve the wider population:

- Where there is an absence of specialism and cultural competency within services, this can alienate people from ethnic minority groups from engaging. As BAC-IN have highlighted, Narcotics Anonymous and Alcoholics Anonymous meetings may be an inappropriate recovery forum for people from ethnic minority groups, if all the faces in those meetings are older and whiter than they[19], or if based around spiritual practices different from the person's own. The role of specialist services in developing tailored support programmes, such as the Islamic 12 Steps[20] and Sikh recovery frameworks[21], is therefore invaluable.
- While there are potentially higher rates of abstentionism from drugs within certain cohorts of the population, due to either cultural norms or religious prohibitions, evidence suggests that this can lead to the stigmatisation of support-seeking, meaning that harm may go unaddressed within communities where drug use is not able to be openly discussed[22]. The role of cultural norms, belief systems, and how to navigate them within the context of recovery pathways may be misunderstood or overlooked, and a lack of diversity and/or cultural knowledge in

[19] BAC-IN, 2019, Culture, connection and belonging: A study of addiction and recovery in Nottingham's BAME community
[20] Al-Hurraya, 2023, Addiction
[21] Morjaria-Keval, A., and Keval, H., 2015, Reconstructing Sikh Spirituality in Recovery from Alcohol Addiction, MDPI
[22] Shinasa Shahid, 2023, 'What will people say', in Drink and Drugs News August 2023

'mainstream' services may prevent them from meeting the needs of people from ethnic minority groups[23].

- The role of structural racism, cultural insensitivity, unconscious biases, or even active discrimination against people from ethnic minority groups must also be considered[24]. Experiences, across society and services, of discrimination and racism by BAME people can lead to significant mistrust of services. Policies and practices such as the criminal justice responses highlighted above; restrictions on access to services placed on people subject to immigration control who have no recourse to public funds[25]; concern within refugee and asylum-seeker communities that data collected by support services may be shared with the Home Office, potentially jeopardising their right to stay in the UK[26]; and the fear of having children taken into care can all represent barriers to engagement. For instance, one service we spoke to noted experience of a particularly stark reticence to access support amongst criminalised and/or over-policed communities including members of Gypsy, Roma, and Traveller communities, asylum seekers, and Muslims. Without having services embedded in communities, aligned with community and/or spiritual leaders, and staffed by people with the relevant cultural knowledge and language skills, large swathes of the population may be unable to engage with – or not on the radar of – treatment services.

This is not necessarily a universal phenomenon, and evidence suggests that preferences amongst people from ethnic minority backgrounds as to whether specialist or 'mainstream' services are more suitable are differentiated according to the age of the individual, with younger generations perhaps tending to find 'mainstream' services more appropriate than older groups would[27]. Regardless, maintaining diversity of choice within the sector is the only way to ensure that all relevant individuals can exercise their preference and have their treatment needs met in the way most suitable to them.

The way in which services are currently commissioned presents a challenge to this. As noted in The Black Review on drugs, many smaller and specialist providers have been forced out of the market, with this

[23] BAC-IN, 2019, Culture, connection and belonging: A study of addiction and recovery in Nottingham's BAME community
[24] Borgers, N., 2022, 'Recovery for all: how can drug treatment and recovery services better support BAME people?', in Volteface
[25] NRPF Network, Assessing and Supporting children and families who have no recourse to public funds
[26] Adfam, 2021, Inclusivity in drugs, alcohol, gambling and family support services: Findings from Adfam's Inclusivity Forum
[27] Alcohol Change UK, 2019, Rapid evidence review: Drinking problems and interventions in black and minority ethnic communities

resulting in the closure of many grassroots organisations and charities which has adversely affected women and people from minority groups[28].

During our engagement with specialist providers in the sector, we found that many such providers or organisations have closed in recent years, and others reported having been forced to adjust their focus away from drug and alcohol treatment, towards, other services such as for instance, mental health, as a result of pressures within this specific field of public health service provision.

The process of competitive tendering for large and complex contracts has forced these organisations to vie for funding against far larger 'mainstream' providers, or amongst themselves for subcontracting opportunities, in a way that is not conducive to positive treatment outcomes for people for whom 'mainstream' services may be inappropriate or insufficient.

There are no national best practice guidelines around developing or providing services for minority ethnic communities, leaving local services with the responsibility for adapting to local needs[29], to varying levels of success. During our engagement, we heard that commissioners may lack an understanding of the needs to be met within the area, and that ethnic minority communities are not necessarily involved in needs assessments and service design. We were told that commissioners may also misapprehend the ability of minority-led organisations to provide support for all of the non-white-British population in their area – for instance, commissioning black and Asian-led organisations for a 'catch-all' minority provision when their expertise will not necessarily extend to, for instance, Eastern European or Gypsy, Roma, and Traveller communities.

In some instances/areas, there *is* commissioner interest in improving treatment access or provision for underserved groups, but this may often be a short-term, targeted intervention, rather than an ongoing, proactive programme of improvement. While such a targeted intervention might of course provide some benefit for service provision and tailoring within an area, even in a limited form, this was dependent on the individual commissioner themselves, and commissioners in many areas may neglect to undertake or investigate even short-term or partial remedies.

[28] Department of Health and Social Care, 2021, Review of drugs part two: prevention, treatment, and recovery
[29] Alcohol Change UK, 2019, Rapid evidence review: Drinking problems and interventions in black and minority ethnic communities

Where specialist organisations' expertise in cultural-competency and inclusion is drawn upon to inform needs assessments or service design, we heard that this often without a recognition of the resource required to do so. Some organisations also felt that they have been used in the past as 'bid candy' to enhance tenders, but, when contracts were granted, they were in fact sidelined, excluded, or their renumeration did not match the costs of providing services.

The government's Drug Strategy does not set out sufficient steps to rectify this situation. As regards drug use in ethnic minority groups, the strategy commits to a system which will "*promote equality and meet the needs of all communities, particularly, those who have often not received an effective service in the past, including people from ethnic minority backgrounds and women*"[30]. However, the only measures included to improve treatment for such groups are the provision of '*data, guidance, and support to local authorities to fully understand and meet the needs of underserved people and people with protected characteristics*', and improvements to the *'skills mix'* in the workforce so it can *'be agile in responding to the needs of different populations'*. This will do little to bolster the resources and capacity of specialist providers.

We recommend a review of how drug treatment and recovery services for ethnic minority people are commissioned with specific consideration of:
- ringfenced grant funding for the provision of specialist services for ethnic minority groups
- guidance for commissioners, co-produced with organisations led by and for ethnic minority groups, that supports the engagement of specialist organisations throughout the whole commissioning cycle and places a responsibility for 'market stewardship' upon commissioners to ensure that partnership arrangements with specialist organisations in the bidding process and delivery of contracts are fair and equitable.

The newly published consultation document on clinical guidelines for alcohol treatment [31] provision offer a possible model that would support this recommendation. It includes proposals for:

- Commissioners: working in partnership with people from ethnic minority groups, including during the needs assessment and equality impact assessment, and when seeking to understand barriers to treatment.

[30] HM Government, 2021, From harm to hope: a 10-year drugs plan to cut crime and save lives (p31)
[31] Office for Health Improvement and Disparities, 2023, Consultation document: UK clinical guidelines for alcohol treatment: specific settings and populations, (S.25, Developing inclusive services)

- Services:
    - recruiting an ethnically diverse workforce, and working with ethnic minority and faith-based peer recovery networks; Reducing language barriers; Increasing community awareness; Reducing financial barriers to treatment; Enhancing organisational and practitioner cultural competence; Considering women's needs, working with family members, and other relevant provisions contained within S25.5.3-4

For further information about this response please contact liam@collectivevoice.org