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## **Drug services must adapt to needs of diverse communities to reduce harm, warns Commission report**

The latest UK Drug Policy Commission (UKDPC) report, published today, at a launch event in the House of Lords hosted by Lord Kamlesh Patel and with Lord Victor Adebawale finds drug services of 'little relevance' to many in Britain's diverse communities, including LGBT groups, disabled people and BME communities.

The review 'The Impact of Drugs on Different Minority Groups: A review of the UK Literature', led by UKDPC Commissioner Professor Baroness Haleh Afshar, argues that a better understanding of drug use within diverse minority communities is needed to reduce drug problems and could also provide warning of 'new' or emergent patterns of drug use. Appropriate data-gathering and intelligence sharing mechanisms could be used to flag up health risks associated with new drugs before their use becomes widespread. The UKDPC report, drawing on national statistics from the British Crime Survey and information from the National Treatment Agency, warns that the needs of drugs users within certain risk groups are not being adequately met by mainstream service providers.

### **Key report findings include:**

#### **LGBT groups**

- Illicit drug use among LGBT groups is higher than among their heterosexual counterparts, especially among gay men.
- 'Recreational' drug use is comparatively high among LGBT groups, so they may use new drugs and experience associated problems before they are widespread in the general population.
- LGBT people may also be at risk of misusing other drugs, such as steroids and Viagra.
- Use of some types of drugs may be associated with risky behavior, including exposure to HIV infection.
- The focus on heroin and crack cocaine in the drug strategy means that the drug problems of LGBT groups may not be adequately addressed by current services.
- Local partnerships and commissioners need to identify the specific needs of LGBT groups in their future plans including arrangements to strengthen joint working between mental health and sexual health services.
- Services for LGBT people need to be developed in a range of mainstream drug services settings to reach those with drug problems. The introduction of a 'kite-mark' system for services demonstrating good practice could promote confidence in drug services amongst LGBT groups.
- Different approaches to prevention, perhaps focusing on community venues, networks and resources, such as internet sites, using of innovative social media approaches may be more effective at changing drug using behavior among LGBT groups.

## **BME communities**

- In general, overall drug use is lower among minority ethnic groups than among the White population.
- Among some BME groups, particularly South Asians and the Chinese the stigma attached to drug use (directed at drug users and also families) can lead to drug users hiding their drug use, so drug use in these communities could be underestimated.
- There are no reliable statistics on how many refugees and asylum seekers use drugs and not all institutions involved with drugs and drug treatment record refugee status.
- Peer pressure and influence are perceived as primary reasons why young people use drugs.
- The growing influence of western culture and trends may lead young people to distance themselves from 'traditional' cultural values.
- BME communities may be at greater risk of drug use because they often live in disadvantaged and deprived areas, where drug markets thrive.
- Although within drug treatment services there seems to be little difference in outcomes for different ethnic groups' community engagement studies low knowledge of and uptake of services in many groups.
- Specialist drug services for ethnic groups will not be sustainable in many areas. It is crucial that local partnerships and commissioners look to assess local needs and stimulate innovative solutions to meet the needs of a growing ethnic population
- Lack of information about drug services in a barrier to treatment for BME groups. GPs, faith-based bodies and religious leaders could be utilized more to communicate and engage with young people and families from some ethnic groups.
- Peer educators and positive role models can be important. Social and cultural media and networks can be used to reinforce or cultivate positive pro-social behaviours rather than just to inform about harms and risks.
- There is well rehearsed evidence BME groups experience disproportionate levels of 'stop & search' and a higher percentage of these are for drug offences compared to White groups, despite their lower levels of drug use.
- The introduction of police and crime commissioners could afford the opportunity to put the use of stop and search tactics in certain areas under the local microscope in order to judge their efficacy and value.
- It would appear that BME involvement in drug markets is rarely undertaken to finance a personal drug habit, but to fund education, repay loans or debts, or afford lifestyle accessories.
- Where there is concern about local drug markets with a BME dimension, innovative approaches to get low-level and non-violent dealers into 'dealer exit programmes' should be tested and evaluated, as has been done in the United States.

## **Disabled people**

- Young disabled people, like all young people may be exposed to drugs and some may develop drug problems. However, their access to information and help may be restricted.
- A number of factors may also place them at risk of using drugs: communication problems, social pressure to 'fit in', isolation and exclusion.
- Mental health, poverty and medical use of cannabis to alleviate chronic pain or long term illness may also be risk factors.
- Disabled ex service people facing multiple problems, including drug use, may be an emerging challenge to local commissioners, drug services and other social support bodies.

- A coalition forged between the major disability and substance misuse services, professional bodies and the Department of Health could help foster a supportive climate to promote better access to services.
- Current drug services are often ill-equipped to deal with people with learning disabilities.
- Organisational and workforce development programmes should specifically address issues of diversity including meeting the needs of disabled people.
- Young people with hearing impairments may suffer from the reliance of oral communication in the delivery of mainstream substance misuse education in the curriculum. We suggest supportive material and information is made available and (teacher) training is provided in the use of materials.
- The use of cannabis for pain relief is one of the few areas identified as leading some people with disabilities into conflict with the law. The advice of the Sentencing Advisory Panel as to the appropriate response to cases of domestic cultivation where chronic pain relief is a mitigating factor should be adopted
- Consideration and further information about the needs of the apparently large number of people with learning disabilities within prisons is needed.

The wide ranging reports suggest drug strategies and services including treatment and prevention need to change otherwise the needs of drug users from diverse communities risk being overlooked by mainstream service providers. The reports present challenges for commissioners of and practitioners within drug services, as well as for the criminal justice system and wider drug policy makers and communities.

**Lead Commissioner (UKDPC) Professor Baroness Haleh Afshar said:**

“When the new coalition government is bringing forward public service reform plans and a new drug strategy, against the backdrop of new Equalities legislation, there is a fresh opportunity to rethink the way we respond to drug use amongst a range of diverse communities, whose needs have become overshadowed by other issues. So many groups are not being adequately protected, making the debate on drugs and diversity more urgent than ever before.”

The aim of the UKDPC review is to encourage consideration of the needs and challenges of drug problems among diverse minority communities within the UK. By bringing together a variety of evidence in one place the Commission hopes to encourage a broader view of the evidence and its implications in relation to drug strategy plans being brought forward by the new coalition government.

**Chief Executive of UKDPC Roger Howard said:**

“The new government's ambition is to see fewer people using drugs and we hope our review aimed at improving our understanding about which groups are misusing drugs, why and what the effectiveness of responses have been, will make a useful and timely contribution at the national and local level. It is striking that as other national challenges have taken centre stage, progress in addressing drug use and problems amongst various diverse communities has become neglected.”

ENDS

## Notes to Editors

1. **The Impact of Drugs on Different Minority Groups: A Review of the UK Literature** Part 1: Ethnic Groups Part 2: Lesbian, Gay, Bisexual and Transgender Groups Part 3: Disabled People is published on Monday 26 July, 2010 by the UK Drug Policy Commission is at: [www.ukdpc.org.uk](http://www.ukdpc.org.uk) together with the **Policy & Practice briefings**: Drugs and diversity: ethnic groups, Drugs and diversity: lesbian, gay, bisexual and transgender groups, Drugs and diversity: disabled people also at [www.ukdpc.org.uk](http://www.ukdpc.org.uk)
2. Funding for the review was provided by the Home Office
3. The research was undertaken for the UKDPC by the **Office for Public Management** [www.opm.co.uk](http://www.opm.co.uk)
4. The UK Drug Policy Commission is an independent, non-aligned and time limited charitable body set up with funding from the **Esmee Fairbairn Foundation** to enhance political and public understanding of the effective of policies aimed at dealing with the harms caused by illegal drugs
5. The Commission was set up by **Dame Ruth Runciman DBE** in 2007 and brings together some of the country's leading experts from the drug treatment and medical research fields along with senior figures from policing, public policy and the media.
6. The House of Lords research launch event will include speeches from Dame Ruth Runciman, Lord Adebowale, Lord Patel (Bradford) and other partners
7. **The research Advisory Group members included**: Professor Baroness Haleh Afshar (Chair), Paul Turnbull, Institute for Criminal Policy Research (Kings College), Karim Murji, Faculty of Social Sciences (Open University) Kath Browne (University of Brighton), Lawrence Taggart (University of Ulster), Harry Sumnall, Centre for Public Health, Liverpool John Moores University, Howard Meltzer (University of Leicester), Sara Skodbo, Principal Researcher, CDAR, Home Office
8. **Other experts consulted**: Gordon Hay (Centre for Drug Misuse Research) University of Glasgow, Mike Ashton (Drug and Alcohol Findings), Monty Moncrieff, Hungerford Drug Project, Turning Point, Jane Fountain, Professor of Substance Use Research, International School for Communities, Rights and Inclusion (ISCRI), University of Central Lancashire, Gareth Hewitt, Head of Substance Misuse, Strategy Implementation & Finance Team, Welsh Assembly Government, Sandie Saunders, Strategy and Commissioning Manager, Drugs and Alcohol, Bolton, Home Office Equalities Forum
9. During the course of the review UKDPC held three policy roundtable events that included contributions from: **Stonewall, Race on the Agenda, Runnymede Trust, Nacro, Tower Hamlets, Met Police**, spinal injury charity **Aspire, Turning Point, Tower Hamlets, Adfam, Race on the Agenda, Lesbian & Gay Foundation, Galop**

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