

**Resources for use in drug
education and prevention work with
Black and minority ethnic
community groups**

Report for DrugScope DEPIS

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EXECUTIVE SUMMARY

This report has been commissioned by DrugScope for the Drug Education and Prevention Information Service (DEPIS) in order to identify the issues and gaps in resource development for drug education and prevention work with Black and minority ethnic communities and where possible highlight examples of good practice. The research took place over a four-month period and involved a literature review of key documentation and Internet searches.

One of the principal sources of information was the Department of Health's (DH) Black and minority ethnic drugs needs assessment reports.ⁱ These 51 reports contain findings from interviews, focus groups and questionnaires with over 12, 000 individuals from within the 25 different ethnic groups. The overwhelming message from these reports is that communities have very little experience of drug education and prevention resources that are specifically targeted to their needs and communities.

The relative lack of research attention and denial about drug use within Black and minority ethnic communities both amongst professionals and communities themselves have arguably contributed to the lack of specific resource development. However, there is a clear interest within the communities for more drug awareness raising and education about drugs and there are significant concerns amongst families and parents about the potential impact of drugs on their children and in the community as a whole.

The DH needs assessment project contains clear evidence of the public demand for resource development to meet the drug education and prevention needs of Black and minority ethnic communities.

Findings

There are very few examples of drug education and prevention resources that have been targeted for use with specific Black and minority ethnic communities and service providers are very often reported as being uncertain how to obtain such resources.

While there are some examples of effective practice in drug prevention resource development for work with certain Black and minority ethnic communities the overall pattern is that development of such resources has been inconsistent and unsustainable.

Many people from within a wide range of Black and minority ethnic communities are found to rely on TV, newspapers and friends for drugs information rather than formal programmes or initiatives provided by drug education and prevention agencies.

ⁱ The reports have all been published within local Drug Action team (DAT) areas and are due to be published alongside a national summary report by the Department of Health and the Centre for Ethnicity and Health in 2003.

Even where young people acknowledged that they had received drug education at school for some, the main source of information about drugs was still stated to be television.

It is clear that there are differences between generations in access to and sources of information about drugs. There are very low levels of drug awareness amongst older members of Black and minority ethnic communities and this is often linked to language barriers.

The need to target families and parents in particular is consistently viewed as an essential component in drugs education and prevention work with Black and minority ethnic communities.

Although most young people are reported, as having some drug education at school the picture is not consistent across groups and communities, for instance, the particular drug education needs of refugee and asylum seekers.

Drugs education is not delivered consistently between schools and across pupils from different ethnic groups. While some schools and Local Education Authorities (LEA's) have clearly advanced work on this area for others the situation is confused and there are discrepancies in reports of how drug education is being approached for different Black and minority ethnic children.

The formats used for drug education and prevention resources have been raised as significant by a number of community groups and commentators.

In answer to being asked if they have any ideas about how parents and young people could be informed about the misuse of drugs Black and minority ethnic community respondents suggest a wide variety of options including use of videos, posters, media campaigns and community events.

Much of the literature highlights the centrality of friendship networks and peer group relations to understanding drug use, access to drug information and thus effective approaches to drug education and prevention work.

Many of the DH needs assessment reports make suggestions for particular formats to be used in drug education and prevention. It is also clear that the choice of settings for this work is significant. A wide range of settings other than schools is suggested including religious and community centres.

Language barriers and in particular the lack of translated resources are perceived to be a major block to Black and minority ethnic communities accessing drug education and prevention information. There is a clear demand from communities for more drug education and prevention materials to be translated in to particular Black and minority ethnic languages. However, this must be tempered with recognition of the high levels of illiteracy in many of these communities amongst older generations.

Translation itself is not an easy matter, as simply translating existing leaflets word for word does not address the cultural meanings behind use of language. Black and minority ethnic people with disabilities have particular communication and resource needs in addition to those posed by their belonging to a particular ethnic group.

Alongside demands for more translated materials community groups also state that drug education and prevention resources need to be culturally sensitive.

Religious sensitivity is viewed as a key component within a framework for cultural competence and for many groups religion is seen as a key factor in drugs prevention work, particularly for the Muslim communities. While there may appear to be the potential for conflicting messages in an approach to drug education that takes account of religious views, this should not become a barrier to greater development in partnership with religious leaders.

The heterogeneity of Black and minority ethnic communities means that the approach taken to drug education and prevention resource development needs to be one of understanding diversity. For instance, the Black and minority ethnic lesbian and gay community have identified particular resource needs to ensure that drug education and prevention messages are viewed as relevant within their community.

A resource that suits one community may not be appropriate for use with another. There are certain issues that relate more to one group than another e.g. the use of Khat is primarily an issue amongst those from North African origin, such as Yemeni and Ethiopian communities.

There are clear ethical and moral reasons why the development of drug education and prevention resources should be undertaken for Black and minority ethnic communities. However, another key driver for this is the Race Relations (Amendment) Act 2000.

One of the principal aims of the Act is to address institutional racism. There must be an examination of all the organisation's functions and policies to determine that 'unwitting prejudice' is not taking place.

The guidance for schools issued by the Commission for racial equality specifically refers to 'curriculum, teaching and learning (including language and cultural needs)' as being central to a school's compliance with the Amendment Act. This would clearly include drug education undertaken as part of the Personal and Social Education (PSE) programme.

One of the key learning points from the literature review is the need to involve Black and minority ethnic communities in the creation and distribution of resources. Hidden resources lie within the communities that can be used to enhance development of resources and in delivering targeted drug prevention programmes.

It is sometimes difficult in the literature and community reports to distinguish between prevention and education and access to treatment and intervention services. While this is at times the result of inadequate definitions being employed it is also a significant issue for secondary prevention work. Lack of awareness about services is identified as a significant barrier to service access.

One of the principal difficulties in the development of drug education and prevention resources for Black and minority ethnic communities is that most of this development has been undertaken as an ad hoc initiative with little or no revenue funding to ensure appropriate up dating and sustainability. The reasons for this are that it is often drug agencies or groups themselves who have undertaken the development work using small grants rather than it being part of a wider strategic initiative as part of the mainstream commissioning strategy.

Recommendations

- 1. Diversity both between and within Black and minority ethnic communities must be taken into account in the development of drug education and prevention resources.**

Drug resource development needs to be targeted to the specific community it is intended for and should take appropriate account of substance specific issues within that community and other issues such as those faced by new arrivals.

- 2. There should be greater partnership working between a variety of religious and faith based organisations and mainstream agencies responsible for drug education and prevention.**
- 3. Drug education and prevention resources should be produced in a variety of Black and minority ethnic community languages and such resources should include use of a range of media and not solely rely on translated text.**

This should be undertaken within the context of a wider communication strategy that is also able to take account of the needs of particular groups such as people with visual and auditory disabilities.

- 4. In undertaking the General and Specific Duties of the Race Relations (Amendment) Act 2000 public authorities should assess their drug education and prevention policies and programmes and take action to ensure that the needs of Black and minority ethnic communities are adequately addressed.**
- 5. Black and minority ethnic communities should be included in the development of drug education and prevention resources. This should include consultation but also seek to go further with Black and minority ethnic community groups actively encouraged and supported by mainstream drug education and prevention agencies to lead on initiatives and resource development within and for their communities.**

- 6. The need for secondary prevention initiatives within Black and minority ethnic communities should be recognised through increased awareness raising about availability and type of service provision as part of a broader prevention based programme.**
- 7. There should be a nationally co-ordinated response to the lack of resource development to meet the drug education and prevention needs of Black and minority ethnic communities. This response should:**
 - a. Facilitate access to and awareness about local drug education and prevention resources***
 - b. Promote sustainable funding for resource development for Black and minority ethnic communities through inclusion within mainstream drug education and prevention programmes***
 - c. Undertake further research into the resource development needs of Black and minority ethnic groups that have not previously had the opportunity to explore drug issues within their community including refugee and asylum seeker groups***

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1. INTRODUCTION

This research has been commissioned by DrugScope for the Drug Education and Prevention Information Service (DEPIS) in order to identify drug education and prevention resource development and use issues.

DrugScope recognised at the outset of the research that there has been relatively little attention paid to this area of work and that the aim was not only to increase the knowledge base about what resources exist but to identify the issues and gaps in service provision for drug education and prevention work with Black and minority ethnic communities and where possible highlight examples of good practice.

As there is not an available national source of information or directory that lists all the drug education and prevention resources for Black and minority ethnic communities the research has principally focused on four main sources of information:

- The national scoping study on drug use and Black and minority ethnic communities 'Delivering drug services to Black and minority ethnic communities' (Sangster et al, 2002)
- Black and minority ethnic communities in England: A review of the literature on drug use and related service provision. (Fountain et al, forthcoming)
- Drug service reviews undertaken by the Centre for Ethnicity and Health into the drug service provision and commissioning needs of Black and minority ethnic communities
- The Department of Health's Black and minority ethnic drugs needs assessment project (Buffin et al, forthcoming)

This report summarises the findings from the above sources in relation to drug education and prevention; provides information about resources that are in use and how to access these; explores the implications for future development of resources highlighting the particular needs of these communities and makes recommendations for future work and research.

2. METHODS

The research took place over a four-month period and involved a literature review of key documentation and Internet searches.

2.1 LITERATURE REVIEW

The following documentation was reviewed for references to drug education and prevention resources and issues:

The Department of Health's Black and minority ethnic drugs needs assessments

These are 51 needs assessment reports carried out by 47 Black and minority ethnic projects representing 25 different ethnic groups. The reports have all been published within local Drug Action team (DAT) areas and are due to be published alongside a national summary report by the Department of Health and the Centre for Ethnicity and Health in 2003.

Drug service reviews undertaken by the Centre for Ethnicity and Health into the drug service provision and commissioning needs of Black and minority ethnic communities

The Centre for Ethnicity and Health has undertaken a variety of drug service reviews with single agencies and DAT areas across the county including Bedfordshire, Calderdale, Kirklees, Rochdale, Tower Hamlets, Bury, Bolton, Blackburn, Hertfordshire, Waltham Forrester and East Lancashire. Most of these are confidential reports to commissioners but the author has access to information arising from this work in relation to drugs education and prevention.

The national scoping study on drug use and Black and minority ethnic communities 'Delivering drug services to Black and minority ethnic communities' (Sangster et al, 2002)

This is a report on research commissioned by the Home Office and carried out by Goldsmith's College, London and the Centre for Ethnicity and Health. The research covered six DAT areas in England and was carried out in 2001.

Black and minority ethnic communities in England: A review of the literature on drug use and related service provision. (Fountain et al, forthcoming)

This literature review is due to be published by the National Treatment Agency (NTA) and includes 'grey' literature, such as reports and surveys that have not been published in peer reviewed journals but were commissioned and published in local areas across England.

Other documentation

A variety of other relevant documents found through Internet searches and informal contacts have been reviewed. A full list of all documents is included in the references.

2.2 INTERNET SEARCHES

The following Internet searches have been undertaken using the search terms 'Black and minority ethnic', 'drugs education and prevention', 'resources', 'leaflets', 'videos' and 'information'.

The searches were repeated with the addition of particular ethnic group categories i.e. 'South Asian', 'Indian', 'Pakistani', 'Bangladeshi', 'Black African', 'Black Caribbean' and 'Chinese'.

Search sites

- ❑ <http://www.QED.org.uk>
- ❑ DrugScope library database.
- ❑ Department of Health
- ❑ Home Office
- ❑ National Treatment Agency (NTA) for Substance Misuse
- ❑ Science Direct
- ❑ Health of minority ethnic communities in the UK [MINORITY-ETHNIC-HEALTH@JISCMail.AC.UK]
- ❑ North West Ethnic Health Information Site <http://www.ethnichealth-northwest.net/>
- ❑ The Drug Education Forum <http://www.drugeducation.org.uk/Splash.html>

2.3 ANALYSIS

Issues that arise repeatedly within the literature have been grouped thematically for analysis and these thematic groupings have been used to structure the report.

2.4 NOTES ON TERMINOLOGY

The author is conscious that various terms are used to refer to the many diverse communities in the UK. The term 'Black and minority ethnic' is the term preferred by the author and is used throughout this report. This term is used to refer to a wide range of minority ethnic groups who experience discrimination on the basis of culture, nationality, language, religion and/or skin colour. The term 'Black and minority ethnic' acknowledges the diversity that exists within these communities and aims to be inclusive of all minority ethnic groups who may face discrimination. A range of other terms are used by the sources referred to in many of the documents reviewed for the project. Where quotes are included, therefore, the terms used within the source document are used.

3. FINDINGS

There are very few examples of drug education and prevention resources that have been targeted for use with specific Black and minority ethnic communities and service providers are very often reported as being uncertain how to obtain such resources:

“The drug agencies were asked whether they had or could get hold of written materials about the misuse of drugs in Turkish and Kurdish. 67% of them said no...¹”.

While there are some examples of effective practice in drug prevention resource development for work with certain Black and minority ethnic communities (see sections 3.6 *It couldn't happen to us* and 3.8 *Get wise*) the overall pattern is that development of such resources has been inconsistent and unsustainable. Where resources have been developed in the past they are no longer available as the funding only resulted in a limited supply and has not been renewed.

The majority of resource development that has taken place has also been for service publicity rather than drug prevention i.e. translations of existing drug service literature. The other main types of resources have been translated leaflets on particular substances but these are often only known about at local levels or within particular communities and can be of varying quality both in terms of translation and content.

The following sets out the key themes that arise in relation to drug education and prevention resource development for Black and minority ethnic communities. These findings are discussed in the final chapter.

3.1 Current levels of awareness and knowledge about drugs

One of the most common themes to emerge from the DH community needs assessments is the lack of knowledge and awareness about drugs and drug services amongst a wide range of Black and minority ethnic communities.

This is illustrated in the following examples:

Out of 21 young South Asian people spoken to in focus groups in Calderdale 72% of the under 25 years old had not received any information on drugs rising to 83% of the over 25 years old. 24% of the under 25 said that they had received information but they wanted it in another language.

Also, amongst Pakistani and Bangladeshi communities in Halifax people cited both schools and the Mosques as failing to provide drug education and information:

“There is no information given to us in the schools or the mosques about drugs, the only information that is given is how bad it is to take drugs. We need more information about the long term effects of drugs on our health, social and private lives”²

Amongst the Chinese community in London there was very little awareness of sources of information about drugs:

‘Apart from newspapers and drug education at school, I don’t know anywhere else’ (Focus group 1)

‘I don’t know any places that I can go in to ask about drug information’ (focus group 4)³

Lack of recognition of drug problems was reported amongst the Congolese community in London:

“we could clearly see there is recognition in the community of their lack of understanding, knowledge and awareness of the extent of class A drug taking particularly and how old people are when they start using”⁴

When a total of 329 people from the Bangladeshi community in Sandwell, Birmingham were asked whether they have received any drug education 56.2% stated that they did not receive any drug education and 70.2% (231) said they do not get enough drug education.⁵

In the needs assessment carried out in Preston amongst the Black African and Caribbean communities none of the respondents could identify any drug education resources targeting their community⁶.

3.2 What sources of information do communities currently use?

If lack of information and access to official drug education and prevention resources is so poor amongst Black and minority ethnic communities, what do the needs assessments tell us about which sources of information these communities do rely on?

Reporting on a survey of 108 Black and minority ethnic respondents between the ages of thirteen and twenty-five in Wolverhampton AWAAZ reports:

“The young people interviewed are gaining information about the effects of drugs from the media (rather) than from actual drug awareness campaigns or leaflets produced specifically about drugs⁷.”

In the second report from the Black and minority ethnic Housing Consortium on Refugee and Asylum Seeker groups in Wolverhampton these communities are found to rely on TV, newspapers and friends for drugs information although half the respondents said they would go to a drug service they also said that they had no knowledge of which services were available⁸.

In focus groups conducted with young Chinese people most acknowledged that they received drug education at schools but for some the main source of information about drugs was stated to be television:

“When asked about drug education, most participants said they have received some sort of education at school. Members of focus group 1, however, claim they have never received any drug education at school and obtain most of their information from the television⁹.”

The following is reported from 134 interviews and 6 focus groups in Derby amongst the Pakistani, White, Indian & African Caribbean communities:

“All the people in the groups had had some form of ‘drug awareness’ education. For most of the people this was through a combination of Personal and Social Education classes at school or one off workshops at Youth Clubs.¹⁰”

Amongst 330 South Asian respondents in Tooting half stated in questionnaires that they received information about drug use from friends and nearly one fifth from the media such as television¹¹

In Sheffield amongst the Afro-Caribbean, Pakistani, Somali, Yemeni & Bangladeshi communities young people were found to be significantly more likely to receive most of their drugs education from school, friends, people on the streets, magazines and television and that they are least likely to make use of the Internet, radio, personal experience or home settings. Of the 50 young people surveyed, the majority – 62% (31) had never taken part in any drugs awareness events¹².

In East Birmingham respondents amongst the Pakistani/Kashmiri community identified health services and primary care as a source for drug education information however, as the authors point out:

“...the majority felt it was the GP’s and Health Services which were the best place to seek advice yet at the same time the majority felt it was these same services that provide poor or very poor services in the area¹³”.

The majority of young people interviewed in Tameside (525 were interviewed in total) said that they received information on drugs through schools and colleges, friends and through picking up leaflets at their GP in the waiting room:

“Some also mentioned the Internet and library as good sources as no one would know why you needed the information. The young people felt posters and leaflets at the doctors did not create any embarrassment reading them there. Many admitted to listening to their friends’ advice because they were of the same age and understood the pressures more so than an outside professional. Very few said the police, mosque and youth workers¹⁴”.

Amongst the Yemeni community in Sandwell:

“A number of other sources were mentioned including police and local councils, however, schools, outsiders and media proved to be the most dominating sources¹⁵”.

3.3 Parents and families

The need to target families and parents in particular is consistently viewed as an essential component in drugs education and prevention work with Black and minority ethnic communities.

The centrality of the family to the Iraqi culture has been highlighted and that this is where drug education must be centred¹⁶ and Ugandan, Kenyan, Zimbabwean and Zambian communities in London spoke about the need for parental education to enable parents to help their children¹⁷. Similar findings are reported for Bangladeshi and Pakistani parents:

“Four of the respondents felt that the parents and family had a responsibility to educate and support their children so that they were fully aware of the dangers of drug use. This they hoped would prevent their children from using drugs¹⁸”.

“Exactly half of parents acknowledged that they did not know anybody who was taking drugs and less than a third admitted that they would know if their children were taking drugs. This shows the lack of education as much as anything on behalf of parents in the whole area of drugs.¹⁹”.

In fact, the majority of respondents in the DH Black and minority ethnic Drug Needs Assessment Project highlight that drug education and prevention programmes for the young need to include parents and families.

“... the Muslim community now falls into two categories, those who come from abroad as adults who bring with them their Muslim traditions and those who grow up in this country. Those children from 5 upwards who are raised in this country should have drugs literature aimed at them. Young people tended to already have more knowledge, we need to get the parents thinking about this issue so they can instil it into their children²⁰”.

3.3.1 Generational differences

The needs assessment reports identify differential levels of awareness across generations as being significant:

“Throughout this research what has been apparent is the different levels of knowledge possessed by children and the elders of their respective communities in regards to substance misuse and it’s effects. In terms of education, it was recognised that a permanent good quality drugs program giving accurate information needs to be in place for people of all ages.²¹”.

“The research conducted on knowledge of drugs implies that younger members of BME (Black and minority ethnic) communities are more knowledgeable than the older generations. ...Bola and Walpole (1997, 1999) also report a high level of knowledge about drugs amongst the South Asian boys they interviewed, and South Asian mothers told the authors that they believed their children knew more about drugs than they did because of television and school lessons.²²”.

In Oxford amongst the African Caribbean community knowledge of drugs and of the issues surrounding drug use amongst older people was generally found to be very poor²³.

In Bradford community workers thought that young people were well informed about most drugs, most parents thought that young people were ill-informed, however, young people themselves thought that they know some things about some drugs, and were generally in favour of receiving more and better drugs education²⁴.

Amongst the Chinese community in Manchester generational differences were identified as significant, especially in relation to language barriers:

“There also seems to be a cultural barrier between Chinese youth and their parents in relation to drug misuse. This indicates a need for drug education for parents. As British Citizens, they are entitled to this service, but they are unable to access the mainstream services. Thus the lack of Chinese speaking services can be seen to be a major gap in current drug service provision. It would appear that apart from the mainstream schools, there is very little drug education available for the Chinese young people and their families²⁵”.

“There is a ‘generation gap’ in drugs education and young people are subsequently concerned about their familial support network. Although many young people felt it unnecessary to have all information in the Bengali language, young people were aware of the benefits that such information delivery can have for parents and family that read Bengali. They also see it as a valuable method of informing their parents about drugs, the effects and how to gain help for any concerns they may have²⁶”.

Fountain et al (forthcoming) go on to emphasise the low levels of drug awareness amongst older members of Black and minority ethnic communities through several studies that highlight this. They also refer to studies by Bola and Walpole (1997) and by Perera (1998) on young South Asians that emphasise the ease with which young people conceal their drug use from their parents, and how this is made easier by the lack of knowledge and awareness in the older generations²⁷.

Fountain et al (forthcoming) point out that the gap in knowledge between the generations is a key factor for prevention as parents are unable to respond effectively to drug use amongst their young people and that supporting parents with drug education is a tool in effective prevention work.

The authors conclude that:

“The relatively poor knowledge about drugs by the older generations of BME communities, and their unwillingness to discuss the issue contributes to the drug use amongst South Asian people remaining hidden²⁸”

“Carrington (1993) suggests self-help groups involving both parents and children as one solution to the gap in knowledge between the generations. The young South Asians interviewed by Perera (1998) welcomed education for parents about drugs because, as one of them put it: ‘Most of the information they have and they think are facts are from the media, like telly and the tabloids, and that’s just crap²⁹’.

Sangster et al, 2002 quote a professional working with the Vietnamese community who says:

“Young Vietnamese people speak very little Vietnamese and their parents speak very little English, so there is complication inside the family... The kids do not know what the parents think...because they are educated over here, brought up over here and went to school over here they think completely different to the parent...This is dynamic, if you don't talk with the parents then it will never work with the young group (Drug worker, Vietnamese, London)³⁰”.

Despite near universal recognition of the importance of involving parents and families there is not always a clear understanding about how this should be carried out:

“Luton Education Department have issued a Drug Education Guidance and Policy Document. Whilst this document states several times that drug education should involve parents and communities and be sensitive to different cultures, it does not give any guidance on how this could be achieved. The diversity of Luton's population is mentioned only once and there is no guidance on drug education for those whose first language is not English³¹”.

There is some suggestion that particular difficulties arise when parents are not included in drug education, especially when they do not understand the aim of drug education in schools. For instance Sheikh et al, 2001 found that South Asian parents reacted with anger when children brought drug education literature home. Also,

“The responses of South Asian parents were identified by teachers as a factor in preventing the delivery of drugs education to South Asian children, though it is unclear how they are excluded from drugs education when it takes place and whether or not it is actual resistance among South Asian parents or anticipated responses that are causing these problems³²”.

3.4 Drug education in schools

Although most young people in the DH needs assessments reported having some drug education at school and this is much more clearly identified as a source of information for the young, the picture is not consistent across groups and communities. Amongst the Turkish, Kurdish and Turkish Cypriot community 89% of young people sampled said that they knew about drugs but 40% of these said they had not been in any drug education programmes at school³³. Access to drugs education is also highlighted as an issue for refugee and asylum seekers:

“In our country drug education is so limited and when they arrive here in order to be seen as modern and a mark of progress they get involved in it as they do not have any one to say to them to stop it.”³⁴

Kirklees Racial Equality Council Youth Forum found that respondents had mixed views about the usefulness of drugs education in schools:

“In most cases teachers are not trained or have a lack of knowledge around drug issues, this clearly identifies the need for teachers to be trained on these issues but we must remember that drugs see no colour so this training would benefit anyone. The schools should provide more education on the issues that are drug related (from the age of 11 onwards³⁵)”.

In Walsall effective drug education work with Black and minority ethnic communities was also acknowledged to be challenging but important:

“Virtually all respondents felt that drug education and training would be useful but difficult to undertake. Many young people, for example, expressed a specific need for education and training as they felt that it would not be good to remain ignorant about drug issues, particularly as they felt that they lived in high drug use areas. However, very few respondents (beyond those aged 14 to 16) felt that they needed drugs education themselves. Instead, concern was expressed for the need to enhance the education of others and the need to keep other young people safe.”³⁶

The authors conclude that:

“Schools and colleges were also identified as probably the most effective means of providing drug education and training. However, school age respondents expressed concern about teachers being identified as providers and subsequently trying to educate participants in the same way as they conduct other elements of the National Curriculum. This was felt to be inappropriate, not only, because school teachers are mostly white European, but also because the school setting (like places of worship) can preclude open discussion of difficult subjects³⁷”

A number of the service reviews conducted by the Centre for Ethnicity and Health conclude that there needs to be a strategy for the development and delivery of drug education in schools. While some schools and Local Education Authorities (LEA's) have clearly advanced work on this area (see Hertfordshire MECSS below), within others the situation is confused and there are discrepancies in reports of how drug education is being approached for different Black and minority ethnic children,

“The need for drugs education that can meet the particular needs of Black and minority ethnic young people is clearly brought out by the reports of young Asian girls using heroin and crack, some of whom are as young as fourteen and some have also become pregnant.

Service providers suggested that partnerships are developed to create a strategy with different areas of responsibility, and that a mapping exercise of all the drug education being delivered at present should be conducted.

This also points to the need for the local drugs education strategy to be developed strategically on a comprehensive basis so that sexual education and harm reduction approaches are incorporated in the overall plan³⁸.”

Bashford et al, 2000 point out that:

“Personal and Social Education (PSE) sessions on health, education, citizenship, etc include drugs education. However, each school can decide how to deliver these sessions, their format, and how much time they devote to them, so there can be variations between schools. Some do it during registration, others give handouts to pupils and others set aside a whole day covering different subjects³⁹”.

This kind of inconsistency was also reported by the Chinese community in London:

“For those who had received it, there were mixed opinions about its quality. A number criticised it for being “too brief” (focus group 1). The consensus in the focus groups seemed to be that the drug education they received should have been more in-depth⁴⁰”.

Prinjha et al, 2001 highlight a number of key issues related to drugs education in schools, including:

“Drugs education is not delivered consistently between schools and across pupils from different ethnic groups

Drugs education resources do not reflect the diverse needs among children from different ethnic and cultural groups, in particular, language issues among South Asian parents and children are not sufficiently addressed⁴¹”

The authors recommend a drug education strategy that consists of:

- The development of drugs education resource materials that are appropriate to specific ethnic groups and take account of the needs of both parents and young people*
- Review of current effectiveness of drug prevention and education programmes in relation to meeting the needs of and reaching local Black and minority ethnic communities*
- Specific community awareness raising activities on service provision and related drug issues e.g. offending, harm reduction, drug information including the use of tranquillisers, alcohol, steroids, smoking and issues around mental ill health.*

The delivery of drugs education in schools needs to be tied into improving communication with parents about schools’ drugs policies and the drugs education programme rather than focusing on South Asian parent’s resistance.

Sheikh et al, 2002 found that:

“Service planners, providers and commissioners felt that there was a lack of co-ordination in the delivery of drugs education in Waltham Forest and Redbridge and many were unsure to what was actually taking place⁴²”.

They also report that culturally appropriate drugs education has been devised by the Community Drugs Awareness Project (CDAP), but this has not been integrated into the mainstream delivery of drugs education in the schools and communities.

Bashford et al 2000 recommend that:

“Drugs education materials for young people need to include appropriately sensitive material for use by young Black and minority ethnic pupils that is translated in to a variety of languages and is likely to be accepted within the home and by parents. This should be coupled with specific programmes at school level to engage Black and minority ethnic parents in drugs education and ensure they understand what is being taught and why⁴³”.

There are however some examples of mainstream educational projects that are starting to address drugs education in schools on a multi-ethnic basis. One such example is the Minority Ethnic Curriculum Support Service (MECSSⁱⁱ).

MECSS, which is located within Hertfordshire County Council, aims to promote race equality within schools in Hertfordshire. The Race Relations (Amendment) Act 2000 has been a clear driver for this mainstream initiative. The percentage of Black and minority ethnic pupils in Hertfordshire is around seven and a half per cent most of these are of Indian origin and there are 7,010 pupils for whom English is an additional language. MECSS is working with the DAT on drugs education resources for Black and minority ethnic children.

ⁱⁱ <http://www.thegrid.org.uk/trade/mecss/>).

3.5 Views about different formats for resources

The need for a variety of formats used for drug education and prevention resources has been raised as being significant by a number of community groups and commentators.

The Bradford youth development partnership amongst the Pakistani, Bangladeshi, and African Caribbean communities in Bradford state that young people should be involved in the production of information for young people and ex-users and other young people were identified as the most credible providers of drugs information. Amongst the Chinese community in London when asked in what form they would like drug information respondents said leaflets, tapes and videos in Chinese would be preferred⁴⁴.

Pakistani respondents in Rotherham said that they wanted education resources such as leaflets, videos and information to be available in community languages⁴⁵.

Following a survey of 132 Black African people in London it is concluded that as a consequence of the low levels of awareness in the community there should be a borough wide awareness-raising programme including the production of culturally appropriate material such as booklets, leaflets and audiovisuals⁴⁶.

The need for culturally appropriate drugs education including work with parents and use of Chinese media is recognised in Manchester:

“Solutions suggested included Chinese leaflets, posters, workshops, seminars and even Chinese TV media⁴⁷.”

In answer to being asked if they have any ideas about how parents and young people could be informed about the misuse of drugs respondents from the South Asian communities in Blackburn gave a wide variety of options⁴⁸:

- Media campaign- Focusing on the side effects of drugs (withdrawal, etc.)*
- Education - schools, local community centres, colleges*
- Information via leaflets, talks and by letter*
- Video for Asian parents*
- Awareness in schools and mosques but a linked project- (At the moment there is no communication between the schools and mosques and community centres.)*
- A specific Drugs Service for Asians to be educated*
- Clear information in different languages*
- Day courses for parents- types of drugs, effects, and signs- how to monitor children's activities and attitudes.- visits by police/ Drugs organisations*
- Posters in surgeries- town centre- to show the seriousness of consequences of drugs, Shocking pictures in posters*
- Musical events, cinema, mela's*
- Parents to be educated on the signs of drug use. Children education on the dangers of drugs*
- More TV programmes*
- Training courses for parents, teachers in mosque*
- In GP surgeries*
- Open discussions and Mosques 'Bayaans' (sermon given by the Imam)*

Others suggested that a good method of delivering information locally was seen as posters placed around the area for example in local businesses and religious centres.

Recommendations regarding the development of drug education programmes targeting both parents and young people include:

Drugs Education at a Community/ Parent Level:

- *Drugs education should be targeted appropriately at community members and in particular with parents.*
- *Communities should be consulted to ascertain which would be the best medium to deliver the education and in which format, for example, leaflets, video or audio.*
- *Drugs education needs to be delivered in the mother tongue where needed and to address through discussions the cultural understanding of drugs including looking at attitudes, myths and stereotypes.*
- *Through drugs education, the emphasis should be made of improving communication between parents and young people.*

Drugs Education at a Young Person's Level:

- *Drugs education needs to be delivered at a much younger age.*
- *Youth workers to be trained to be able to confidently deliver drugs education in informal settings.*
- *To actively recruit Asian workers, in particular to act as positive role models for young people.*
- *To pilot a peer education model, which also trains young people to become peer mentors, as many young people listen and respond to people of their own age.*
- *For professionals delivering drugs education to be kept updated of changes and in youth street culture to avoid losing street credibility.*
- *Drugs education should include issues, which are affecting young Asian youths of today such as racism, identity, family and peer pressures⁴⁹*

Some highlight the importance of using a mixture of resources involving different media such as videos:

“The importance of literature and videos in all the community languages should also be taken into account. As part of the research we showed the video ‘It couldn’t happen to us’ which was produced the University of Central Lancashire and the Drugs Prevention Advisory Service, and also distributed some of Lifelines materials specifically produced for work with Asian elders. Both the video and leaflets were particularly welcomed and almost all respondents said that more of this type of material should be available⁵⁰”.

The series of videos referred to above, *'It couldn't happen to us'*, has been developed by the Centre for Ethnicity and Health, University of Central Lancashire over a four-year period.

The original two videos in this series (Urdu and Bengali) were developed by the former Northumbria Drug Prevention Initiative (DPI) team in 1998, as part of the DPI's programme of work targeting Black and minority ethnic communities. The Home Office Drugs Prevention Advisory Service (DPASⁱⁱⁱ) and the former Health Development Agency funded the production of Punjabi and Mirpuri Punjabi versions of the video; licensed and provided funding for the Centre for Ethnicity & Health to distribute the videos and commissioned the Centre to produce guidance.

Most recently, Bolton Drug Action Team in conjunction with Local Community Planning/Housing in Bolton commissioned the Centre to produce two videos, both in Gujarati, targeting the Gujarati speaking Muslim and Hindu communities.

The videos and accompanying support pack aim to raise awareness of drug issues and to attempt to counteract in part, the stigma attached to drug use by South Asian people, and to redress the information imbalance in the provision of appropriate and accessible drugs information for the South Asian community.

The accompanying support pack is an important and innovative tool which can help to ensure that all members of the community, whatever their race, culture or religion, receive appropriate and accessible drugs prevention information.

The videos are designed for any statutory, independent or community organisation wishing to provide drugs prevention information and raise awareness amongst South Asian parents and within their communities. The video/support pack could also be adapted to be used as a training tool for existing drug workers to enhance their understanding of drug use within South Asian communities.

The video has been produced in five languages, Urdu, Bengali (Sylheti), Punjabi, Mirpuri Punjabi and Gujarati – all with English subtitles. The video explores issues with respect to drug use amongst young people within the South Asian community and looks at how their parents can respond.

ⁱⁱⁱ The Home Office Drugs Prevention Advisory Service (DPAS) was established in April 1999. It works closely with Drug Action Teams in England to encourage good drug prevention practice based on available and emerging evidence and, through demonstration programmes and independent research, to develop the evidence base on best practice in drug prevention. It succeeds the Home Office Drugs Prevention Initiative (DPI). DPAS has its headquarters in London and regional teams throughout England.

The Video Broadly splits into three sections:

Section one

Explores the reasons how and why young people become involved in drug use and examines some of the specific issues in relation to South Asian people.

Section two

Gives a detailed description of specific drugs – cannabis, LSD, ecstasy, heroin, cocaine and crack cocaine and amphetamine.

Section three

Explores the relationship between drugs and crime and provides valuable guidance for parents about how they can discuss these important issues with their children. In conclusion, it outlines what help is available

The length of the video is approximately 18 minutes

The report by Walsall ACIDS outlines the need for the development of a range of culturally specific drug literature, information and publicity materials and goes on to describe a drug resource initiative that is being developed in Walsall:

“One South HAZ commissioned drugs video made by South Asian young people for South Asian young video is currently being produced. Although the video was proposed before the commencement of this project, three members of Walsall ACIDS are now involved in the project. Some of the findings contained within this report (particularly regarding issues raised in 5.4 THE INFLUENCE OF ‘CULTURE’ ON DRUG USE) are being used to influence the content of the script. It is recommended that any BME specific literature, information or publicity materials that are produced incorporate the involvement and consultation of communities⁵¹”.

One recent resource that seeks to address issues for drugs, for black young people aged between 14 – 19 and crime, particularly gun related crime is drug-rap. It has been produced as a result of partnership work between DrugScope and the Black Police Association (BPA), the Young Black Police Association (YBPA) and the Metropolitan Police Service.

The launch of the report took place during the BPA Revival Community Empowerment Conference on the 15th November 2002 at the Royal Horticultural Halls, Victoria, London.

The report is an essential guide to black young people on drugs with different sections on a vast range of drug related issues. These include:

- a law quiz;
- a holiday guide describing police responses to drug taking in a range of countries;
- information about the effects of different drugs;
- emergency first aid advice;
- specially commissioned sections on crime, guns and the law (including Operation Trident, an initiative of the Metropolitan Police).

The report also dispels some of the myths about drugs, including crack, being a 'black drug'.

Helen Wilkinson, DrugScope's Director of Information and Policy said:

"DrugScope has a desire to embrace diversity and work with communities who have traditionally been under-represented in this debate. Our partnership with the Black Police Association and the publication of drug-rap is an excellent way of providing information about drugs to all communities and we hope will lead us to reaching out to a broader constituency."

The Young Black Police Association was created following a youth leadership programme run by the Metropolitan Black Police Association. They worked with DrugScope and were involved in the writing of the report, making sure that the information was credible for young black people. They also provide GOWISE (Grounds, Object, Warrant Card, Identity, Station, Entitlement) tips for young black people on their rights in the event of being stopped and searched by the police.

Nadine Jemmott and Haji Munye, joint chairs of the YBPA said:

"This magazine builds on our first ever youth conference called 'Stop the Killing, Start the Healing' which explored and addressed issues such as drugs and young people. drug-rap is an extension of our message".

Respondents from the needs assessment on the South Asian communities in Leeds identified the following as their preferred method for delivery of drug education:

Leaflets

48% prefer leaflets. This is mainly younger group of respondents though there are few older respondents as well who have expressed this view

Leaflets in Community Languages

36% mention that they would like information form of leaflets but in community languages. This is mainly older group of respondents.

In a Confidential Way

12% of younger respondents mention they would prefer information in a confidential way.

Awareness Seminars in Schools/Colleges

38% younger respondents prefer to receive information in seminars held at schools or colleges⁵².

3.6 Language and translation

There is a clear demand from communities for more drug education and prevention materials to be translated into particular Black and minority ethnic languages. For instance, the Yemeni community have made calls for education, confidential advice and a wide range of information to be made available in the Arabic language⁵³. Other community groups have made similar demands:

“Another important factor to consider is that the material needs to be in the relevant languages and in a format that can be understood. Many services recognise that the majority of the British BME community born and educated in Britain speaks English. However many of their parents do not. Other research projects as highlighted in the literature review have found that there is a lack of awareness surrounding substance use in BME communities. Therefore the vulnerability of these communities must not be reinforced by failing to provide information in the necessary languages⁵⁴”.

Resources in the Turkish language were seen as important by the majority of Turkish respondents:

“The majority thought that these would be most appropriate in what they see as their language. These educational programmes should involve videotapes, the provision of leaflets in Turkish and Kurdish and talks by drug users and doctors⁵⁵”.

This is echoed for the Somali community:

“The Drugs Action Team and Health Authority needs to work in partnership with the two communities to ensure that appropriate translated leaflets in the two community languages relating to drugs misuse (particularly Khat within the Somali Community); are produced and distributed within the two communities⁵⁶”.

However, this must be tempered with recognition of the high levels of illiteracy in many of these communities amongst older generations,

“High levels of Illiteracy, especially amongst women and older members of the community means that they seem to be receiving little or no information. Mainstream, generic methods of disseminating information do not seem to be making an impact within the Asian community. It is apparent that both parents and community members wish to obtain information and have requested educational based sessions⁵⁷”.

Patel (2000b) points out that less than 28% of South Asians in Bradford can read or write in their mother tongue. This is confirmed by a number of other authors:

“Johnson and Carroll (1995) report that some members of BME groups cannot communicate in English, yet few service providers and educators can function in other languages. It has been shown that, in such cases, the use of interpreters can be a helpful resource in drug services (Mistry, 1996; Patel and Sherlock, 1997b). This is particularly important in areas where levels of illiteracy - in any language - are high (Arora and Khatun, 1998; Patel, 2000b⁵⁸)”.

The authors go on to identify reports that highlight the importance of using translated materials while recognising that it is not a straight forward process for communities:

“Shahnaz (1993) and Prinjha et al (2001b) see information in appropriate languages as an essential component of any drug service development. However, Perera (1998) reports that some South Asian parents would feel patronised by having information delivered in their own language, and suggest, that material is prepared in both the language of the targeted group and English, so that they have a choice. Nevertheless, Perera recognises the difficulties for South Asian parents in understanding some of the English terms used in drugs education”. (Ibid)

An additional problem with translated materials is that not all concepts or technical terms can be directly translated or understood without interpretation (Bashford, 2000; Johnson and Carroll, 1995).

Others highlight the need for translated leaflets and use of volunteers who speak the relevant languages:

“All the services should be for specific cultures, with leaflets written in the ethnic languages and these centres will be attended by trained and professional volunteers. These volunteers must be able to speak the ethnic languages, so those who cannot speak English can learn about drugs in their own dialects. This sort of environment will help the parents and their children⁵⁹”.

Fountain et al also point out that the National Drug Helpline provides a 24-hour service and advertises services in Bengali, Urdu, Hindi, Punjabi and Cantonese. However, these are available only for four hours a week each (although services in Welsh are available 12 hours a day). The report of the drugs misuse needs assessment carried out by the Iraqi welfare association amongst the Iraqi community in the London borough of Brent comments that none of the respondents knew of any specific resources or help lines in the Arabic language.

3.7 Work with young Black and minority ethnic people

Much of the literature highlights the centrality of friendship networks and peer group relations to understanding drug use, access to drug information and thus effective approaches to drug education and prevention work.

“Image is important to Asian young people as they take drugs to “look cool” and do the “in thing”. However this could also be related to peer pressure, the importance of being part of a crowd and having a sense of belonging amongst young people⁶⁰”.

“Young people under the age of 25 years recognise that a lot of drug use could be attributed to peer pressure and experimentation. The young people felt that the TV and media encouraged in many ways drugs being associated with being ‘cool’...”⁶¹

“Seven respondents felt that the only way to prevent drug use among youngsters was to stay away from peers...Four people felt that there was no need to stop people from using drugs. A respondent commented, “...There were positive role models in the community that people think ‘yeah, look at this person, he’s done well for himself but he didn’t use drugs.’ Now, all the role models that we’ve got in Luton are negative and they’re - only the negative ones are doing well for themselves, so you think, ‘I want to be like that,’ so you know, it’s not good really⁶²”.

In relation to young people one report suggests that there need to be wider youth work provision as part of a drugs prevention programme:

“There seems to be little or no facilities for young Asian people. Development work with young people is vital in order to increase their confidence and awareness about drug related issues. Boredom and lack of services were also identified as main reasons why young people take drugs. Provision of more services and workers could be a preventative measure⁶³”.

“...a drug awareness education programme for young Asian people using a peer education approach with emphasis on the effects of taking drugs should be developed⁶⁴”.

Peer education is called for amongst the Greek and Greek Cypriot Community targeting both young people and parents,

“...the model of peer involvement used by this project be adopted when conducting drug education campaigns (young people to be involved with educating other young people, and parents to educate other parents⁶⁵)”.

Peer education and programmes that seek to directly challenge young people's views are also called for amongst the Bangladeshi community:

“Drugs education for young people of school ages that challenges their attitudes to drugs and is delivered through a diverse range of activities from diversionary activities to more interactive or workshop led education in which young people are encouraged to challenge their own views of drugs and its effects on their community⁶⁶”.

Sangster et al, 2002 stress the value of peer education projects, particularly amongst young people and women. Many of the community drug needs assessment reports make similar recommendations.

“Peer led education that comprises mentoring, education and information being imparted by young people from the community with whom other young people can identify with and trust⁶⁷”.

One resource that is designed to be used with young Black and minority ethnic people is 'Get wise: Peer drugs education with Afrikan Caribbean and Asian young people'. This is an interesting and useful resource pack for agencies planning to work with young Black and minority ethnic people on issues of drugs. It specifically addresses issues of racism within this context as part of a holistic approach to peer education. The resource is targeted at agencies and workers who are planning to establish a peer education project of this kind.

'Get wise' is well presented and comes in a binder, which makes for easy photocopying of relevant sections and the tools contained within it. It also means that additional resources could be easily added to the document such as updated information on drugs and the law and individual agency exercises.

There are four sections, the first three use the experience of the Leicester project where the work was developed to give a first hand account of how the project ran and raising issues and dilemmas that agencies may face in doing this work. As it is based in a concrete example of the Leicester project the advice and general pointers are real. While the guide cannot provide answers to all the issues it does provide a framework and questions that any agency will need to address before undertaking such a project.

The final section provides a variety of resources and tools for use in setting up a programme. Some of these resources such as that on drugs and the law may date over time but the majority are experiential and require a group work approach. Guidance notes for facilitators are included though these are not exhaustive.

'Get wise' provides a framework and resources and is not designed to teach someone with little experience of working with young people or group work on how to facilitate sessions.

The issues of racism that are raised through the specific exercises may prove problematic for a facilitator with little or no experience of this work.

The key beneficiaries of the programme are designed to be young Black and minority ethnic people, particularly from the Black African and Black Caribbean and South Asian communities. Issues of sexism, sexuality and disability are included through group discussion and other exercises such as the case examples and work on stereotypes.

In general the pack provides a flexible resource and much of the material could be utilised in other training and development programmes with staff and or volunteers. 'Get wise' is clear in its aims that it describes the experiences of the peer education in Leicester and that this may be relevant to other projects but does not attempt to provide a single or didactic model of this type of work.

The underpinning beliefs and values are centred in empowerment, and discrimination and a harm reduction approach to drug use. A degree of existing knowledge by potential facilitators is required in relation to drug use, working with young people and working with issues related to racism and people's experiences of racism. While the pack does not provide a comprehensive evaluation system there are guidance notes for facilitators and clear learning outcomes that could be easily assessed.

3.8 Settings

Many of the DH needs assessment reports make suggestions for particular formats to be used in drug education and prevention it is also clear that the choice of settings for this work is significant. A wide range of settings other than schools are suggested including religious and community centres and youth centres.

“Information about drug usage and support services must not only be in the languages spoken by the community but must be back upped by talks and speeches at the places where the communities engage. This could be in mosques or gurdwaras or specially convened meetings where members of the community would be able to attend⁶⁸”.

From a sample of 164 questionnaires completed by the Igbo community it is concluded that:

“...there is need to develop appropriate leaflets and education materials for both Youths and their Parents, in order to help them understand what drugs education is for and why it takes place. This will be disseminated to the Igbo Communities through Community Organisations, Clubs, Societies, and Young People’s Groups⁶⁹”.

“This needs to be delivered not only in schools, but also in various places where young people frequent i.e. Youth Clubs⁷⁰”.

However, some draw attention to the fact that many of those who most need the drugs education and prevention work would not access youth centres:

“A less consistent yet still popular choice of venue for drug education and support was youth clubs / youth centres. However, it was also noted that the young people, who choose to attend youth clubs or participate in organised youth activities, are likely to be the sort of young people who would be prepared to engage with other types of service provision. A greater need was expressed for services or individuals to target and build relationships with ‘hard to reach’ young people; those who are unwilling or unable to get involved with existing youth service provision⁷¹”.

In relation to the Pakistani population:

“the community want education to be delivered in settings that are used regularly by the community, rather than for example, in a drugs agency or other local venue such as the Town Hall⁷²”.

Others recommend that settings for delivery of drug education should include schools, colleges, youth clubs, religious establishments and use of local ethnic minority media and press (Sunrise Radio, Zee TV, Channel East, The Asian Times, etc)⁷³.

3.9 The needs of particular groups

Settings and formats are also viewed as having additional salience for particular groups such as the Black and minority ethnic lesbian and gay community and amongst the Black and minority ethnic deaf community.

The Black and minority ethnic deaf community

Very low levels of drug awareness were found in the Black and minority ethnic deaf community where nearly half the 52 respondents rated accessibility to drug education as poor and more than half rated accessibility to drugs prevention materials as poor.⁷⁴ Three quarters of the sample group wanted to see more specific resources for the Black and minority ethnic deaf community and respondents identified the need for materials that have more visual images and use British Sign Language (BSL) language as important for drug education resources.

Many also identified the use of media such as TV and radio as significant. Video resources in particular were thought to be beneficial:

“Deaf Black people and Ethnic Minority people have expressed a need for a drug misuse awareness and prevention campaign, using quality posters and information packs, and hopefully a video that educates about drugs misuse. The video could most effectively be used as part of outreach programmes into the Deaf community. The video would be best using Deaf actors (of a racial mix that is truly reflective of the larger community) using role-plays and graphics to highlight the issues of drug misuse without stereotyping⁷⁵”.

The authors thought that institutional racism might be a factor in the reasons why deaf Black and minority ethnic people have so little access to drugs education alongside issues related to language and communication barriers:

“The Deaf Black and Ethnic Minority Group may have less information than their white peers, due to additional language and communication barriers. It is possible that “institutionalised racism” in leading Deaf organisations exists. As they are the main providers of information to Deaf people, to explore this would be a step forward for Black and Ethnic Minority Deaf people⁷⁶”.

The authors also recommend a national conference for the deaf community with particular workshops addressing the needs of the Black and minority ethnic deaf community in particular.

“Participants and Researchers have suggested a Conference and workshops about “drug prevention and misuse” would be well attended by the National organisations for Deaf people, Deaf people themselves and those people who work with Deaf people⁷⁷”.

The Black and minority ethnic lesbian and gay community

The report of the drugs misuse needs assessment carried out by the Black Health Agency amongst the Black lesbian gay & bisexual community in greater Manchester concludes that drug education information is not reaching this community and that as one respondent is reported as saying:

“...its very important to get the information out to the black gay community, obviously the old saying information is power, if people are aware of it then people can make informed choices. At the moment when I go in my GPs surgery I don’t see anything that relates to me as a black person. I see lots of posters and images of lots of things, but something that will hold my attention I don’t see that. So its important to target the black community, make it inclusive, help for all basically⁷⁸.”

3.10 Cultural sensitivity

Alongside demands for more translated materials community groups also state that drug education and prevention resources need to be culturally sensitive.

“There should be drugs awareness/education for young people in Chinese schools and youth clubs, incorporating culturally-specific values⁷⁹.”

Cultural sensitivity and models of cultural competence in drug service delivery is addressed by Sangster et al, 2000,

“Cultural competence was seen to rest on familiarity with the distinct norms, history, codes of conduct, experiences, expectations and beliefs that exist within communities and was linked by some respondents to the notion of authentic understanding...⁸⁰”

Religious sensitivity is viewed as a key component within a framework for cultural competence and this relates directly to drug prevention work:

“The assumptions on which interventions are based and the implicit messages that they communicate were identified as a potential source of conflict with communities which have distinctive cultural and religious beliefs:

When you’re talking about drugs prevention its important to understand what sort of messages are congruent with that community. So, when you go and deliver drugs prevention messages to parents for example, it has to be worded in a certain way that they’ll respect and accept. It’s about understanding their cultures, their religious beliefs, and the context that they’re living in (Drug worker, Bangladeshi, London)”. (Ibid)

Sangster et al also identify what they refer to as 'symbols of accessibility' as being a key component of cultural competence:

“Within a culturally sensitive framework, symbols of accessibility were considered to have an important role in the way that a service is marketed. They were thought to provide the basis for an image of accessibility and for communicating the message that an agency is there to meet the needs of a diverse community. Important cultural symbols were identified as including posters, leaflets, culturally-specific newspapers and magazine” (Ibid. Page 26):

Fountain et al discuss the importance of cultural sensitivity in drug prevention work,

“As demonstrated throughout this review, many commentators put cultural appropriateness - including community consultation and training - at the centre of policy and planning initiatives to provide drug services to BME groups (Abdulrahim et al, 1994a; ADP, 1995; Bola and Walpole, 1997; Gooden, 1999; NWLHPU / GMLCA, 1997; Patel N et al, 1996; Sangster et al, forthcoming; Shahnaz, 1993; Singh and Passi, 1997; Southwell, 1995). Regarding drugs awareness initiatives, Gilman (1993), for instance, argues that a campaign to highlight the dangers of crack cocaine amongst African-Caribbean users in Bradford would not have the same cultural resonance as it might amongst a non-drug using population in rural England⁸¹”.

Bashford et al (2000) point out that the appropriateness of the literature taken home from school by children must take into account the cultural beliefs of parents and how this would impact on the young person.

3.10.1 Faith based approaches to drug prevention and education

For many groups religion is seen as a key factor in drugs prevention work, particularly for the Muslim communities:

“In terms of prevention, there was a profound difference in the way that parents from the Muslim community identified drug prevention. A lot of the emphasis was put on religion⁸²”.

It is clear from the evidence that religious prohibition is a significant factor that must be considered in resource development for certain Black and minority ethnic communities.

“We are only taught that drugs are intoxicating, and in Islam intoxication is haram (forbidden⁸³)”

“In the mosques, religious issues are taught rather than community issues, and also other parts of Islamic studies are not taught. The majority of it is in Arabic, the schools and mosques should be more open to discussion on drugs⁸⁴”

This has particular implications for secondary prevention work with a harm minimisation theme as the community may interpret this as permission to use drugs.

“Within the Muslim community there was a desire to understand other drugs and their effects and education was seen as the main way of preventing drug use. They were in total agreement that prevention and abstinence were the way forward; there was no support for harm reduction. Furthermore, there was a strong feeling that drugs would not be a temptation if families were focused, especially on their religion.^{85”}

“Particular issues were identified around harm-reduction philosophies which have proved to be controversial with community and parents’ groups (Black/minority ethnic and white) who consider that they ‘condone’ drug misuse (Pearson et al., 1985). Some of our young south Asian respondents reported that their parents had reacted very badly to drugs education literature which they had taken home. While this raises the issue of involving the wider community in the development of interventions, workers felt that this was likely to take much longer with south Asian communities than with white groups because of the particular sensitivity of cultural and religious issues involved^{86”}.

Across the drug service reviews conducted by the Centre for Ethnicity and Health there is very little evidence of drug agencies or commissioners engaging with local religious institutions or leaders. Although one DAT is reported as taking steps to include religious based approaches:

“Walsall DAT have already initiated action around these recommendations by incorporating Sikh Perspectives and Drugs Education and Islam & Approaches to Drugs Education Treatment and Prevention into their Drugs And Alcohol Training Schedule 2001/2002. Furthermore, in order to solidify the ‘capacity building’ remit of this needs analysis, Walsall’s Drug and Alcohol Training Co-ordinator has ensured that the Islam & Approaches to Drugs Education Treatment and Prevention training is devised and facilitated an interviewee and community-based researcher from this project^{87”}.

However, there is evidence of increasing interest by Muslim religious leaders and Mosques to be involved with drug education as the barriers and denial that has traditionally been a mark of many Muslim communities begins to break down,

“There is also evidence of increasing interest in delivering drugs education within religious settings though this highlights how the communities are attempting to address drugs issues within their own resources and outside of mainstream drugs education provision^{88”}.

Fountain et al includes reviews of a number of reports that address the issue of involvement of religious establishments and leaders:

“Sheikh et al (2001), for example, report that the reaction of some mosques in Bedfordshire to drug users was to 'name and shame' them, which resulted in not only drug users, but also their families, being ostracized from their community. On the other hand, Ram (2000) discusses a project which, with the local mosque's Imam approval, distributed a Ramadan calendar to a Muslim community which included an advertisement for a local drugs service.

Passi (1999a) too, reports on meetings with Imams in Preston to discuss areas of concern and ways forward. The resulting two-day drug training session was attended by the Preston Board of Imams, and included the role of Imams as drug educators, the current situation regarding drug use in their community, and harm reduction and its relationship to the Muslim faith⁸⁹.

There is a risk that drug education within certain religious settings may be occurring without the knowledge or involvement of local drug education advisors and planners. This could result in children and young people being exposed through school and within the Mosques to conflicting information and advice.

Sheik et al (2002) recognise the 'captive audience' within many religious establishments and the potential of this for increasing drug education within these communities:

“To date, religious establishments in the two boroughs have not been proactive in offering partnership working with agencies, and yet have a large 'captive audience' of young people and parents on a daily basis. This resource should be tapped⁹⁰”.

There are some indications of a gender bias with regard to the question of including religious establishments in the delivery of drug education:

“Bangladeshi men aged between 25 and 35 hold views based on religious morals and values. This group is different in their view as they would like to see services predicated on Islam and Islamic teachings. They form the age group that bore witness to the rise of drug use in the estate but for whom such drug use remained 'abnormal'. They wished to see Islamic education included in services that worked with drug users and wanted to see parents taking a greater moral lead with drug use affecting their children⁹¹”.

“Whilst many of our respondents were happy that services be located away from the local community and alongside the generic drugs services, a lot felt that some type of Muslim representation would be beneficial. Not surprisingly a few men wanted not only proper translators or translation services to be available but also the presence of a Muslim cleric who could offer both moral guidance and spiritual advice. Women were less eager for some form of religious representation but were keen that adequate and correct translation be available.⁹²”

4. CONCLUSIONS AND RECOMMENDATIONS

4.1 The need for specific resources

The Department of Health's Black and minority ethnic drugs Needs Assessment project resulted in 51 reports containing findings from interviews, focus groups and questionnaires with over 12, 000 individuals from within the 25 different ethnic groups involved. The overwhelming message from these reports is that communities have very little experience of drug education and prevention resources that are specifically targeted to their needs and communities. While most of the young people are described as having had some form of drug education at school, there are mixed responses to the efficacy and usefulness of this and some groups have much less experience of this than others.

The relative lack of research attention and denial about drug use within Black and minority ethnic communities both amongst professionals and communities themselves have arguably contributed to the lack of specific resource development. However, there is a clear interest within the communities for more drug awareness raising and education about drugs and there are significant concerns amongst families and parents about the potential impact of drugs on their children and in the community as a whole.

The communities in the department of Health Project were very articulate about what they want to see:

“The services respondents would like to see provided to Ethiopians in order to prevent and control drugs misuse in ascending order are advice (198) (79%), production of culturally and linguistically appropriate resources (110) (44%) awareness raising in the community (63) (25%), education (34) (14%) and social support (12) (5%) respectively⁹³”.

Even amongst groups where drug use was not perceived to be a current problem there was support for more drug education and prevention work:

“...only 18 of the 168 respondents disagree with improving the level of awareness of Iraqi families in drug issue⁹⁴”.

Communities, such as the Somali community, which have issues related to particular drugs like Khat wanted to see this addressed. In one report with a sample of respondents consisting of 73 people of whom 60% were men and 40% were women, raising awareness and developing culturally appropriate drug education programmes targeting Khat use amongst the Somali community was seen as a priority⁹⁵.

Another report based on responses to questionnaires from 92 Pakistani people concludes:

“The great majority of all those surveyed indicated that they thought education and prevention work was desirable in the community. Only 4 people said that awareness sessions would not be useful compared to 88 who said that it would be useful... Other than this, there was no evidence that people had the attitude ‘we don’t want this sort of thing in our community’. When asked how services to the community could be improved many community workers, users and those who answered the questionnaire as well as service providers suggested education and awareness raising sessions unprompted⁹⁶”.

The report of the drugs misuse needs assessment carried out by the Ethnic Minority Health & Social Care Forum amongst the south Asian communities in Brookhouse, Blackburn contains the findings from 111 questionnaires. The authors recommend the development of drug awareness campaigns so that local communities ‘know facts rather than fiction about drug misuse’ and that these should

“...be delivered in a way that is sensitive to the culture and religion of the local communities⁹⁷”.

Others highlight the importance of setting drug education and prevention within a wider context:

‘... looking at the impact of living in a deprived area, facing racism, family pressures and lack of employment opportunities⁹⁸’.

The report of the drugs misuse needs assessment carried out by Southall Community Drugs Education Project amongst the South Asian communities in Southall provides findings from a survey of 50 individuals and focus groups with 136 people. Most of the women respondents were frustrated by the lack of information that they had on drugs and alcohol.

Over two-fifths of all the South Asian respondents in Leicestershire wanted to see more drug awareness raising and education within the Asian community⁹⁹.

The DH needs assessment project contains clear evidence of the public demand for resource development to meet the drug education and prevention needs of Black and minority ethnic communities.

4.2 Diversity

The heterogeneity of Black and minority ethnic communities means that the approach taken to drug education and prevention resource development needs to be one of understanding diversity. For instance, the Black and minority ethnic lesbian and gay community have identified particular resource needs to ensure that drug education and prevention messages are viewed as relevant within their community.

A resource that suits one community may not be appropriate for use with another, even where there are certain cultural or linguistic ties i.e. a resource developed for use with Muslim Pakistani communities may not be appropriate for use with Punjabi Sikh communities even where there is a common language.

There are certain issues that relate more to one group than another e.g. the use of Khat is primarily an issue amongst those from North African origin, such as Yemeni and Ethiopian communities.

In one of the DH needs assessment reports focusing on Khat use, involving a sample of 103 completed questionnaires, the authors conclude that:

“The rising use of Khat is a major concern in Greenwich Secondary Schools. It would appear that Teachers are aware of drug use at school but choose to turn a blind eye. There is a great drive for drugs education in school. Both Greenwich and Bexley DATs and the Primary Care group are working closely with schools to try and address drugs use in schools in the two boroughs. It should be noted that Greenwich Drug education policy and practice does not include provisions for young BMEs drug users (source: Drug Education Policy and Practice-Guideline for Greenwich Schools, 2001). For example the use of Khat amongst young BME’S is a major concern but it is not yet recognised that its use is increasing and impacts on the school playground¹⁰⁰”.

The needs of refugee and asylum seekers, particularly those recently arrived in the country are even more neglected than those of established Black and minority ethnic communities. While some refugee and asylum seekers arrive in the UK with established drug problems others are known to adopt the use of drugs only after arrival and as part of their process of acculturation¹⁰¹.

Knowledge and awareness about different drugs used in the UK compared to the home country and understanding about terms and patterns of drug use remains poor amongst these groups.

Recommendation 1

Diversity both between and within Black and minority ethnic communities must be taken into account in the development of drug education and prevention resources.

Drug resource development needs to be targeted to the specific community it is intended for and should take appropriate account of substance specific issues within that community and other issues such as those faced by new arrivals.

Religion and language are also seen to be key aspects of diversity that must be addressed in the development of resources. While there may appear to be the potential for conflicting messages in an approach to drug education that takes account of religious views, this should not become a barrier to greater development in partnership with religious leaders.

Johnson and Carrol highlight the Green December Movement, which was an entirely religious based drugs prevention initiative in Pakistan. The implication being that if it is possible in Pakistan it should be possible amongst Pakistani communities in the UK for religious based drug education and prevention work to take place¹⁰². One such programme commissioned by the police has been in operation in Lancashire with the active involvement of the Mosques and a local Imam.

Recommendation 2

There should be greater partnership working between a variety of religious and faith based organisations and mainstream agencies responsible for drug education and prevention.

Language barriers and in particular the lack of translated resources are perceived to be a major block to Black and minority ethnic communities accessing drug education and prevention information. This may be more significant for older members of the community but the use of minority languages is not just a pragmatic response to information demands it carries important messages about cultural sensitivity.

Translation itself is not an easy matter, as simply translating existing leaflets word for word does not address the cultural meanings behind use of language. Black and minority ethnic people with disabilities have particular communication and resource needs in addition to those posed by their belonging to a particular ethnic group. As literal translations of existing materials would appear to be one of the most common approaches to Black and minority ethnic drugs resource development this is something that causes concern.

Recommendation 3

Drug education and prevention resources should be produced in a variety of Black and minority ethnic community languages and such resources should include use of a range of media and not solely rely on translated text.

This should be undertaken within the context of a wider communication strategy that is also able to take account of the needs of particular groups such as people with visual and auditory disabilities.

4.3 The Race Relations (Amendment) Act 2000

There are clear ethical and moral reasons why the development of drug education and prevention resources should be undertaken for Black and minority ethnic communities. However, another key driver for this is the Race Relations (Amendment) Act 2000.

The Race Relations (Amendment) Act 2000 represents a significant reform in the approach to race equality in the UK that is likely to have far reaching implications for all public services. The new Act came into force in April 2001 and both strengthens and extends the scope of the 1976 Race Relations Act. It does this in two, major ways: it extends protection against racial discrimination by all public authorities; and it places a new, enforceable positive duty on listed public authorities.

The Amendment Act is not replacing the old Act, it is strengthening it. Racial discrimination as defined by the 1976 Act is now outlawed across all public authorities, something which was long held to be a major omission from the original Act. As with the Human Rights Act, public authority is defined very loosely, it includes for instance, voluntary sector services that have been contracted by public authorities such as health and local authorities.

The new General Duty is placed on certain public authorities that are listed in the Act. It is a fairly exhaustive list covering some 45,000 different organisations.

The General Duty says that public authorities are required to:

“...have due regard to the need to eliminate unlawful discrimination and promote equality of opportunity and good race relations in carrying out their functions. They will be expected to consider the implications for race relations in everything they do”.

It has three elements: the need to eliminate unlawful discrimination; the promotion of equality of opportunity; and the promotion of good race relations. These are intended to be complimentary; public authorities that have responsibilities to fulfil the General Duty must demonstrate that they are taking positive action across each of the three areas. This is an important distinction because as a positive duty, it requires action.

Under the previous legislation the onus was on individuals to bring a case that they had been discriminated against, and prove this took place, the General Duty means that authorities will be obliged to demonstrate what action they had taken to prevent discrimination taking place.

One of the principal aims of the Act is to address institutional racism. There must be an examination of all the organisation's functions and policies to determine that 'unwitting prejudice' is not taking place.

It is also an enforceable duty, the Commission for Racial Equality are tasked with the enforcement of the new Act and they have issued guidance and practice notes on how to meet the General Duty. They also have new powers of inspection and can enter an organisation to determine that it is meeting its obligations under the Act.

The General Duty applies only to England and those authorities in Wales and Scotland that have not been devolved. There is separate race equality legislation covering Scotland and Northern Ireland.

Aside from the General Duty, some other authorities are listed as having specific duties, essentially these consist of the requirement to establish and publish a Race Equality Scheme that sets out the arrangements for the following:

- *Consultation* with Black and minority ethnic communities;
- *Assessment* of likely impact of policies on Black and minority ethnic groups;
- *Monitoring* of policy implementation and service delivery;
- Action to *remedy* any unexpected and unjustifiable outcomes for Black and minority ethnic groups and communities, including:
- *Access* to services and information; and
- *Staff training*

In particular the Race Equality Scheme must address:

"...the functions and policies (including their proposed policies) that are relevant to their performance of the general duty to promote race equality¹⁰³".

The General and Specific duties are very much directed at the core activities of a public authority, it is not intended to be an 'add-on' or something that only affects a peripheral amount of activities. This is part of the government's modernising agenda and as such, the promotion of race equality is being placed at the heart of debate about how public services are delivered.

“The duty aims to make the promotion of race equality central to the way public authorities work. Promoting race equality will improve the delivery of public services for everyone¹⁰⁴”.

Specifically, it is expected that in meeting the general Duty there will be a much wider impact on public services. The duty of public authorities to promote race equality in relation to policy and service delivery will:

- *encourage policy makers to be more aware of possible problems;*
- *contribute to more informed decision making;*
- *make sure that policies are properly targeted;*
- *improve the authority’s ability to deliver suitable and accessible services that meet varied needs;*
- *encourage greater openness about policy making;*
- *increase confidence in public services, especially among ethnic minority communities;*
- *help to develop good practice; and*
- *help to avoid claims of unlawful discrimination.*

There are specific duties for schools, which include the duty to assess the impact of policies on pupils, staff and parents of different racial groups (3.1.A). This would encompass policies regarding drug education and therefore has implications for the type of resources used and approach taken if this does not comply with the three elements of the General Duty i.e. eliminate unlawful discrimination and promote equality of opportunity and good race relations.

The guidance for schools issued by the Commission for racial equality specifically refers to ‘curriculum, teaching and learning (including language and cultural needs)’ as being central to a school’s compliance with the Amendment Act. This would clearly include activities undertaken as part of the Personal and Social Education (PSE) programme. It is also part of the school’s duty to ensure that teaching staff are appropriately trained to meet the duties of the Act and parents and Black and minority ethnic communities should be included in consultation on the school’s proposed actions to meet its duties.

There is then through the Race Relations (Amendment) Act 2000 a clear legislative lever for ensuring that drug education resources are developed and used appropriately for a variety of Black and minority ethnic pupils in schools.

Recommendation 4

In undertaking the General and Specific Duties of the Race Relations (Amendment) Act 2000 public authorities should assess their drug education and prevention policies and programmes and take action to ensure that the needs of Black and minority ethnic communities are adequately addressed.

4.4 Involving communities in resource creation and distribution

One of the key learning points from the literature review is the need to involve Black and minority ethnic communities in the creation and distribution of resources.

“Small Drugs Prevention Initiative teams on their own can only accomplish a limited amount, as can any other local service providers. High levels of success have been achieved by reacting to offers or requests for help from community based groups. It is, however, essential that reactive strategies are used positively, and that staff actively seek out opportunities to react...”¹⁰⁵”

The groups involved in the DH Black and minority ethnic drugs misuse needs assessment recognised the advantages of the process by which this project was conducted and that ‘hidden resources’ lie within the community, especially as a consequence of the capacity building approach that was adopted:

“... already have long-established relationships with the community and have networks across communities and agencies, and to involve local mosques and businesses to become key active partners. There is a recognition that mosques also need to take an active role in developing a role within drugs education, by acting as catalysts of information in particular to parents and younger children. However, mosques need to be capacity built and trained before this can happen”¹⁰⁶.

With a sample of 285 the report of the needs assessment carried out by the Nguzo Saba centre into the needs of African Caribbean people of Preston concludes that there are a number of untapped resources that can be utilised to provide drug education for the African Caribbean community including human resources within the community itself and by using those engaged in the needs assessment project

“The team members have developed a locally grounded community development background and have gained a significant advantage in securing the confidence of local groups and therefore are in a position to bring valuable information resources to the Drug Prevention and Reduction Initiative”¹⁰⁷.

Recommendation 5

Black and minority ethnic communities should be included in the development of drug education and prevention resources. This should include consultation but also seek to go further with Black and minority ethnic community groups actively encouraged and supported by mainstream drug education and prevention agencies to lead on initiatives and resource development within and for their communities.

4.5 Links between awareness and treatment service up take

It is sometimes difficult in the literature and community reports to distinguish between prevention and education and access to treatment and intervention services. While this is at times the result of inadequate definitions being employed it is also a significant issue for secondary prevention work. If services are not known about within a community or there is little understanding about what help is available this can result in individuals and families either seeking inappropriate help that can cause more problems or the initial problem becomes very much worse before intervention takes place through tertiary and emergency services.

The report from Southall Drugs Education Project concludes that the drug of choice in the area is Heroin and that both 1st and 2nd/3rd generation Asians need information on basic issues such as type of drugs, effects, usage, key warning signs and access to services¹⁰⁸.

Many of the community groups in the DH project identify lack of service information as a key issue for prevention. Following one survey of the Somali community consisting of 139 people the authors conclude that:

“It was discovered that the Somali community are not accessing the services available to them. This may be due to ignorance on the part of the community about the type of services available to them. ...The Somali community needs to be adequately informed about all the services that are available to them¹⁰⁹”.

The report of the needs assessment carried out by the African community involvement association (ACIA) into the needs of the Ugandan, Kenyan, Zimbabwean and Zambian communities in the London boroughs of Merton, Sutton, Wandsworth and Croydon found that information on drug and alcohol centres and other forms of help were scarce, and when it was available, did not appear to be targeting African people. In a focus group with 23 parents several people mentioned that literature and information about which services are available was hard to come by.

Others found that there was little awareness of drug services and that this was a combination of denial in communities and the lack of focus within agencies:

“...there is an obvious lack of awareness either through the type of client group agencies focus their work on, or their publicity, or in deed language and denial of problems existing¹¹⁰”.

This is also identified as a significant barrier to service access:

“Lack of information was a major part of the reason why people felt they were unable to access services. All data from questionnaires, the focus group sessions and the in-depth interviews identified that lack of information and resources in Asian languages was a big barrier in them not being able to provide support for drug users within the family/community¹¹¹”.

Recommendation 6

The need for secondary prevention initiatives within Black and minority ethnic communities should be recognised through increased awareness raising about availability and type of service provision as part of a broader prevention based programme.

4.6 Strategic and national development

One of the principal difficulties in the development of drug education and prevention resources for Black and minority ethnic communities is that most of this development has been undertaken as an ad hoc initiative with little or no revenue funding to ensure appropriate up dating and sustainability. The reasons for this are that it is often drug agencies or groups themselves who have undertaken the development work using small grants rather than it being part of a wider strategic initiative as part of the mainstream commissioning strategy.

Some also suggest that this issue is not just a local one but that there is also a strategic gap at national level:

“A more “joined up” approach on drug misuse prevention strategies should be reflected ...between the ministry of Health and the Home Office. All too often “the departmentalism” that has marked these ministries’ relationship serve to inadvertently obscure rather than clarify which sources of funds Black and Ethnic Minority Organisations can access and just as critically what implications their policy initiatives have on Black and Ethnic Minority Organisations at the operational level in the drug misuse prevention schemes¹¹²”.

Recommendation 7

There should be a nationally co-ordinated response to the lack of resource development to meet the drug education and prevention needs of Black and minority ethnic communities. This response should:

- 1. Facilitate access to and awareness about local drug education and prevention resources**
- 2. Promote sustainable funding for resource development for Black and minority ethnic communities through inclusion within mainstream drug education and prevention programmes**
- 3. Undertake further research into the resource development needs of Black and minority ethnic groups that have not previously had the opportunity to explore drug issues within their community including refugee and asylum seeker groups.**

As stated in the introduction DrugScope commissioned this work in order to identify drug education and prevention resources that are in existence for use with Black and minority ethnic communities and groups. It was recognised at the outset of this project that there has been relatively little attention paid to this area of work.

The aim was not only to increase the knowledge base about what resources exist, but to identify the issues and gaps in service provision for drug education and prevention work with Black and minority ethnic communities and where possible highlight examples of good practice. This report contains a number of key thematic findings on the issues surrounding drug prevention and education resources for Black and minority ethnic communities.

The research took place over a relatively short period of time and although a number of searches were undertaken it will inevitably be the case that there are resources in existence that the author is not aware of. However, a significant problem for anyone seeking to research this area and for practitioners and community groups who want to know what else is in existence is that there is no nationally collated directory with which to do this.

Hopefully, taking on board many of the issues raised in this report and by starting with the resources that have been identified here, this is something that can start to be addressed.

5. APPENDICES

5.1 SOME EXAMPLE RESOURCES

The resources included in this appendix have been selected on the basis that they are currently available and have been designed with the specific aim of targeting a particular Black and minority ethnic community or communities. These are provided as examples and are not intended to be an exhaustive list of available resources.

Audiovisual

It couldn't happen to us - A series of videos developed since 1998 by the Centre for Ethnicity and Health, University of Central Lancashire. There are five versions of the video in the following languages: Urdu, Bengali, Punjabi, Mirpuri Punjabi and Gujerati.

The videos and accompanying support pack aim to raise awareness of drug issues and to attempt to counteract in part, the stigma attached to drug use by South Asian people, and to redress the information imbalance in the provision of appropriate and accessible drugs information for the South Asian community.

Available from the Centre for Ethnicity and Health, University of Central Lancashire, Preston. PR1 2HE. Tel: 01772 892780

Beautiful Smile - A 15-minute video for those involved in the caring profession to encourage young people not to engage in tobacco and betel-quid chewing. Available in Bengali, English, Gujerati, Hindi, Punjabi, Sylheti and Urdu. Priced £35. N Films, 78 Holyhead road, Handsworth, Birmingham, B21 0LH. Tel: 0121 507 0341

Lifeline has produced a drama using Asian women about drug use in an Asian family and the impact on the partner and family. It was a very powerful tool as the women wrote and took part in the drama themselves. They have also mounted an exhibition using drawings and poetry to express feelings and emotions surrounding drug use in South Asian families and users. Lifeline is a Registered Charity No: 515691 and a Company Registered by Guarantee No: 1842240. Registered Office: 101-103 Oldham St, Manchester, M4 1NA

Youth work – peer education

Get Wise Peer drugs education with Afrikan Caribbean and Asian young people. by Deborah Sangster with Kirt Mistry. Leicestershire community projects trust. ISBN: 1 900863 02 2. 1999. A support pack with guidance materials for running a youth work programme on drugs prevention and education.

Leaflets designed in Black and minority ethnic languages

'Drugs a guide for the Arab community' ANCAAN (Arab National Council Against Addiction of Narcotics) 1 Thorpe Close, London, W10 5XL. Tel: 0181 969 2220. ANCAAN produces various leaflets in translation for the Arabic communities including and leaflets on Khat use.

The South Asian Community and Drugs Guide for Parents - 16 pages, 210 x 295. Text with illustrations Written in English and Urdu and English and Bengali these illustrated guides provide information on drugs and drug use specifically aimed at the South Asian community. It begins by examining some common myths and misconceptions and then goes on to explain different types of drugs, including cannabis, ecstasy, amphetamine and heroin, what their effects are, how much they cost and what risks are involved. It also provides information on the law, what you can do as a parent and where to go for help and support.

Lifeline is a Registered Charity No: 515691 and a Company Registered by Guarantee No: 1842240. Registered Office: 101-103 Oldham St, Manchester, M4 1NA

Reports and evaluations

dug-rap, a new report for black young people aged between 14 – 19, produced jointly by DrugScope, and the Black Police Association. The report is an essential guide to black young people on drugs with different sections on a vast range of drug related issues. For further information, contact Cara MacDowall, Communications Officer at DrugScope on 020 7922 8607, Out of hours 07736 895 563 or email caram@drugscope.org.uk

Ghar Ghar (Popping In) Report. HEA/Glaxo Wellcome Drug Education Grants Scheme. Project Team: Brian Dobson, Manju Gupta, Mashuq Hussain, Sue Rogerson. TACADE. Describes a follow-up project to an earlier local drug prevention initiative that failed to reach many young people in the South Asian community.

Drug Use in the Asian Community: A Pilot Study Report targeting young Asians aged 14-25 years. North West Lancashire Health Promotion Unit. Report researched and compiled by Nalini Patel, Charan Singh Bamhrah and Gulab Singh. Funded by Lancashire Drug Action Team. This report describes a survey addressing the question, 'Why are young black people not approaching the Services available?' Part of the conclusion describes the need for more targeted drug education work.

Evaluation Report. Stevenage and North Hertfordshire Drugsline Ltd. 166A High Street, Stevenage Old Town, Stevenage, SG1 3LL
Tel:01438 364067. HEA/Glaxo welcome drug education grant scheme.
Project Number GW120 Contract Number F1080/98. This report provides an evaluation of a scheme to address the needs of non English speaking people in Hertfordshire in relation to drug services including a delivery programme of drug education and prevention.

No to nasha research project drugs, alcohol and tobacco use in Bradford's Asian communities. Project director: Dr Ranjit Arora researcher: Amria khatun. Funded by Bradford and district charity for education and training. Published by The Race Relations Research Unit in conjunction with Bradford & District Training and Enterprise Council. ISBN 0-947851-62-3 Summer 1998.

The primary aim of the project was to identify the nature and scale of drug, alcohol and tobacco abuse amongst young Asian people in the Bradford Metropolitan District. It was also intended to empower young people by raising their awareness and developing an understanding of drugs, alcohol and tobacco abuse. A secondary aim was to help young people access information services available in the district.

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- ⁴⁸ The report of the drugs misuse needs assessment carried out by Ethnic Minority Health & Social Care Forum amongst the south Asian communities in Brookhouse, Blackburn (Page 43)
- ⁴⁹ Holy Trinity Community Network Forum into the needs of the south Asian communities of Tameside. .(Page 39)
- ⁵⁰ The report of the drugs misuse needs assessment carried out by (RAIS Academy and Age Concern) amongst the Pakistani and Bangladeshi community in Rochdale (Page 46).
- ⁵¹ The report of the Black and minority ethnic communities drugs assessment carried out by Walsall Acids (Page 26)

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- ⁵² The report of the drugs misuse needs assessment carried out by the youth awareness programme amongst the South Asian communities residing in Beeston and City & Holbeck of south Leeds (Page 55)
- ⁵³ The report of the Yemeni community association (YCA) amongst the Yemeni community in Sandwell (page 107).
- ⁵⁴ The report of the drugs misuse needs assessment carried out by the Derby millennium network amongst the Pakistani, White, Indian & African Caribbean communities in Derby (Page 25)
- ⁵⁵ Report of the drugs misuse needs assessment carried out by Day-Mer Turkish and Kurdish community centre amongst the Kurdish, Turkish and Turkish Cypriot communities in London
- ⁵⁶ The report of the drugs misuse needs assessment carried out by Eritrean community in Greenwich and Lewisham amongst the Somali and Eritrean communities in Greenwich (Page 26)
- ⁵⁷ The report of the drugs misuse needs assessment carried out by the Wakefield drugs misuse project amongst the Pakistani community in Wakefield. (Page 19)
- ⁵⁸ Fountain et al, (forthcoming) (Page 28)
- ⁵⁹ Report of Navjyot organisation carried out into the needs of the Asian communities in the London boroughs of Brent and Harrow. (Page 22)
- ⁶⁰ Black and minority ethnic Housing Consortium (1) Black and minority ethnic Young People in Wolverhampton Written by AWAAZ. (Page 40)
- ⁶¹ Report of the drugs misuse needs assessment carried out by the Ethnic Minorities Development Association amongst the ethnic minority community in the borough of Blackburn with Darwen. (Page 57)
- ⁶² The report of the needs assessment carried out by the Bangladeshi Youth League into the needs of the young Bangladeshi and Pakistani people of Luton. (Page 21).
- ⁶³ The Wakefield drugs misuse project amongst the Pakistani community in Wakefield (Page 19)
- ⁶⁴ The report of the drugs misuse needs assessment carried out by the Wakefield drugs misuse project amongst the Pakistani community in Wakefield (Page 24)
- ⁶⁵ An investigation into the knowledge, attitudes and drug habits of Greek and Greek Cypriot adolescents living in Enfield

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- ⁶⁶ The report of the drugs misuse needs assessment carried out by Kirklees Racial Equality Council Youth Forum amongst the African Caribbean and Indian communities in Kirklees (Page 55)
- ⁶⁷ The report of the drugs misuse needs assessment carried out by the Marylebone Bangladesh Society and the Hungerford drug project (Page 55)
- ⁶⁸ The report of the drugs misuse needs assessment carried out by the Integrated Asian Advice Service amongst the Indian sub continent community in the London borough of Greenwich (Page 32)
- ⁶⁹ The report of the needs assessment carried out by the Igbo and Tutorial School into the needs of the Igbo people of London (Page 44).
- ⁷⁰ The report of the needs assessment carried out by the community drugs participatory assessment programme (C.D.P.A.P.) into the needs of the visible minority substance misusers of Granby Toxteth Liverpool, Merseyside (Page 19)
- ⁷¹ The report of the Black and minority ethnic communities drugs assessment carried out by Walsall Acids. (Page 18)
- ⁷² The report by Saaf Dil on the Pakistani population in Rotherham (Page 59).
- ⁷³ The Southall Community Drugs Education Project report on the South Asian communities in Southall (Page 54)
- ⁷⁴ Report of the needs assessment carried out by London ethnic minority deaf association (LEMDA) into the needs of the black ethnic deaf community in London. (Page 28).
- ⁷⁵ *Ibid* (Page 58)
- ⁷⁶ *Ibid.* (Page 59)
- ⁷⁷ *Ibid.* (Page 59)
- ⁷⁸ The report of the drugs misuse needs assessment carried out by the Black Health Agency amongst the Black lesbian gay & bisexual community in greater Manchester (Page 20)
- ⁷⁹ Report of the drugs misuse needs assessment carried out by the Chinese national healthy living centre in partnership with the Hungerford drug project amongst the Chinese community in the London boroughs of Westminster, Camden and Islington. (Page 100)
- ⁸⁰ Sangster et al, 2000 (Page 33)

⁸¹ Fountain et al (Forthcoming)

⁸² The report of the needs assessment carried out by the community drugs participatory assessment programme (C.D.P.A.P.) into the needs of the visible minority substance misusers of Granby Toxteth Liverpool, Merseyside

⁸³ Report of the drugs misuse needs assessment carried out by the Asian anti-drugs initiative amongst the Pakistani and Bangladeshi communities of west central Halifax in the metropolitan borough of Calderdale, (page 20)

⁸⁴ Report of the drugs misuse needs assessment carried out by the Asian anti-drugs initiative amongst the Pakistani and Bangladeshi communities of west central Halifax in the metropolitan borough of Calderdale, (page 20)

⁸⁵ The report of the needs assessment carried out by the community drugs participatory assessment programme (C.D.P.A.P.) into the needs of the visible minority substance misusers of Granby Toxteth Liverpool, Merseyside (Page 19)

⁸⁶ (Sangster et al, 2002. Page 34)

⁸⁷ The report of the Black and minority ethnic communities drugs assessment carried out by Walsall Acids. (Page 26)

⁸⁸ (Prinjha et al, 2001)

⁸⁹ Fountain et al, forthcoming

⁹⁰ Sheik et al (2002)

⁹¹ Report of the drugs misuse needs assessment carried out by the Marylebone Bangladesh Society and the Hungerford drug project amongst the Bangladeshi community in Lisson Grove, London. (Page 53)

⁹² Report of the drugs misuse needs assessment carried out by RAIS Academy and Age Concern amongst the Pakistani and Bangladeshi community in Rochdale. (Page 45)

⁹³ The report of the drugs misuse needs assessment carried out by Ethiopian community in Lambeth amongst the Ethiopian community in Lambeth, south London (Page 30)

⁹⁴ The report of the drugs misuse needs assessment carried out by the Iraqi welfare association amongst the Iraqi community in the London borough of Brent (Page 32)

⁹⁵ The report of the drugs misuse needs assessment carried out by Somali Health & Mental Health Link amongst the Somali community in Brent

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- ⁹⁶ The report by Saaf Dil on the Pakistani population in Rotherham (Page 59)
- ⁹⁷ Report of the drugs misuse needs assessment carried out by Ethnic Minority Health & Social Care Forum amongst the south Asian communities in Brookhouse, Blackburn (*Page 34*)
- ⁹⁸ Holy Trinity Community Network Forum into the needs of the south Asian communities of Tameside. (page 27).
- ⁹⁹ The report of the needs assessment carried out by "The three faiths -one issue partnership group" into the needs of the Hindu, Muslim and Sikh communities of Leicester.
- ¹⁰⁰ The report of the drugs misuse needs assessment carried out by African Health for Empowerment and Development (AHEAD) (*Page 57*)
- ¹⁰¹ Sangster et al, 2002
- ¹⁰² Johnson M and Carroll M, 1995. Dealing with Diversity: good practice in drug prevention work with racially and culturally diverse communities. (2. page 6)
- ¹⁰³ CRE (Commission for Racial Equality) (2001): Statutory code of practice on the duty to promote race equality: A guide for Public Authorities. London: CRE. (4.8 page 22)
- ¹⁰⁴ *Ibid.* (1.3)
- ¹⁰⁵ Johnson and Carroll, 1995. (4. page 34.)
- ¹⁰⁶ *Ibid.* (*Page 38*).
- ¹⁰⁷ The report of the needs assessment carried out by the Nguzo Saba centre into the needs of African Caribbean people of Preston (*page 39*).
- ¹⁰⁸ The report of the drugs misuse needs assessment carried out by Southall Community Drugs Education Project amongst the South Asian communities in Southall (page 54).
- ¹⁰⁹ Report of the drugs misuse needs assessment carried out by Nilaari agency and Black Orchid amongst the Somali community in Bristol (Page 57)
- ¹¹⁰ The report of the drugs misuse needs assessment carried out by Saville community association amongst the Pakistani and Gujrati community in Saville town, Dewsbury (page 32)

¹¹¹ The report of the drugs misuse needs assessment carried out by the Wakefield drugs misuse project amongst the Pakistani community in Wakefield (*Page 18*).

¹¹² The report of the drugs misuse needs assessments carried out by the Simba community alliance amongst the Zimbabwean community in London and Luton (*Page 60*).