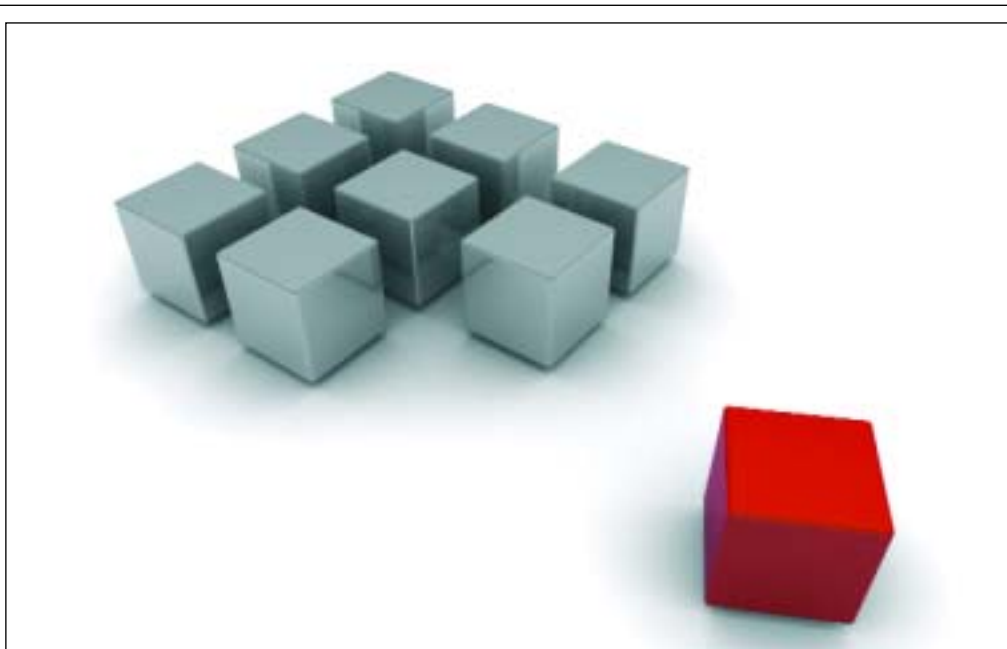


Rules of engagement

Many people feel that services need to become more culturally sensitive and aware in order to engage people from BME communities in treatment.

David Gilliver hears some of the arguments.



It's often stated – but perhaps always worth repeating – that while people from BME communities are over-represented in the drug-related crime statistics they remain under-represented in treatment. Although there's no one reason for this – and no one solution – it does seem that services should be doing more to both engage and retain people from these communities in treatment.

'A lot of the people that we're treating at the moment have gone into the mainstream community drug teams and basically dropped out because they'd found them to be culturally incompetent or insensitive,' says director of Right Start Foundation International, Shaukat Warraich. 'Often service providers seemed to have little understanding of the social issues around drugs, and were not asking the right questions in the counselling or motivational interviews. The treatment providers are not tackling the fundamental issues that made people start taking drugs in the first place.'

Even before that stage however, there is the issue of accessing services in the first place, or even being aware that they exist. 'It's partly about knowing what services are there, and that's not necessarily just relevant to BME groups,' says professor of addiction research at the University of Birmingham's School of Psychology, Alex Copello. 'It's often difficult to know what's available, but

when you add in things like language issues it can be even more difficult.'

In some communities particularly, fears of shame and stigmatisation can play a powerful role. People may be frightened to be seen entering a treatment centre because of repercussions in their community or extended family. 'Stigma is an issue in some groups,' says Copello. 'In some of the Pakistani groups we've been working with, people can be very worried about the impact the knowledge of a drug problem can have on their family or their perception in the community. There are also issues of mistrust – whether things are going to be confidential and so on.'

So what should service providers be doing? 'There are examples of services that are effective at targeting particular communities, so it's a case of trying to learn from the experiences that show it can be done,' says Copello. 'It might involve some kind of outreach, or using community resources where people can go and find out information – for example working with Asian women in a way that might alert them to the fact that there's help available if they're facing a drug problem in the family.'

'In the context of the Pakistani and Kashmiri community in Birmingham, for example, what we've found is that the communities are very responsive to working in that way,' he continues. 'You can engage

with women who are mothers or partners of young people with drug problems and use brief strategies to support them and make them feel more able to cope. You might start with a family member who's affected, but that might lead the person using the drug to start thinking about treatment. Working in that way might also help to engage people in services so it's not just targeting the users – you can have a much broader approach.'

Another priority is perhaps to get more people from the communities themselves into the sector as drug workers and counsellors. 'A lot of the services don't reflect the communities they're serving, but trying to recruit people from ethnic minority communities is a challenge,' says Shaukat Warraich. 'When we started our ethnic minority women's project, for example, we made sure we were meeting them on their territory and speaking their language – they're helped by women similar to them. As a result, we had around 40 women come into treatment within the first three months. Hundreds of people are telling us they know other people affected by drugs or taking drugs and not accessing treatment.'

'As with every service you can get good and bad experiences and good and bad workers,' says Alex Copello, 'but there is a sense that in order to engage people and keep them engaged in areas with high BME populations you need to reflect that in the staff. Ultimately it's about finding the right person for the job, whether people have got the opportunities for training and how to attract the right people. There needs to be work to ensure that those things are balanced.'

So is there any sense that things are improving? 'It's a complex picture and no one strategy is going to lead to an improvement. But to be fair there has been quite a bit of work done over the last four or five years,' says Copello. 'Things are improving, but there's still a gulf and if you look at treatment services they're still mostly engaging particular groups of people that are using particular drugs. People from BME communities tend not to access treatment services in the kind of numbers you would expect, given the amount of drug problems that we know are in those communities.'

Drugs conference 2008 – engaging ethnic minorities on the drugs issue takes place in Birmingham on 20 February. For more information visit www.rightstart.org.uk