Stimulating and Supporting a Black and Minority Ethnic Voice on Drugs Issues

BY

NIALL CROWLEY
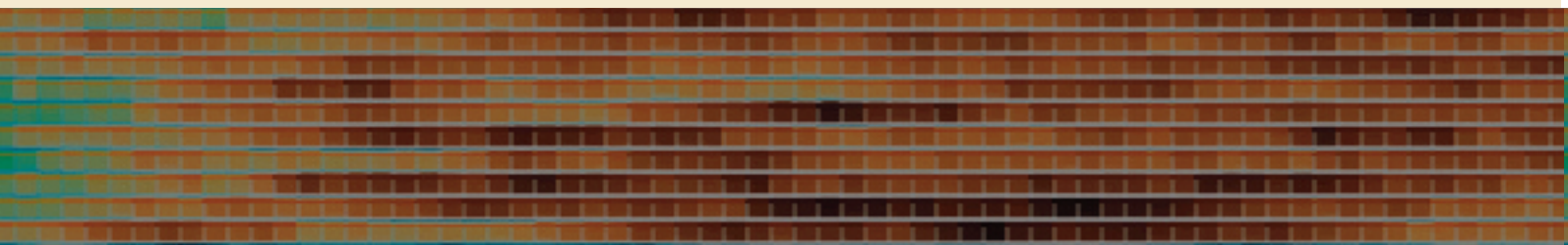
CityWide
CityWide Drugs Crisis Campaign

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Contents

1 INTRODUCTION

1.1 This Paper

CityWide commissioned this paper to explore possible structures and processes through which to engage with, hear the voice of, and empower Black and minority ethnic communities in relation to issues of drug use.

CityWide hopes that such a development would enable it to be informed about the particular needs of those involved in problematic drug use within Black and minority ethnic communities, to enable Black and minority ethnic communities to influence the development and implementation of the National Drugs Strategy, and to support effective policy and service responses to their needs.

The paper was prepared on the basis of interviews with fourteen people involved in community based service provision in relation to problematic drug use (9) and with people involved in Black and minority ethnic organisations (5).

Two research reports on drug use in new communities in the Irish context were reviewed. In 2004 Merchants Quay got a grant from the National Advisory Committee on Drugs and Alcohol to carry out an exploratory study on problematic drug use among new communities.[1] This addressed patterns of drug use, methods of drug use, motivations for drug use, risks drugs users are exposed to, levels of awareness of health promotion strategies and services, and barriers to accessing support services. This noted that carrying out research with drug users from new communities was particularly challenging and demanding. It is a small qualitative study.

In 2009, the Western Region Drugs Task Force commissioned research that presents an overview of new communities in the west of Ireland, explores substance use in their countries of origin, explores substance use in Ireland and among new communities, and reviews the risk factors for substance use in new communities, barriers to effective service utilisation and possible responses.[2]

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[1] Corr C., Drug Use Among New Communities in Ireland – an exploratory study, Merchants Quay Ireland, Research Report of National Advisory Committee on Drugs,2004.

[2] Kelly C., Fitzpatrick C., Nic Gabhainn S., Substance Use in New Communities: A Way Forward, Health Promotion Research Centre, NUIG, Western Region Drugs Task Force, 2009.

1.2 CityWide

CityWide Drugs Crisis Campaign is a national network of community activists and organisations involved in responding to issues of drug use. It works to develop local community capacity to respond to drugs issues, to support and network local groups working on drugs issues, to lobby on policy issues and play a representative role for the community sector on policy bodies, and to encourage an inter-agency and inter-sectoral response to drugs issues. It supports a community development response to drugs issues.

CityWide:

● CityWide facilitates networks of community groups and activists to develop co-ordinated responses to issues affecting their communities and services. Current networks: Local & Regional Drugs Task Force Community Representatives, Drugs Rehab Special CE Projects Network; and Drugs Project Network.

● Is represented on the National Coordinating Committee on Drugs and Alcohol Task Forces, the Oversight Forum on Drugs, the National Advisory Committee on Drugs and Alcohol, and the National Drug Rehabilitation Implementation Committee.

● Has made links with Travellers (Pavee Point), LGBT (BeLonGTo), Service Users (UISCE), and families (National Family Support Network) as communities of interest.

2 POLICY and POLICY STRUCTURE FRAMEWORK

2.1 Drugs Policy

The *National Drugs Strategy 2009 to 2016* was published by the Department of Community Rural and Gaeltacht Affairs. It included 63 actions under five strategic objectives. These objectives were to:

- Create a safer society through the reduction of the supply and availability of drugs for illicit use;

- Minimise problem drug use throughout society;

- Provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs;

- Ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance use in Ireland;

- Have in place an efficient and effective framework for implementing the National Substance Misuse Strategy 2009 - 2016.

There was limited mention of 'New Communities' in the National Drugs Strategy:

- There is an action under the treatment and rehabilitation pillar commits to address the treatment and rehabilitation needs of: Travellers; New Communities; LGBT people; Homeless people; and Sex Workers. This should be facilitated by engagement with representatives of those communities and/or services working with those groups as appropriate.

- Under the coordination pillar there is a commitment to continue to develop engagement with specifically identified at risk groups, including: Travellers; New Communities; LGBT people; Homeless people; and Sex Workers at the appropriate national/regional/local level in the design and planning of interventions under the National Drugs Strategy.

There is little evidence reported of action in relation to new communities on foot of these commitments. The strategy is currently being replaced by a new

National Drugs Strategy, a process that is being led by the Department of Health.

2.2 Drugs Policy Structures

The implementation framework for the *National Drugs Strategy* included:

- An Office for the Minister for Drugs to advise and support the Minister for State.

- The Oversight Forum on Drugs oversees progress in implementing the National Drugs Strategy and addresses any emerging issues. It has an inter-agency and cross-sectoral membership.

- National Coordinating Committee on Drugs and Alcohol Task Forces was established to drive implementation of the National Drugs Strategy at local and regional level. It has a role to promote effective coordination between the statutory and community sectors. It is chaired by an official from the Department of Health. It has two community sector and two voluntary sector representatives.

- Local Drugs and Alcohol Task Forces were established in 14 local areas with high levels of drug use. Ten regional Drugs and Alcohol Task Forces ensure all areas of the country are covered. The Task Forces coordinate action on drugs issues and implement the National Drugs Strategy through action plans that are focused on supply reduction, prevention, treatment, rehabilitation and research and that reflect the needs of their areas. Funding from the Drugs Initiative supports local projects set up by the Task Forces.

There is no reference to participation by new communities in these policy structures.

The strategy noted a lack of information on the prevalence of drug taking among new communities. It identified action by the HSE and NGOs representing new communities, as part of the Intercultural Health Strategy to engage with members of new communities through focus groups to ascertain their views.

Pavee Point have argued for their own representation on drugs policy structures. A Traveller Framework document was prepared by a subgroup of National Coordinating Committee on Drugs and Alcohol Task Forces. This was referred to National Traveller and Roma Integration Strategy.

2.3 Integration Policy and Policy Structures

The *National Intercultural Health Strategy 2007-2012* noted that while "issues concerning the accessing of addiction services were not prominent in regional consultations and focus group discussions, concerns around drug usage in minority ethnic communities were raised in a number of written submissions. Communities at most risk in this regard included Travellers and members of new minority ethnic communities in the country".

The strategy was concerned with issues of service accessibility by members of minority ethnic groups. Commitments in this regard included training and associated initiatives for the provision of culturally competent, anti-racist and non-discriminatory services, roll-out of the ethnic identifier to be followed by research on referrals of minority ethnic service users to secondary and tertiary care, and coordinated development of guidelines around the production and application of translated material.

In 2008, the Office of the Minister for Integration published *'Migration Nation: Statement on Integration Strategy and Diversity Management'.* The policy attention to issues of integration of new communities, however, diminished over the past decade. The Office of the Minister for Integration has been incorporated as a division of the Department of Justice and Equality as the Office for the Promotion of Migrant Information. It has a cross-departmental remit. A review of the integration strategy was announced and commenced in March 2014. A new *Migrant Integration Strategy* was published in February 2017 by the Department of Justice and Equality.

There is a commitment in the new strategy to mainstream integration issues in the work of Government Departments and agencies and, in particular, in strategy statements, annual reports and other documents. There is a commitment for these bodies to ensure appropriate regular engagement with NGOs representing migrant groups. Intercultural awareness training is to be provided to all Government Departments and agencies. There is a commitment to develop the second National Intercultural Health Strategy.

A Strategy Committee will be established to oversee implementation of the Migrant Integration Strategy. It will include representatives of Government Departments, key public bodies, local authorities and NGOs. This committee will have a remit to assess whether further actions are required and to make recommendations in this regard.

The *Monitoring Report on Integration 2016* of the Department of Justice and Equality and the ESRI uses existing data sources to provide an up-to-date picture of the situation of Black and minority ethnic communities in employment, education, social inclusion, active citizenship, and skills and competencies. Health status is covered under social inclusion with income and housing. There is no focus on problematic drug use.[1]

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[1] Barrett A., McGinnity F., and Quinn E., Monitoring Report on Integration 2016, Department of Justice and Equality and the ESRI, 2017.

2.4 Equality Policy

The **Irish Human Rights and Equality Commission Act 2014** requires public bodies to have regard to the need to eliminate discrimination, promote equality, and protect human rights in fulfilling their functions. Public bodies are required to identify the equality and human rights issues relevant to their function and to set out the polices, plans and action in place or to be put in place to address these issues. Public bodies are further required to report annually on the progress made through these policies, plans and actions.

This provision marks a new departure in policy making and planning and places equality and human rights considerations at the heart of such processes in the public sector. Its implementation in the next iteration of the National Drugs Strategy would serve the inclusion of Black and minority ethnic communities alongside other groups experiencing inequality.

3 ISSUES

3.1 Extent of problematic drug use

There is limited research on problematic drug use among Black and minority ethnic groups in Ireland. Two small studies were identified, one from 2004 based on a small sample with a particular focus on Dublin[2] and one from 2009 focused on the western region.[3] An ethnic identifier is used in the National Drug Treatment Reporting System of the Health Research Board which should be an important source of data. However, issues of lack of presentation to the appropriate services by Black and minority ethnic people might limit its usefulness in assessing the extent of problematic drug use among these communities. It is clear that more data and further research is required to make any such an assessment.

The 2004 research found indications of "the existence of problematic drug use among new communities in Ireland with a range of drugs being used and administered in different ways". The 2009 research found "Little evidence of a real and substantial problem that requires immediate fire-fighting action. Relative to the rest of Ireland, the western region has few new community members and they are not concentrated in particular socio-economically disadvantaged communities, although that may change. Some of the real challenges facing service providers in other areas and other countries are not as urgent here" and "In the west we face a situation where the risk factors for substance use that have been identified elsewhere exist or are emerging among new communities and thus the opportunity now exists for coordinated preventive action". Regional variations in drugs use and in policy priorities are evident.

Interviewees for this paper from Black and minority ethnic organisations predominantly reported that the issue of problematic drug use has not emerged in their work. One interviewee suggested this might be because of the filters they use with immigration status and related issues being their principal concern. Another interviewee working in a migrant led organisation suggested that barriers of community shame and fear of being labelled as bad parents might be a reason for silence on this issue. This interviewee did note members had expressed concerns about drugs as a threat for their teenage children. One interviewee from another migrant led organisation said problematic drug use was hidden but was a significant issue. Fear of messages being sent back home, shame and lack of trust meant people were not willing to talk about it.

[2] Corr C., Drug Use Among New Communities in Ireland – an exploratory study, Merchants Quay Ireland, Research Report of National Advisory Committee on Drugs,2004.

[3] Kelly C., Fitzpatrick C., Nic Gabhainn S., Substance Use in New Communities: A Way Forward, Health Promotion Research Centre, NUIG, Western Region Drugs Task Force, 2009.

Interviewees from community based service provider organisations were clear that problematic drug use was an issue for Black and minority ethnic communities, but that numbers were not available. Often, different communities were engaged in the use of different substances. Concern was expressed for the next generation who were seen to be at particular risk due to their specific circumstances in the integration process.

3.2 Barriers to presenting

Interviewees from community based service provider organisations stressed that members of Black and minority ethnic communities were not engaging with the services available. The lack of engagement with services was identified as posing future problems in that the work of prevention was limited. Prevention work was seen as particularly relevant for these communities.

Low levels of presenting were identified in the 2004 research. This was seen as due to barriers of: lack of knowledge of existing drug services, language difficulties, shame and stigma associated with drug use, fear of breach of confidentiality, racism, lack of treatment options for some patterns of drug use.[4] The 2009 research identified barriers of: intense shame and stigma and high motivation to protect self and family and community from being negatively labelled as well as issue in relation to service provision and lack of information about services.[5]

Community shame, that is both shaming of a person or group within their own community and the risk of a person or group shaming that whole community, was identified by many interviewees as a barrier to presenting to service providers and to developing any dialogue within communities about the issue. The absence of fora within which Black and minority ethnic communities could discuss, explore, and develop responses to problematic drug was identified as a problem.

A number of interviewees identified limited knowledge within some communities as a barrier. People do not know where to turn to. Parents don't know the signs to look out for in their children. This lack of information and exposure was seen as having a possible positive side in that, once addressed, this can allow change at a quicker pace.

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[4] Corr C., Drug Use Among New Communities in Ireland – an exploratory study, Merchants Quay Ireland, Research Report of National Advisory Committee on Drugs,2004.

[5] Kelly C., Fitzpatrick C., Nic Gabhainn S., Substance Use in New Communities: A Way Forward, Health Promotion Research Centre, NUIG, Western Region Drugs Task Force, 2009.

3.3 Service provision

An absence of targeted services was identified as problematic. Specific addiction counselling, in particular, was seen by interviewees as important in a context of cultural difference. Where general services were not being accessed, dedicated outreach programmes become important. The need for outreach was stressed. Some interviewees noted that harm reduction strategies are not aligned with the expectations of some communities and that perspectives within Black and minority ethnic communities on responses to drug use need to be a focus for ongoing dialogue.

It was suggested by many interviewees that mainstream services needed to change in adapting to culturally diverse service users. The 2009 research identified a range of issues in relation to mainstream service provision that presented barriers to Black and minority ethnic communities. These included: attitudes of service professionals, discriminatory behaviour and stereotyping, absence of cultural competency, and racism.[6] Interviewees from community based service providers identified a lack of awareness among mainstream service providers and within their own organisations. They highlighted that basic intercultural training was not being provided to staff and that such training did not appear to be available.

The importance of employing Black and minority ethnic people in these mainstream and community based services was pointed to by interviewees. This enables services to be more sensitive to cultural difference and promotes trust by Black and minority ethnic communities in the services. Examples were given by interviewees of initiatives in training and employing people from these communities. However, in some of these, trained people had progressed through the training into other areas and funding cuts had cut short the employment of Black and minority ethnic people.

There was a concern that existing prevention programmes are not getting through to Black and minority ethnic communities. Language differences were identified as a barrier. Young people, in particular, were seen as difficult to reach. The emphasis on leaflets over face-to-face or on-line communication was noted as problematic.

Diversity within Black and minority ethnic communities needs to be addressed. This was raised in terms of women and men, LGBT people, and young people. When it comes to new communities, second generation migrants have been identified internationally as being at particular risk of problematic drug use.

Interviewees articulated a concern for young people in suggesting it takes a generation for impact of the drugs scene to become evident. This next generation of migrants have specific stresses in grappling with new and old identities. Hierarchical structures in place that currently influence and protect them and that can make things happen, could break down over time.

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[6] Kelly C., Fitzpatrick C., Nic Gabhainn S., Substance Use in New Communities: A Way Forward, Health Promotion Research Centre, NUIG, Western Region Drugs Task Force, 2009.

This puts this next generation at risk. Drugs come into the community when such hierarchies break down. Interviewees argued, on this basis, for the need to build links now with these communities but this is not happening.

3.4 Black and minority ethnic organisations

Interviewees from community based service provider organisations working with people engaged in problematic drug use suggested that there was limited engagement with issues of problematic drug use by mainstream Black and minority ethnic organisations. It was suggested that, given the scale and range of issues these organisations are dealing with, problematic drug use does not get onto their list of priorities.

Black and minority organisations pointed to a lack of resources as the main barrier to getting involved in issues of problematic drug use. They suggested that, ultimately, they are demand led and they don't have resources to be proactive where a demand is not raised. Lack of resources means that outreach is limited and capacity to take on more issues is non-existent. There is a need to resource these organisations if the issue of problematic drug use is to be taken up by them. A number of these organisations were interested in being involved in this issue if resources allowed.

3.5 Context

A number of interviewees presented the failure to invest adequately or appropriately in integration as an underlying issue in this debate. Integration, it was suggested, had failed to date. The rollback in focus on integration created a less favourable context within which to bring forward issues and Black and minority ethnic groups fell off the radar. Integration needs to be put back on the agenda with adequate resources. The new Migrant Integration Strategy was seen as having to drive this.

The particular contexts for asylum seekers and undocumented migrants was pointed to as being at issue in this debate. Direct provision was identified as problematic.

4 DIFFERENCE

Difference where it comes to problematic drug use in Black and minority ethnic communities underpins the need for a specific focus on these communities in policy and a specific place at the table in deliberating on policy. Difference points to specific risk factors, patterns of drug use, service needs, and communication channels that must be accommodated in policy and provision. In making the case for inclusion, it is useful to set out the nature of this difference. This can be done under the headings of situation, experience and identity.

4.1 Situation

Members of Black and minority ethnic communities can share situations of unemployment, homelessness, and low income with others involved in problematic drug use. However, precarious legal or immigration status is a particular situation for some members of these communities.

There are specific fears in attending addiction services that this might influence one's legal status. Issues of trust and confidentiality are to the fore with fears of deportation or other repercussions. There are specific risk factors associated with the stress of direct provision for asylum seekers. Access to services is significantly more difficult when undocumented.

Some members of Black and minority ethnic communities face specific situations of isolation. This can be due to lack of integration or the absence of support structures, with one's family and friends not being in the country. It can be due to the lack of community formation for some groups. Lack of local information means that people don't know how to navigate the system, cannot differentiate between community and state provision, and can be daunted by complex forms.

Different situations are also seen in how the addiction story developed for different groups. Different drugs scenes are evident in that the substances different groups are using can be different. The dynamic of the substances themselves can influence the approach required. The 2004 research found that first generation migrants were adopting drug use patterns similar to those in their countries of origin whereas younger members were more likely to be mixing with their Irish peers and adopting similar drug use patterns. Cultural variations were noted in the 2004 study with Africans more likely to smoke cocaine and, in some cases heroin, and with Eastern Europeans more likely to inject heroin.[7]

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[7] Corr C., Drug Use Among New Communities in Ireland – an exploratory study, Merchants Quay Ireland, Research Report of National Advisory Committee on Drugs,2004.

4.2 Experience

Experience refers to the relationship and engagement of a particular group with other dominant groups in the society. Inequality rooted in racism, discrimination on the ground of racial or ethnic origin, and prejudice and stereotyping in relation to cultural difference is a specific experience for Black and minority ethnic communities. This inequality can drive the levels of problematic drug use and can present as a barrier to accessing or seeking to access services.

Racism can be both individual and institutional. Individual racism can involve physical and verbal abuse as well as holding and articulating stereotypes. Institutional racism can emerge, often unconsciously, in the procedures and practices of institutions employing or providing services to Black and minority ethnic people. A lack of cultural competence and a failure to make adjustments to address the practical implications of cultural difference forms part of institutional racism. Racism at individual and institutional levels presents specific risk factors for Black and minority ethnic communities.

Specific risk factors for involvement in problematic drug use related to such experiences were identified in 2004 research. These included: stress of applying for asylum, lack of family network or social supports, unemployment, experiences of trauma in the past. Among younger members it was a route to gaining acceptance with Irish peers.[8] Risk factors identified in the 2009 research included: social exclusion in direct provision centres and in deprived communities, loss of social networks and support structures, discrimination and lack of acceptance.[9] Traumatic experiences, fears for the future, and the strain of being undocumented and illegal status were also identified.

Inequality can drive the levels of problematic drug use and can present as a barrier to accessing or seeking to access services

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[8] Corr C., Drug Use Among New Communities in Ireland – an exploratory study, Merchants Quay Ireland, Research Report of National Advisory Committee on Drugs,2004.

[9] Kelly C., Fitzpatrick C., Nic Gabhainn S., Substance Use in New Communities: A Way Forward, Health Promotion Research Centre, NUIG, Western Region Drugs Task Force, 2009.

4.3 Identity

Identity refers to the norms, values, and fields of communication or interaction of the group. Identity throws up specific needs that pose challenges internally and externally in relation to members of Black and minority ethnic communities involved in problematic drug use. Internally, within the community, it can be hard to acknowledge one has a drug problem. Drug use is a taboo subject and there can be particular stigma and a lack of support within their communities for people using drugs.

Young people can struggle in coping with issues of identity. They can be integrated in the wider society in different ways than their parents and hold different perspectives on countries and cultures of origin. In facing issues of racism and of seeking peer acceptance they can face particular stresses.

Externally, organisations and institutions are challenged to adapt to cultural difference and different identities. Different communities require different approaches to service provision. In a context of widespread racism, a commitment to cultural diversity and different identities needs overt expression in, for example, the decoration of spaces, the languages in use or the employment of minority ethnic workers.

Cultural difference can be intangible. There can, for example, be a tradition of directness within one group that is experienced as aggression by another group. The translation of messages from one language to another can give different and unintended meanings. This demands awareness and feedback loops that can address misunderstandings as they arise. It poses particular challenges in ensuring effective communications. The messages used in providing information and building awareness can be different to the messages received where the interpretation of words and symbols are socially informed by different identities.

Drug use is a taboo subject and there can be particular stigma and a lack of support within their communities for people using drugs
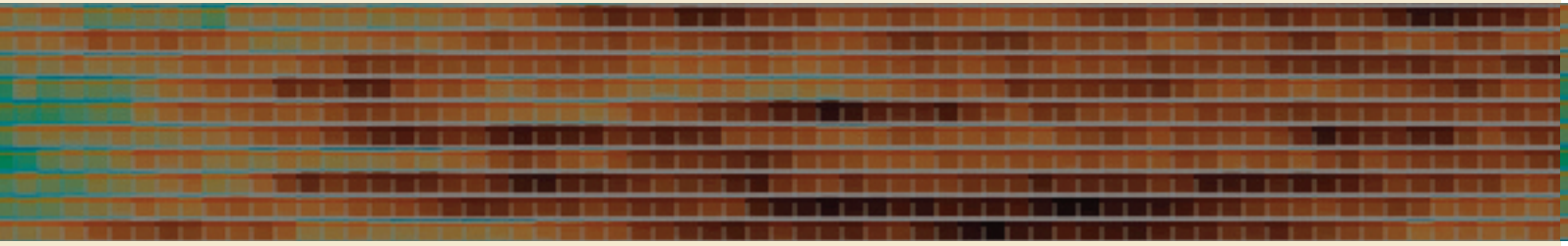
5 CHANNELS OF COMMUNICATION

A number of channels for communication by service providers with Black and minority ethnic communities and for making contact with individuals involved in problematic drug use were identified by interviewees. These were:

Word of mouth

Word of mouth communication follows from building trust with individuals from within Black and minority ethnic communities. Good experiences for and relationships built with individuals in the services provided get communicated back to others in the community.

Outreach

Outreach activities are identified by most interviewees as key to engaging with Black and minority ethnic communities. This can take a range of forms including one to one contact in places where Black and minority ethnic communities congregate and through engaging with organisations that involve members of these communities. Outreach activities can bring the service provider into contact with key people within these communities who can enable further access to their communities or to communication channels used by their communities. Volunteers can emerge from outreach work who can be trained as peer contacts.

Peer contact

Peer contact can be developed through members of Black and minority ethnic communities being employed in the services or through individual connectors within these communities that serve as a bridge between service providers and those involved in problematic drug use within their communities.

Peer workers and individual connectors can be where their community members are and that is their key strength. They can, however, face barriers where members of their

own community do not want them to know about their problems. Community shame can kick in to block contact.

Peer worker and individual connector can be complex roles to play. The danger of maverick individual connectors who want to own the community, the work and the resources that come with it was pointed to by one interviewee. Peer workers and individual connectors need to be competent, connected and trusted. They have to hold a knowledge base in relation to addiction and addiction services to be relevant. People who have credibility with the communities and who know the technical elements are required. They need training and back-up.

The 2004 research[10] and the 2009 research emphasised the value in recruiting staff from new communities. The 2009 research identified the role of these workers as intercultural mediators but suggested that this role required some further research and exploration particularly in relation to their acceptability to service users.[11]

Schools

Schools with a high concentrations of minority ethnic students were identified as important points of connection and channels of communication by community based service providers. Service providers can build a relation-ship with the school, visit the schools, channel information and leaflets through the schools, and get teachers to refer young people to them.

Youth sector

One interviewee identified the challenge to encourage Black and minority ethnic young people to go to youth services. General invitations did not work but targeted sessions enable these young people to get involved and eventually participate in other activities. Youth organisations can do work with young people on drugs. The need to also do work on equality to enable an integrated setting was emphasised.

[10] Corr C., Drug Use Among New Communities in Ireland – an exploratory study, Merchants Quay Ireland, Research Report of National Advisory Committee on Drugs,2004.

[11] Kelly C., Fitzpatrick C., Nic Gabhainn S., Substance Use in New Communities: A Way Forward, Health Promotion Research Centre, NUIG, Western Region Drugs Task Force, 2009.

Churches

Interviewees recounted mixed experiences of churches as organisational connectors. For some the churches were key. Service providers had been offered access to the faith community, church leaders had linked well with service providers, and referrals had been enabled. It was noted that to gain access to and dialogue with some churches can be hard. Some churches can be judgemental and punitive in attitudes to drug use. They can reflect back issues of internal community stigma around the issue.

Businesses

HIV Ireland started with focus groups for new communities about sexual health issues but no one came. Then they did outreach on Moore Street regularly every week with signs in different languages offering condoms. This was a slow burning process but ultimately very successful. They got the trust of local minority ethnic businesses which became their organisational connectors. These businesses held information for them, referred people to them, and tested out new information messages for them.
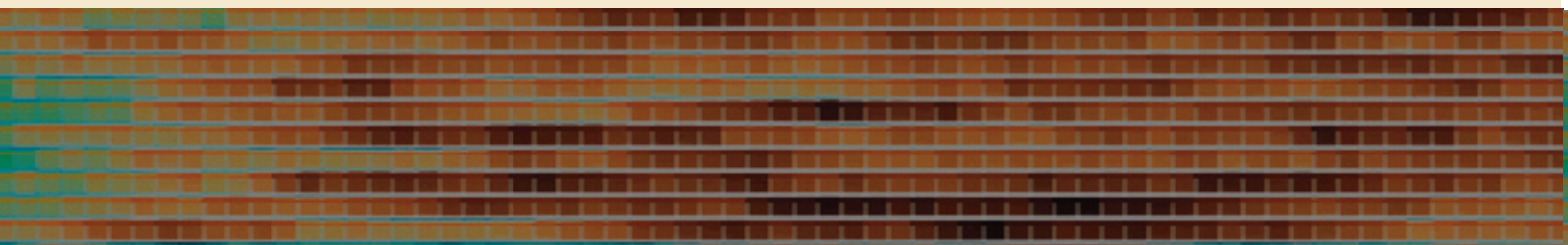
6 Informing Policy Makers

T he 2004 research recommended that people representing new communities should be included in the decision-making processes of drug agencies, on management committees, and on Drugs and Alcohol Task Forces. The 2009 research recommended that members of new communities be involved in all aspects of service planning and delivery and that appropriate representatives need to be identified and trained.

Interviewees identified a number of possible channels for informing policy makers in the drugs area on the issues for Black and minority ethnic communities. These were:

Document stories

Individual stories of Black and minority ethnic people involved in problematic drug use can offer insights for policy makers.

A series of such stories could be documented to capture the range of policy issues that need to be addressed in order to secure appropriate and effective service provision and preventive responses.

Research

Research is needed to better inform policy. This research could generate more in-depth knowledge of the nature and the extent of problematic drug use in Black and minority ethnic communities, of the link between ethnicity, social exclusion and problematic drug use, and of the diverse causal factors for problematic drug among these communities.

A clearer research role could be played by the National Advisory Committee on Drugs and Alcohol in this regard. Migrant led and participative research could make a particular and specific contribution.

Ethnic identifier

The use of an ethnic identifier by service providers makes drug use among Black and minority ethnic people visible

and provides a key source of data on those involved in problematic drug use. This data needs to be analysed on a regular basis and made available to policy makers, with the caution that low rates of presentation mean this is not yet a full picture.

An ethnic identifier based on the census formula is used in HRB forms. However, Drugs and Alcohol Task Forces do not seek information on the ethnicity of those supported in their project assessment forms.

Training.

Training for cultural competence can create necessary awareness, understanding, and skills among policy makers. Such training should involve members of Black and minority ethnic communities. This training enables policy makers to make informed decisions that take account of the specific situation, experience and identity of Black and minority ethnic communities.

Mutual education.

Processes of mutual education involving service provider organisations and organisations working with Black and minority ethnic communities would enhance the cultural competency of service providers and would upskill the community organisations on issues of problematic drug use.

This would enable these community organisations to play a policy role in this field. To-date contact with these organisations has been limited. There is an interest in this approach among interviewees who emphasised the importance of the people affected being enabled to speak up.

Community based service providers

Service providers, in particular community based service providers, need to put forward, in policy fora, the issues of the full diversity of people engaging with their services.

They hold key information for policy makers and need to use some of their negotiating capital to bring forward the issues of Black and minority ethnic people involved in problematic drug use.

Connectors

Individual connectors and peer workers from within Black and minority ethnic communities offer a foundation from which to start drawing in the voice of people from these

communities into policy deliberations in relation to tackling problematic drug use.

Organisational connectors can play a role too. The North Inner City Drugs Task Force engaged schools as connectors in policy deliberation. It targeted transition year students in schools, and continues to do so on a regular and formal basis, to consult with them on issues of drugs and drug use.

Task Force Structures

The 2009 research identified the need to develop and fund a multi-disciplinary, cross-sectoral forum under the auspices of the Western Region Drugs Task Force which can engage in the planning process to render all services accessible.[12]

Drugs and Alcohol Task Forces are well positioned to included local Black and minority ethnic organisations in their structures.

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[12] Kelly C., Fitzpatrick C., Nic Gabhainn S., Substance Use in New Communities: A Way Forward, Health Promotion Research Centre, NUIG, Western Region Drugs Task Force, 2009.
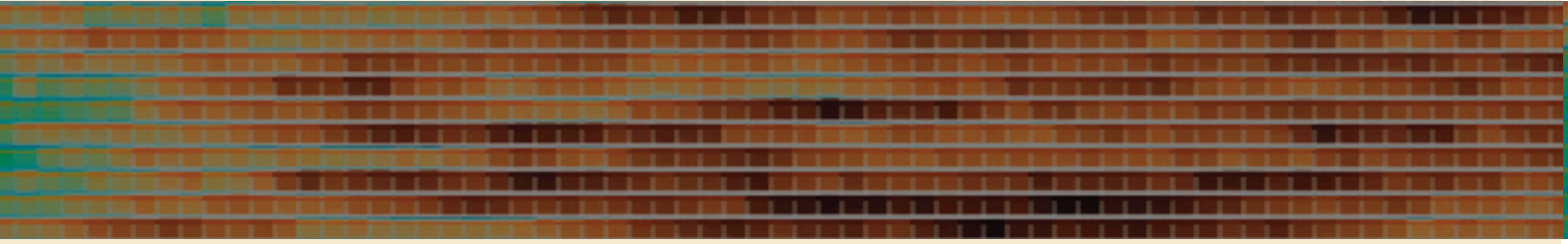
7 Conclusions and Recommendations

7.1 Conclusions

Policy and provision in relation to problematic drug use have yet to respond appropriately and adequately to the needs of Black and minority ethnic communities. Institutional structures to underpin this policy and provision have yet to adequately engage the voice of these communities. This has happened in a context where, after a promising start, policy and provision on integration of new communities over the past decade has been limited.

Problematic drug use is an issue within Black and minority communities and there are particular challenges of prevention in relation to the needs of the next generation. There is a lack of information on the nature and extent of problematic drug use within these communities. There are, however, regional and community variations in both.

Many Black and minority ethnic people are not presenting at service providers and face a range of specific barriers in this regard. Capacity and provision for outreach services are limited. Cultural competence among service providers can be low and resources to address this limited. Prevention strategies still need to gear up to adequately and effectively communicate with Black and minority ethnic communities.

Difference needs to be taken into account in policy and service provision in this field. Black and minority ethnic people come from specific situations due to their legal and immigration status and due to isolation from family, friends and community. They come with specific experiences of racism, discrimination and stereotyping. They hold specific identities with their associated norms, values and fields of communication that raise particular issues of identity struggles in a context integration, of community shame in relation to drug use, and the challenge to service providers to adapt to both the tangible and intangible elements of different cultures.

Community based service providers have developed an array of communication channels with Black and minority ethnic communities. These include word of mouth and outreach. They involve peer contacts through peer workers and individual connectors. They include organisational connectors such as schools, youth organisations, churches and minority ethnic businesses.

A number of approaches to informing policy makers about the needs of Black and minority ethnic communities could be pursued. These include making these needs visible through documenting the stories of problematic drug users from Black and minority ethnic communities, research and the use of an ethnic identifier. They involve building new awareness among policy makers, Black and minority ethnic organisations and service providers through cultural competence training for policy makers and mutual education processes for

service providers and Black and minority ethnic organisations. Community based service providers, individual and organisational connectors, and representation on Task Force structures could be used to channel the needs of Black and minority ethnic communities into the relevant policy fora.

7.2 Recommendations

Citywide in seeking to be informed about the particular needs of Black and minority ethnic communities, to enable them to influence the National Drugs Strategy, and to support effective policy and service responses to their needs, could:

1   Promote an adequate and appropriate response to members of Black and minority ethnic communities involved in problematic drug use in the National Drugs Strategy and the National Intercultural Health Strategy. This could involve effective implementation of the public-sector equality and human rights duty in drafting the strategies. Citywide could bring forward a policy agenda that seeks commitment to:

    a   A dual strategy of targeting activities on these communities, in particular through outreach activity, and of securing their access to mainstream services, in particular through cultural competence training.

    b   Foster up-take of services through peer led initiatives, processes of mutual education, and the use and analysis of an ethnic identifier.

    c   Developing and implementing creative and effective processes of consultation with these communities on issues of problematic drug use such that their voice has influence in policy fora.

2   Develop and facilitate a process of mutual education involving Citywide, community based service providers, and Black and minority ethnic organisations in order to:

    a   Further build cultural competence and knowledge about the situation, experience and identity of Black and minority ethnic communities and the implications of these, among service providers.

    b   Develop capacity and commitment, among Black and minority ethnic organisations, to take up issues of problematic drug use in their policy work.

3   Commission a compilation of stories of Black and minority ethnic people involved in problematic drug use that captures the diversity of histories, the experience of difference, and the issues in accessing services.

4   Promote and support research on problematic drug use within Black and minority ethnic communities by individual Task Forces through the National Advisory Committee on Drugs and Alcohol.

5 Encourage and support Regional and Local Drugs and Alcohol Task Forces to:

    a Take steps to develop and include Black and minority ethnic representation.

    b Take initiatives, based on this paper, to respond to the needs of Black and minority ethnic people involved in problematic drug use and to address the barriers they face in accessing services.

    c Use an ethnic identifier and analyse the results from this.

6 Develop initiatives to strengthen the roles of individual and organisational connectors in the policy process including by:

    a Networking individual connectors and supporting their capacity to inform and influence policy-makers.

    b Develop and promote models for organisational connectors that encompasses how schools, businesses, churches and youth organisations could play this role and how policy makers and service providers could engage and consult with them in this role.

7 Identify providers of cultural competence training and promote the uptake of this training by relevant policy-makers.

7.3 Next Steps

The first steps in implementing these recommendations could usefully include:

    1 Publish the paper and disseminate among policy-makers, community service providers, general service providers, Black and minority ethnic organisations and, though them, Black and minority ethnic communities.

    2 Model a mutual education event involving CityWide, community service providers, and Black and minority ethnic organisations.

    3 Develop, through the mutual education event, a process of gathering stories of a variety of Black and minority ethnic people involved in problematic drug use.

    4 Design and disseminate models for operationalising key organisational connectors identified at the mutual education event.

    5 Input the findings of this paper into the process of developing a new National Intercultural Health Strategy.
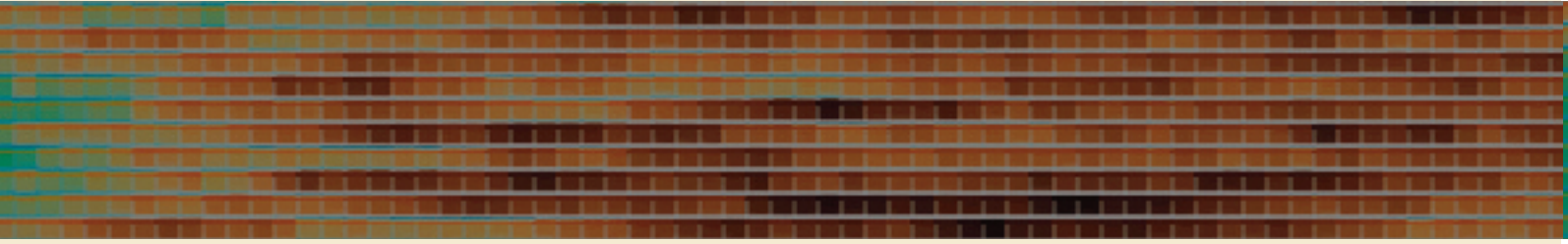
Appendix

Appendix

1. Interviewees

- Alan Cleere, Rialto Community Drugs Team, Dublin.
- Amos Ngugi, Acts of Compassion Projects, Dublin.
- Anca Lupu, New Communities Partnership
- Erin Nugent, HIV Ireland, Dublin.
- Fergus McCabe, ex NYP, Dublin.
- Graham Ryall, Rialto Community Drugs Team, Dublin.
- Iryna Pokhilo, CAIRDE
- Joe O'Brien, Immigrant Council of Ireland
- Mella Magee, Community Development Worker, Community Outreach Drug & Alcohol Awareness Project, Cork City Partnership, Cork.
- Passarose Mantoy-Meade, Chrsyalis Community Drug Project, Dublin.
- Richard Carson, CEO, ACET Ireland, Dublin.
- Salome Mbugua, AKIDWA
- Teresa Buczkowska, Immigrant Council of Ireland
- Tonya Myles, CAIRDE

2. Literature

Corr C., Drug Use Among New Communities in Ireland – an exploratory study, Merchants Quay, Research Report of National Advisory Committee on Drugs,2004.

Kelly C., Fitzpatrick C., Nic Gabhainn S., Substance Use in New Communities: A Way Forward, Health Promotion Research Centre, NUIG, Western Region Drugs Task Force, 2009.

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