

# South Asian communities, drug supply and substance use in Blackburn: what is the potential role for the Drug Advisory Group?

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*“the lesson that we can take from the Prophet Muhammad ‘peace be upon him’ is that changing substance using behaviour is a process that takes time and support”.*

*Maulana - Blackburn*

# Acknowledgements

The authors gratefully thank a total of 16 individuals, who must remain anonymous and who gave their time to be interviewed. They comprise police officers; community workers; teachers; Imams and Mosque & Madrassah teachers; drug workers; and DAAT representatives.

# The International School for Communities, Rights and Inclusion

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The International School for Communities, Rights and Inclusion (ISCRI) is a new and dynamic body at UCLan which has absorbed the principal functions and expertise of the Centre for Ethnicity & Health (CEH), and brought them together with those of the Centre for Professional Ethics (CPE), the Centre for Volunteering and Community Action (CVCA), the Institute for Philosophy Diversity and Mental Health (IPDMH) and Islamic Studies.,

The School builds on the success and innovation demonstrated by CEH over the last decade in its extensive work with diverse groups who experience discrimination and/or disadvantage<sup>1</sup>. The guiding ethos that has underpinned CEH's community-based research, now managed within ISCRI, is that the process should benefit those who are being researched. Through this approach acclaimed models of community engagement and organisational change have been developed.

The model of community engagement pioneered by CEH is distinguished by the way it dynamically engages community groups and individuals through their direct collaboration with a wide range of service providers and planners. This model has previously been implemented successfully across a wide variety of communities. These have represented some 35 different ethnic groups and nationalities with programme funding of over £12 million provided by central government and regional and local agencies for engaging over 300 community groups. More than 1,500 individuals have been recruited: consulting and engaging over 40,000 community members. These programmes have been commissioned specifically to address recognised gaps in the engagement of marginalised and excluded communities in meaningful and sustained ways in the design, development and delivery of a range of public and voluntary sector services (eg policing, criminal justice, problematic drug use, mental health, regeneration, sexual health and education).

CEH now finds a home within the new international school at UCLan which will dynamically develop its work in key areas. The new School combines four existing Centres with a number of subsidiary Institutes and programmes into a cohesive arrangement.

ISCRI has a newly established partnership with the British Muslim Heritage Centre in Manchester bringing important networking opportunities for academic collaboration and development in the Gulf and Middle East, in South Asia, and across the world. ISCRI's focus also revolves around community action, social enterprise and with the strengths of CPE and IPDMH will create an international Institute of Mental Health.

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<sup>1</sup> These have included Black and minority ethnic communities; refugees and asylum seekers; offenders; people with disabilities; mental health service users; lesbians, gay men, bisexual and transgendered people; older people; and young people at risk of developing health and social harms.

## 1. RATIONALE FOR THE STUDY

The main purpose of this small exploratory study was to examine the perspectives of key stakeholders about the following core issue:

- What is the potential role for the Drug Advisory Group (DAG) in addressing issues around drug use and drug supply amongst South Asian communities in the Bastwell and Brookhouse areas?

The following supplementary issues were also examined:

- What is the extent and nature of drug supply and substance use amongst Blackburn with Darwen's South Asian populations?
- What is the current uptake of services by South Asians in Blackburn with Darwen?
- What do people feel are the barriers to service access amongst South Asians?
- What is the role for the DAAT in addressing any identified barriers? and
- How can partnership working be established?

The stakeholders comprised: representatives of the Drug Advisory Group and relevant professionals from the DAAT, drugs services and the criminal justice system.

The report makes recommendations for the DAG, the DAAT and provider services on future initiatives which could improve drug related provision and education to South Asian people in Blackburn.

## 2. METHODS

### **Data sources**

In order to achieve the study's aims, the project explored a range of perspectives on the issues surrounding changing aspects of drug supply and substance use in Blackburn.

In total, data were collected from 16 individuals, who were interviewed.

Individuals and organisations were chosen to represent as wide a range of experiences as possible in view of the resources allowed for the study.

The sample comprised:

- Representatives from DAG (n=7).
- Professionals and other respondents who have had contact with those involved in drug supply – police, drugs services, DAAT (n=6).
- Professionals from peer-led drug support services nationally that have developed strategies to improve the recruitment of Black and minority ethnic clients (n=3).

### **3. DRUG AND ALCOHOL USE AMONGST SOUTH ASIAN'S IN BLACKBURN**

The financial resources for this project did not allow for any detailed examination or analysis of changing patterns of drug and alcohol use.

The majority of respondents from DAG suggested that drug and alcohol use amongst young South Asians in Blackburn is rising. Most feel that levels of use are currently higher amongst young men although levels of use amongst young women are also said to be rising. Most of the evidence provided for these assertions was anecdotal. Many explained these changing patterns of use by discussing notions such as the tendency amongst younger generations for experimentation. A few also explained rising levels of drug and alcohol experimentation and use by describing younger South Asians as increasingly westernised.

Most DAG respondents felt that the patterns of use amongst young South Asians are very similar to those found in other population groups. The responses of those who work for drugs services suggested that levels of drug use amongst South Asians are similar or slightly lower than those seen in corresponding white communities.

Some individuals from DAG advanced notions of a 'gateway theory' in which people who begin using cannabis quickly progress to using other drugs and that those who begin with recreational repertoires progress to problematic using behaviours. These notions have largely been discredited by an extensive research literature which, as described below, suggests that drug problems are framed by other predisposing factors.

Some suggest that levels of knowledge and understanding about drugs and alcohol amongst South Asian parents are still very low.

The remainder of this section addresses the following issues: risk and protective factors, the evidence in relation to a number of specific drugs, concluding with a summary of main points.

#### **Risk and protective factors**

It is important to highlight that drug and alcohol problems amongst South Asian groups, as in other groups, are framed by predisposing factors. Whilst some will be concerned about the existence of any level of drug or alcohol use, the substance using-behaviours of most of these young people probably

give little cause for concern in terms of health, crime and/or social functioning.

However the constellation of problems in specific groups and communities mean some are at greater risk than others of developing drug problems. Research has shown that young people are more at risk of problematic substance use if they experience problems in the following areas:

- education (e.g., underachievement, exclusion from school, truanting)
- health (e.g., child conduct and psychiatric disorders)
- crime (offending at a young age)
- employment (unemployment and sex work)
- housing (homelessness, running away from home and being in care)
- previous and current drug use (drug use at an early age)
- family (e.g., drug use by family members, family breakdown, poor communication with parents)
- social networks (drug use by peers)
- environment (community and neighbourhood deprivation).

South Asian communities are far from homogenous. This said, the above risk factors may be pertinent to some South Asian populations in Blackburn because of their concentration in deprived central areas. Thus, the position of some young people in areas such as Bastwell means that their social and economic circumstances may increase the risk of problematic drug use.

Additionally, the age profile of South Asian communities is relatively young compared to white communities. This increases the proportions from these communities in periods of their lives where substance experimentation and use is most common.

### **Alcohol**

Alcohol is the main drug consumed regularly by most groups of young people and many feel younger South Asians are drinking more than previous generations.

Alcohol's 'haram' status within Islam does mean that problems associated with alcohol use may be perceived and experienced differently by Muslim young people.

### **Cannabis**

Cannabis is the drug – alongside alcohol – that is the most regular feature of drug-using patterns of young people.

The most regular use of cannabis tends to be restricted to those young people experiencing social and/or emotional problems. When asked to identify groups with the highest levels of cannabis use among South Asian communities, many identified Pakistani young men. While these assertions cannot be substantiated, it is intuitively appealing to consider that Pakistani



young men may have more risk factors for high-end use than some other groups.

### **Cocaine**

A forthcoming report written by the ISCRI and to be published by the National Treatment Agency suggests that, after cannabis, cocaine is the most commonly reported illegal drug used by South Asians.

Respondents from the Substance Misuse Service in Blackburn suggest that South Asian men are represented amongst those testing positive for cocaine at the point of arrest, however, few take-up the offer of a service.

### **Heroin**

The uptake of heroin use amongst young people is low and this pattern is likely to continue. However, there are South Asian heroin users in need of drug treatment in Blackburn. Very few South Asian heroin users are seen at the needle exchange (an estimate of 1-2% was given).

### **Steroids**

Staff at the needle exchange estimate that thirty percent of those presenting at the needle exchange in relation to steroid use are South Asian men. Reports suggest several of those presenting for needles are engaging with the service and seeking support and advice.

### **Summary**

- South Asian young people report greater levels of drug and alcohol use than older generations.
- Young men are reported to use more than young women at present although substance use by young women is said to be increasing.
- Young women may have more reasons to conceal their substance-using behaviours than young men due to perceptions about acceptable patterns of leisure behaviour and lifestyle.
- The substance-using behaviours of most of these young people probably give little cause for concern in terms of health, crime and/or social functioning.
- However, the 'haram' status of substance use may mean additional problems (including guilt and anxiety) may accompany use for some Muslim young people in particular.
- Alcohol and cannabis appear to be the most regularly used substances, followed by cocaine and steroids.

## 4. SOUTH ASIAN INVOLVMENT IN DRUG SUPPLY

Evidence from the police and community respondents suggests that a number of South Asian men, working in groups, are engaged in street-level drug supply. These supply groups may be disparate and are not necessarily working together, but are known to use consistent operational practice, involving 'shot-lines'.

### **Shot-line**

This is a means of managing street-level drug supply. Orders are taken using a dedicated phone line with street level delivery usually handled using a hire car leased using false details.

About three years ago Andy Pratt (Chief Inspector at the time) wanted to get a group together to combat drug supply activity that was going on in the South Asian community. There were a number of interested members from the Bastwell area. To a significant degree this activity was police led and designed to elicit community intelligence. However, several people described how as one person put it 'when Andy Pratt left the thing just fizzled out'.

One example of activity developed locally involved the production and distribution of cards which promoted a dedicated phone line for community intelligence around drugs supply activity. Reports suggest that at one stage community members were regularly making calls to this line. Some warrants were successfully executed in Blackburn on the basis of community intelligence. Also, some information about convictions was fed back into the mosques which highlighted the value of this intelligence information. However, the police described how the flow of information to this line has dropped 'to a trickle' in recent months.

When asked to describe those South Asians involved in drug supply activity locally, most agreed that British-born Pakistani Muslim males aged 18-27 years were the predominant group, although several also described the increasing involvement of Gujarati males.

Activity locally has not significantly impacted upon availability, price or purity of drugs.

## 5. MEETING THE DRUG SERVICE NEEDS OF SOUTH ASIAN POPULATIONS IN BLACKBURN

### **An overview of levels of uptake of drug treatment services**

The resources for this project did not allow for any detailed examination or analysis of treatment provision locally. However, the researcher did interview one person from each of four services locally in order to build a picture of the take-up of services by South Asians. The researcher also sought information from the DAAT representative about the recommissioning of the main provider service. The following data emerged from those interviews:

#### *The needle exchange*

Thirty per cent of those presenting at the needle exchange in relation to steroid use are said to be South Asian. However, estimates suggest that only 1-2% of those presenting in relation to heroin use are South Asian.

This is interesting, as several respondents in this research have suggested that South Asians are not prepared to access services at the needle exchange due to its location in the town centre. It appears that this may be true for the majority of South Asian heroin users but is not true for South Asian steroid users. It would be interesting for further work to be carried out to explore the reasons for these different attitudes. However, it is important to emphasise that the data on those accessing the service cannot tell us anything about the overall size of the South Asian steroid using population and/or heroin using population.

#### *Criminal Justice Integrated Team (CJIT)*

The respondent from CJIT reported the following evidence:

- About 24% of those arrested locally are from South Asian populations (a figure roughly in keeping with the overall population figures).
- The percentage of those who test positive for either heroin or cocaine at the point of arrest are said to be approximately 50% for South Asian and white groups.
- Amongst white arrestees who test positive CJIT would expect about 80% to take-up the offer of a service.

- Amongst the South Asian arrestees CJIT would expect about 14% to take-up the offer of a service.

Given the similarity in the percentages of those testing positive at the point of arrest, the differences in those who take-up the offer of a service is stark. These figures also cohere with evidence from other research conducted by ISCRI in the North West. When asked to account for these differences, the respondent from CJIT cited the following issues:

- There has historically been an issue around GPs. People accessing replacement drugs through CJIT have to be seen by the organisation's GP who must then liaise with the patient's own doctor. Several South Asian clients have said they are concerned that their GP may break confidentiality.
- It is alleged that some are concerned about retribution within the community.

### ***Lifeline***

No specific estimates were offered. However, it is suggested that the take-up of services amongst Black minority ethnic communities continues to be low.

As an organisation Lifeline supported the Lancashire Council of Mosque's work undertaken recently and has also supported earlier streams of work such as *Making Things Equal*.

### ***Thomas Project***

No specific estimates were offered; however, it is suggested that the take-up of services amongst Black minority ethnic communities continues to be low.

Thomas did have a worker undertaking community development work for 12 months about six years ago, however, the person undertaking this work was subsequently co-opted into a generic staff role.

### ***Lancashire Care Trust***

At the time of the research this service was in the process of being recommissioned, with Greater Manchester West about to take over from Lancashire Care Trust. No one from either organisation was interviewed as part of this research. However, the DAAT suggested that the take-up of services amongst Black minority ethnic communities continues to be low. Community detoxification was the one area in which there was a better take-up of services from South Asians. Some suggest that South Asian families tend to prefer detoxification services to substitute prescribing.

## Explaining the low uptake of treatment service locally

A forthcoming review of barriers to access to services amongst South Asian populations in the UK (Roy forthcoming) identifies three different levels at which barriers may occur: patient or community level, provider level and system level. The table below provides a summary of this evidence.

Patient or community level barrier	System level barriers	Provider level barriers
<p>Cultural notions of: Izzat, Sharam and Haya</p> <p>Denial of problems</p> <p>Discriminatory views and treatment within the community leading to isolation and/or marginalisation</p> <p>Families send individuals to India or Pakistan for treatment</p> <p>Language</p> <p>Demographic factors</p>	<p>Institutional discrimination</p> <p>Institutional racism</p> <p>Commissioning decisions (e.g. inflexible modes of provision and compartmentalisation of services)</p> <p>Little consideration to the needs of South Asian communities.</p> <p>Recruitment strategies for staff</p> <p>Training and development of staff</p>	<p>Access points and onwards referrals</p> <p>Location of services</p> <p>Despite the need for outreach support, services do not have the resources to deliver it.</p> <p>The models of provision do not meet the needs of some relevant groups (e.g. opiate focussed drug treatment services).</p> <p>Lack of accessible (culturally appropriate) information about services</p> <p>Lack of information about accessing services</p> <p>Some staff operate to stereotyped assumptions demonstrating cultural reductionism</p> <p><b>And/or</b> Staff appear to have little confidence in working around ethnic diversity (e.g. poor communication with service users and carers)</p> <p><b>And/or</b> Despite the best intentions of staff discrimination is perpetuated at an organisational level.</p> <p>Little or no clear guidance on working with minority ethnic service users and carers.</p> <p>Lack of linguistic competent staff</p> <p>Stereotyped views (e.g. supportive family networks)</p> <p>Unrepresentative workforce</p>

This section will now consider the extent to which this conception of barriers may help to explain the low take-up of services locally.

### **Patient or community level barriers**

A number of the barriers identified in the table above were discussed by respondents in this research, including:

- demographic factors which increase the risk of substance use for people in some communities;
- the stigma attached to substance use in South Asian communities which affects those who are drug users and those who work in drug treatment;
- the continuing denial amongst some about substance use by some in South Asian communities.

It is clear that the stigma of substance use and fear of recrimination is still a significant issue in Blackburn with Darwen's South Asian communities. Whilst some suggest that the sheer number of families who are having problems around substance use means that there is a greater acceptance of the issue, there is no evidence that this has led to an overall increase in those accessing services. This said, some populations of users (e.g. steroid users) may be more prepared to take-up services than others.

Several respondents from DAG and provider services identified different values and attitudes to substance use existing amongst third and fourth generation South Asians in comparison to their first and second generation counterparts. In a study of ethnic minorities in Britain, Modood et al. (1997) have described how strong forms of ethnic and religious identification can continue, even when accompanied by moderate or even weak conformity to traditional group norms, practices and behaviours (cited in Modood, 2007).

What is interesting in Blackburn with Darwen is that the uptake of services amongst this younger group is still very low. Some explained this by a continuing influence exerted by first and second generation individuals. As one South Asian drug worker who has been working locally for many years put it:

*Despite the third and fourth generation not being your traditional South Asian community members, there still seems to be a shadow where it is not acceptable to access services.*

It may be that the accommodation of certain values and behaviours (e.g. recreational cannabis use) need not be accompanied by other forms of integration, and that many South Asians of all ages continue to live parallel

lives to their white counterparts. Providing for communities divided by geography, culture and religion represents a real challenge to commissioners and providers and it may be that towns and cities in the North and North West of England face particular challenges in addressing these issues. As one person put it:

*South Asian young people are born and bred here and have weaker links to India and Pakistan and see themselves as British. But areas such as Brookhouse are not integrated and people do not move outside of the area or mix within those in other areas.*

Whilst Blackburn has not experienced the disturbances that occurred in Burnley, Oldham and Bradford in 2001, the isolation ratio is one means by which the residential separation of communities can be measured. It measures the probability of your neighbour being from a Black and minority ethnic group for white populations and Black and minority ethnic populations. Applied to the 2001 census figures, the figure for Blackburn is 6.2 which means that a Black and minority ethnic person in Blackburn is 6.2 times more likely as a white person to live next door to someone from a Black and minority ethnic group. The only areas more segregated than Blackburn are Rochdale, Hyndburn, Oldham and Burnley. These results highlight that towns in the North West face particular challenges in addressing equality and diversity which require dedicated work streams.

### **System level barriers**

South Asians represent about 25% of the overall population locally. Given the age profile of South Asian communities in Blackburn and the additional risk factors faced by some in these groups the DAAT believes that South Asians are underrepresented in Blackburn's drug treatment system.

Many respondents identified and discussed issues identified in the table above as relevant to explaining this low take-up of services in Blackburn (e.g. commissioning decisions, inflexible modes of provision; compartmentalisation of services; little consideration to the needs of South Asian communities; recruitment strategies for staff; and training and development of staff).

The DAAT recognized that the take-up of services by Black and minority ethnic communities, including South Asians, has been poor for many years. Several streams of work (e.g. Making Things Equal) have been undertaken in the last ten years in an effort to reduce barriers and increase accessibility. However none has made any impact on the figures. This leaves some in provider services feeling that everything has been tried before.

Some explained previous poor performance by suggesting that, in a climate of limited provision, some services had tended to see addressing the low take-up of services by specific communities as additional work. However, the

significant expansion in treatment services in recent years makes the lower access of certain groups more noticeable.

Others suggested that the way in which Equality and Diversity has been performance managed by the DAAT has reinforced this idea. As one provider interviewee put it:

*The DAAT's equality and diversity strategy is at best vague. Recommending another round of training is not sufficient to address the structural impediments to change.*

The Race Relations (Amendment) Act 2000 places a duty on all public authorities to consider race relations in everything they do, and to develop positive action plans which promote equality of opportunity, good race relations and eliminate unlawful discrimination. The DAAT has indicated that improving accessibility is now a specific strand in the treatment plan. A new post within the DAAT will have a remit which includes responsibility for managing equality and diversity. It is necessary for the DAAT to facilitate a process which creates real opportunities for communities and provider services to engage. This process is not simple and will require a long term and iterative process.

The DAAT recognises the need to set out some specific commitments and objectives. It has been suggested that the ISCRI may be consulted on how future activity should be instituted and performance managed. ISCRI has produced a Diversity Assessment Package for the National Treatment Agency which is currently being used by provider services across the country. A new online tool will be available shortly.

### **Provider level barriers**

It is important to emphasise that no detailed analysis of how services currently handle issues around ethnic and cultural diversity was undertaken during this research. Only four service provider services were recruited to the research and in each case only one staff member was interviewed. This said, all those interviewed recognised that the take-up of services amongst South Asians continues to be low.

Many of the issues discussed and described by respondents are consistent with those listed in the table above. In particular: despite the need for outreach support, services do not have the resources to deliver it; the models of provision do not meet the needs of some relevant groups (e.g. opiate focussed drug treatment services); lack of accessible (culturally appropriate) information about services and unrepresentative workforce.

One example of this is staffing, which is an issue that is regularly discussed in the literature on barriers. Several respondents suggested that there may be



as few as three or four staff from Black and minority ethnic population groups working in drug services in Blackburn. This said, a representative from one provider service told the researcher that job advertisements generally result in very low levels of applications from South Asians. Another provider interviewee described how one South Asian worker had received many negative comments from friends and family when they had initially taken up a position as a drug worker and another South Asian worker described how stigma operated around their status as a known drug worker.

This highlights two issues:

- (1) The stigma around substance use/ misuse may extend to those who work within the field. *As one put it 'When I go out into the local community people get frightened to approach me. The reality is there is a stigma and people do need to meet me in confidence.'*
- (2) Many people within the South Asian community may not have the skills, qualification and expertise to apply for positions.

The literature reveals that service providers also recognise that the ethnicity of drug workers is an important issue and that the ethnic origins of workers of a service team will affect its image as perceived by outsiders. However, the literature also shows that the solution is more complex than simply employing workers who are from the same ethnic group as their potential clients. Staffing should reflect the target communities but should also be accompanied by a systematic approach to equality and diversity which highlights that addressing it is a team activity.

## **Summary**

It is evident that barriers to accessing drug services persist at a local level.

Several work streams have been undertaken locally over the last ten years in an attempt to address the low take-up of services amongst South Asians. Sadly, none of these work streams has made a significant impact on the treatment figures. This leads some in provider services to feel that everything has been tried before.

The Race Relations (Amendment) Act 2000 places a duty on all public authorities to consider race relations in everything they do and to develop positive action plans which promote equality of opportunity, good race relations and eliminate unlawful discrimination.

It is necessary that actions are coordinated to address barriers at the three levels identified. For example, targeting greater recruitment of South Asian drug workers requires action to address barriers that exist in provider services, the community and at a system level.

Specific actions are set out in section 7 to address the barriers identified.

## 6. THE DRUG ADVISORY GROUP: STRENGTHS AND LIMITATIONS

### **Introduction**

South Asian community action around drug use and drug supply has been operating for many years in Blackburn under several different names (e.g. Muslims Against Drugs). Activity in the Bastwell area appears to have first emerged in about 2004 when Andy Pratt (Chief Inspector at the time) wanted to develop community support for police initiatives designed to address drug supply activity in the South Asian community.

Respondents from both DAG and provider services suggest that in the last four years there have been periods of time when the group has been quite active and other periods where little seems to have happened.

The current group is being led by Sabir Esa and Hanif Ali and currently has a membership list of about fourteen people. The group has two core priorities at present. These are:

- (1) Taking action against drug supply activity and facilitating community intelligence aimed at gaining convictions.
- (2) Increasing the number of South Asian drug users accessing drug services locally.

Some members of DAG have also communicated a desire to establish a community-led rehabilitation service locally, although not all agree that this is achievable in the short term.

### **Strengths and limitations**

#### *Streams of work*

- (1) One of the first things undertaken by DAG was an event designed to engage representatives from the 12 mosques in the Brookhouse and Bastwell areas. DAG representatives report that all these mosques have signed up to support the DAG project. They plan to hold six monthly meetings with representatives from the mosques to report on progress and plan future activity.

- (2) DAG has begun to deliver a programme entitled 'Parents as Educators'. The programme is delivered by DAG's drug professional alongside ex-drug users and representatives from the police and provider services. The programme has been delivered in two mosques so far, with sessions planned for women and men separately. In each case a large number of women (150-200) attended the women's group. However, at one mosque only 15-20 men attended the session and at the other mosque there were not enough men to run the session.
- (3) DAG is looking into ways to successfully engage more males. One aspect of this is a planned football competition. The group is looking for funding to support this at present.

### ***DAG's commitment***

The core members of DAG appear to have a great deal of enthusiasm and commitment and is well linked into Muslim faith communities in Brookhouse and Bastwell. Research undertaken by Joseph Rowntree Foundation (2003) demonstrates that faith communities often share concerns with other organisations in the community and voluntary sectors. However, they also bring strong motivations for social action, their long-term local presence, the provision of informal settings and activities and a commitment to listening to local people.

### ***DAG's current membership***

All have full-time jobs and are only able to offer small amounts of time to the DAG enterprise. It is perhaps because of this that several members of DAG identified the need for a paid employee to take forward the work.

One clear message from this project is that there is a need to engage and involve a wider range of people within communities. This is because the views and experiences of those on the margins of social and community life are often different to those of community leaders.

The list of members provided to the researcher was predominantly Indian and entirely male. This may well be because of the origins of this specific group, which was one of three groups set up through community links. These were a men's group, a women's group and a young persons group. The research team has suggested to the DAG members that, in moving forward it is necessary to ensure the representation of women, the Pakistani population, current and ex-drug users and young people in DAG's management structure. The work undertaken in the 'parents as educators' project demonstrates that there is a strong interest from women and hence a good base to work from in terms of recruitment.

The distinction between associational and behavioural identities observed by many people in this research highlights how different groups of South Asians

(as others) may have their own issues, priorities and views. The Making Things Equal project identified that South Asian women, and young women in particular, are not adequately involved in representational structures. Additionally users are often a community within a community. This is an issue that may have even greater resonance with South Asian communities given the issues around stigma. It cannot be assumed that the views of users will tally with those of other community members. Hence, without addressing these representational issues, DAG will find it difficult to advise on the relevant issues of the local community in its interactions with the DAAT and service providers.

### ***DAG's dual focus***

DAG's current remit involves a focus on enforcement (the 'shop the dealers' agenda) and a focus on improving the uptake of services amongst South Asian communities. Service providers almost universally thought these two agendas were contradictory and could potentially confuse some within communities. Even some of the DAG representatives felt that there may be a need to remove the enforcement agenda in order to improve results around treatment uptake.

Given extensive literature which highlights how the war on drugs manifest as a war on drug users (see for example Buchanan and Young 2000) and what is already known about the specific manifestation of stigma locally, these issue are worthy of serious consideration.

Wider literature identifies that even where the police are able to build intelligence and gain convictions against large drug taking operations, it has little significant or long-term impact on price purity or availability (DrugScope 2004). In this context it is important to manage expectations about what might be achieved by committee activity.

### ***Skills deficit***

Section 5 referred to a skills deficit in the South Asian community, which is also present in the current DAG membership. The current membership includes only one drug professional and hence the knowledge of drugs, drug treatment and commissioning drug services is currently limited across the group. It is vital that other members of DAG look for advice and guidance on suggested streams of work from those with appropriate understanding of the drug treatment system.

Actions set out in the recommendations are designed to address this issue. However, it is vital for DAG to be realistic about what activities it is currently well qualified to undertake.

Partnership activity could bring providers together with community organisations including DAG to provide more information about how drug services are structured and delivered locally.

### ***Reaching young people***

Recent work conducted by ISCRI in the North West found Pakistani young men were sometimes much more critical of the mosques role in health and social education than corresponding groups of Indian young men. Some found Imams hard to approach on these subjects, suggesting that the mosques ought to employ people with a broader role around personal and social education.

Some respondents in this project suggested that, whilst contacts within the mosque are important, there is a need for DAG to move beyond the mosque set up if it wishes to engage with those at the greatest risk who are often on the margins of community life and may not be engaged with the mosque.

### ***The proposal to set up a specialist rehabilitation service***

A few DAG members suggested that they would like to see the organisation develop its own rehabilitation service. This seems unrealistic at present for a number of reasons.

- (1) There is currently no evidence base which demonstrates the need for a specialist rehabilitation service.
- (2) There is not currently a group of individuals with the skills and expertise to deliver such a service.
- (3) It is hard to see how it might be funded.

It is notable that the only drug professional within DAG sees this as an unrealistic enterprise in the short term.

*Thomas has grown slowly over more than 10 years, we at DAG have to do the same. We have to recognise that we don't have the skills to deliver some of the interventions that some in the group are talking about just now.*

## **Summary**

DAG has an established and enthusiastic membership and a community based role.

There is a need to widen the membership to include women and user representatives at the highest level.

Representatives from these wider groups need to be recruited into leadership roles within the DAG. The leadership of DAG needs to reflect the skills required for collective working with partnership agencies.

DAG should reconsider its dual focus on enforcement and support.

DAG should set short term, achievable objectives that are relevant given the time constraints of group members and the current skills base.

The objective of setting up a specialist rehabilitation service is not achievable in the short term.

## 7. RECOMMENDATIONS

### **Recommendation 1: Establishing a mission statement for DAG**

#### **Commentary**

It is clear that some Muslim young people are drinking alcohol and using drugs in similar ways to other groups of young people. Hence, it is important for all young people to be able to access harm reduction and/or abstinence related advice that is appropriate to their self-identified needs and referrals into specialist services where they are required.

While for some Muslims harm reduction advice is antithetical to the principles of Islam, others see the need to promote harm reduction alongside abstinence, accepting that change is a process which benefits from inclusion and support. As one local Imam said:

*'the lesson that we can take from the Prophet Muhammad ' peace be upon him' is that changing substance using behaviour is a process that takes time and support".*

DAG's members accept that everything must be achieved in partnership with the DAAT and provider services locally. Many of the representatives of provider services and the DAAT interviewed for this research accept that DAG can play a useful role in supporting community in-reach. However, many are also concerned about the dual focus of DAG on enforcement and support. A decision to maintain this dual focus may alienate some within provider services.

DAG must also address the issues of gender and user representation which currently limit its ability to speak on behalf of the diverse community of Brookhouse and Bastwell. The 'Parents as Educators' programme demonstrates that South Asian women have a strong level of interest in issues around drugs.

DAG will benefit from setting out a concise mission statement which evidences its unique contribution locally and its commitment to working in partnership.



The majority of DAG's members accept that there is a need to set small achievable objectives. In particular, DAG's drug professional recognizes that there is currently a skills deficit within the group.

### **Actions to support implementation**

- (1) DAG to set out a mission statement which identifies its unique contribution locally. This mission statement should prioritise activities focused around a support agenda.
- (2) DAG to set out a set of achievable objectives for the next twelve months. These should then be reviewed and new objectives set.

These should include establishing links with relevant provider services locally (work which must be supported by the DAAT) and understanding the priorities of provider services around community engagement and community in-reach.

- (3) The DAAT should work in partnership with DAG in developing objectives and should take part in a review after twelve months.
- (4) Partnership activity should support DAG – and other community groups - to acquire relevant knowledge and understanding of how services are commissioned, structured and delivered.

## **Recommendation 2: Facilitating partnership, engagement and community in-reach**

### **Commentary**

The findings from this small project support the contention that barriers to service access operate at three different levels simultaneously:

- (i) the individual/community level;
- (ii) the system level; and
- (iii) the provider level.

Blackburn has a complex make-up of communities. Some describe difficult relationships between South Asian young people and their white counterparts and portrayed groups living parallel but separate lives. Some describe differences and in some cases tensions between different South Asian groups. It is important to highlight that these issues are complex and in some cases contradictory in that different communities can appear cohesive on some issues whilst disparate and divergent on others. What is clear is that differences and distinctions within and between communities in Blackburn highlight the complexities of representation.

Community involvement raises difficulties for both professionals and the communities involved. Engagement with faith communities makes demands on official agencies for 'religious literacy' and long-term encounters, for which they can be ill-equipped and ill-informed (JRF 2003). Hence, there is a need to enact an ongoing process of negotiation which at the early stages has an explicit focus on building trust and gaining agreement on rights, roles, responsibilities, expectations and values. There is also a need to build strong infrastructures that support and sustain community involvement.

The DAAT needs to facilitate action at levels (i) – (iii) simultaneously. Part of this will involve developing structures which allow service providers to foster relationships with many different community, voluntary and faith groups. If DAG addresses its current deficits in representation it can be a useful partner to treatment providers and the DAAT in articulating the needs of South Asian populations in Bastwell.

It may be beneficial to organize an event which brings together representatives from the DAAT and provider services with DAG and representatives of other community interest groups locally. This would present an opportunity for community groups to learn more about the drug treatment system and local services and for provider services to develop new links with community groups they do not currently have established links with. The DAAT will be able to set out its own aims and objectives for addressing equality and diversity locally. This event should not simply be

about information sharing but should be used to develop agreements and an infrastructure to support future partnership activity.

### **Actions to support implementation**

- (1) The DAAT should foster relationships with a range of community, voluntary and faith groups across Blackburn and develop structures that build relationships between these groups and provider services.
- (2) This work could be instituted and led by the new DAAT post which has a responsibility for the performance management of equality and diversity.
- (3) An event should be organised that brings together treatment providers with representatives of a number of interest groups locally. This event should be used to share information and to plan future partnership working.
- (4) The DAAT should work alongside providers and community groups locally in developing a performance management system for equality and diversity. One means of doing this will be to use the Diversity Assessment Package developed by ISCRI.

## **Recommendation 3: Addressing the skills deficit within drug services**

### **Commentary**

Recruitment of drug workers from South Asian communities locally continues to be very low. This is also true in many other areas of the UK. Several provider services suggest that the level of applications is also low. Some also suggest that there is stigma attached to being a South Asian drug professional. This report identifies the presence of a number of structural impediments. Representatives from the DAAT, the providers and the community all support the need to institute a specific programme to change this situation.

We suggest the implementation of a studentship programme similar to the one that Lifeline is instituting in the CARATS realm in Yorkshire. Each provider organization will support a student on a twelve month training programme. Individuals recruited to studentships will have a dual responsibility:

- (i) To undertake training and work experience with a provider organisation and
- (ii) To facilitate community in-reach to a target community.

Students should be mentored by an appropriate person within the provider organisation and the community in-reach activity should be coordinated and managed by the DAAT's new equality and diversity lead.

This approach helps target action at the community, system and provider levels simultaneously. It builds on established models developed by the Department of Health in Delivering Race Equality in Mental Health which has instituted Community Development Workers for Black and minority ethnic communities. It is proposed that studentships will have a similar remit as follows:

- *A Change Agent* (e.g. by identifying gaps; developing innovative practice)
- *Service Developer* (e.g. promoting joint working, education and training)
- *Capacity Builder* in Black and minority ethnic communities
- *Access Facilitator* to services; community resources; overcoming language and cultural barriers (DoH 2004, p. 8)

### **Actions to support implementation**

- (1) This work should be led by the new DAAT post. The successful application for this position will need to demonstrate the ability to work with South Asian communities locally.

- (2) ISCRI can work alongside the DAAT, provider services, the DAG and other community stakeholders in developing and delivering a relevant programme.

## References

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