

BAME groups and substance use

What are the most common issues?

- Stigma attached to talking about substance use
- Individual versus unmet needs of ethnically diverse communities
- Lack of staff representation from BAME communities at all levels of recovery-based interventions, structured and un-structured
- Absence of BAME commissioning staff at specialist levels of service procurement and delivery
- Alcohol and drug harm paradox
- Barriers to addressing health inequalities and multiple socio-economic /gender and cultural taboos

As well as the need for strategic attention there is a responsibility on us all to:

- think about what we are each doing to understand more, keeping a balance of thinking and doing
- thinking about different communities, what you know, stereotypes held, finding out more
- talking in supervision and team meetings – completing exercises from this document on [Social GRRRAACCEESS and LUUUTT model](#). These activities are designed to help your team to understand how we all have different experiences of power or powerlessness, and that our views can be influenced by the social GRRRAACCEESS. Given this, we need to think about and be aware of how the social GRRRAACCEESS impact our understanding of and approach
- asking people about their stories

Reading on BAME and substance use:

Link to document	Description
UK Drug Policy Commission	<p>UK Drug Policy Commission’s ‘Drugs and Diversity’ An overview of implications for policy and practice (2010).</p> <ul style="list-style-type: none"> • Building the capacity and competences of both existing drug services and generic support services through targeted workforce development initiatives to support flexible service responses to address the drug-related needs of different minority groups; • Ensuring ‘payment by results’ systems are configured to generate improved outcomes for minority groups; • Using local partnership and commissioning processes to ‘engineer’ better collaborative working between mainstream drug service providers and

	<p>specialist LGBT, ethnic and disability support organizations; mental health and learning disability services and sexual health services;</p> <ul style="list-style-type: none"> • Ensure routine impact assessments include outcome data, such as that gathered from the Treatment Outcome Profile system, for different minority groups; • Introducing a national ‘kite-mark’ system for services demonstrating good practice in meeting the needs of different groups could help improve people’s confidence in services and encourage access.
<p>Alcohol change UK: Rapid evidence review: Drinking problems and interventions in black and minority ethnic communities Dr Helen Gleeson, Prof Betsy Thom, Mariana Bayley and Tricia McQuarrie, Middlesex University (2019)</p>	<p><u>Alcohol Change UK ‘Rapid Evidence review: Drinking problems and interventions in black and minority ethnic communities.’ (2019)</u></p> <ul style="list-style-type: none"> • While the research literature reports high levels of abstinence from alcohol across minority communities, service providers argue the prevalence of problematic alcohol use is under-estimated which impacts on funding for these specialist service providers. • There is no single ‘best’ means of providing interventions to minority communities, what people are likely to engage with differs between and within communities. • Some factors were identified in the literature and in interviews as increasing the risk of problematic alcohol use including experiences of multiple exclusion; younger age; in some communities older males were at higher risk due to social perceptions of masculinity; and the hidden nature of women’s drinking across cultures could increase harmful use. • Key facilitators to accessing support included: providing materials in community language and broadcasters (e.g., Asian radio); including community members in developing services; emphasising confidentiality of services; raising awareness; peer led support; and being flexible and responding to changing community needs.
<p>https://shaap.org.uk/blog/355-alcohol-ethnicity-part-2-2021.html</p>	<p><u>Scottish Health Action on Alcohol problems – webpage December 2021</u></p> <ul style="list-style-type: none"> • Robust research should be carried out to adequately assess the level of substance misuse health needs among people from BAME communities in collaboration, and co-produced with BAME people with lived experience and cultural expertise • National alcohol policy must reflect the evidence gathered over the years through research and consultations and develop specific recommendations to address the treatment and recovery service gap for people from BAME backgrounds. • Local and national commissioners must work in collaboration with people from BAME backgrounds in the design, delivery and assessment of current treatment and recovery service provisions to ensure the service offer meets their needs • NICE psychosocial interventions should include culturally responsive recovery models as an evidence based, culturally tailored modality of treatment and recovery; • Local commissioning arrangement should introduce ring-fenced spending for BAME specialist services that can deliver culturally responsive and high-quality treatment and recovery services.

	<ul style="list-style-type: none"> • A judicial review should be undertaken to examine and review how local authorities develop and commission local services across all communities and in particular BAME populations and make recommendations to avoid continued failings and the continued exclusion of BAME communities from local services. • Embed cultural competence training and culturally informed trauma care.
https://www.ias.org.uk/wp-content/uploads/2020/12/Ethnic-minorities-and-alcohol.pdf	<p><u>Institute of Alcohol Studies, Ethnic minorities, and alcohol briefing October 2020.</u></p> <p>Summary</p> <ul style="list-style-type: none"> • According to the 2011 Census, one in five people in England and Wales belong to an ethnic group other than White British. • Generally, people from ethnic minority groups drink less and are more likely to abstain from alcohol than their White British counterparts. However, there are relatively high rates of higher risk drinking among certain groups, for example older Irish men and men belonging to the Sikh religion. • People belonging to ethnic minority groups may be less likely to access alcohol treatment services, and often do not seek help for alcohol use until they have experienced serious health consequences. There are multiple barriers to seeking help that are experienced by ethnic minorities, with some barriers specific to certain higher-risk groups, such as Irish Travellers. • Some ethnic minority groups experience more alcohol harm. For example, White Irish men experience higher rates of alcoholic liver disease and other alcohol-related diseases, and Sikh men experience higher rates of liver cirrhosis. • Ethnicity is one aspect of an individual’s identity, and overlaps with other aspects of identity and life circumstances. Alcohol consumption and support needs in some groups are not well understood, and there has been little research to understand ethnic minority groups’ experiences of alcohol’s harm to others. Clinical trials of interventions have not regularly reported on recruitment of people from ethnic minorities or the outcomes across different ethnic groups.
Culture, Connection and Belonging – A Study of Addiction and Recovery in Nottingham’s BAME Community	<p><u>A Study of Addiction and Recovery in Nottingham’s BAME Community - November 2019</u></p> <p>What works for people in recovery?</p> <ol style="list-style-type: none"> 1. The focus on addressing and identifying a range of factors beyond addiction such as security of housing, education and employment are interrelated to recovery and are important for stability. Individuals experiencing chaos in their lives, perhaps with negative encounters with services in the past, are likely to find contact with multiple agencies challenging. Some lack agency and are unable to navigate the system (employment, benefits, education etc.) effectively without support and direct advocacy. 2. A consistent and personal contact with the service ensures that an individual builds trust and does not experience the frustration of having to repeat their histories, challenges and needs to different people. 3. Recognition of the immediacy of need for support and responsiveness sets services such as BAC-IN apart from other agencies by operating out-of-hours, offering round-the clock support, and not using waiting lists.

	<p>4. Identification between peers and service users (in terms of the lived reality of addiction, culture, ethnicity etc.) is fundamental to creating trust and encouraging disclosure, and subsequently, the uptake and maintenance of support networks.</p> <p>5. Recognising that belief provides people with hope, so it is important that those who draw strength from religion and/or spirituality are encouraged and supported to draw on these as part of their recovery. A wealth of evidence substantiates that religion and spirituality are central to the recovery of some BAME people, in that it helps to moderate behaviour and offers hope and purpose.</p> <p>6. Support should aim to foster interdependency, rather than dependency. For example, we found that BAC-IN's WhatsApp group encouraged members to provide mutual support by posting positive affirmations, pointing people to information, and motivating them to attend recovery group meetings and appointments. Individuals articulated a sense of responsibility and 'purpose' in looking out for those new to recovery group sessions, and this was cited as good practice.</p>
<p>https://www.dualdiagnosis.org.uk/useful-book-listings/shades-of-recovery/</p>	<p><u>Shades of recovery, book</u></p> <p>This book tells a story of people from diverse ethnic backgrounds battling with addiction and their search for recovery. The knowledge of lived realities, intersecting and interconnecting with cultural issues are vital in supporting people from diverse ethnic backgrounds effectively. Cultural context is critical in understanding who people are in terms of their worldview.</p>
<p>https://news.liverpool.ac.uk/2021/01/12/new-study-to-explore-mental-health-and-alcohol-use-in-bame-groups/</p>	<p><u>Pending study on mental health and alcohol use in BAME Groups – Dr Laura Goodwin</u></p>

