

ADDICTION IN UNDER-SERVED UK COMMUNITIES

OUT OF SIGHT OUT OF MIND

A Black, Asian & Ethnic Minority case
for reform to ensure no one is left
behind in their search of recovery.



BAC-(IN)
2 LIFE

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1 | ABOUT THIS EVIDENCE BRIEFING



Addiction is a destructive and tragic affliction that can cause physical and emotional harm and cost lives. We have the best health service in the world and we now need to marshal its resources to protect those affected by addiction and ensure that they receive the treatment and support they need.

Health Secretary 2019.



In all walks of life, we frame our understanding based on the lens we apply and the lives we have lived.

Project Ahryzen Action research project 2019.

1.1. With deep concern and a compelling responsibility, the authors highlight the need for radical change within the UK's drug treatment system which must not leave anyone behind in our society. We, the authors, speak, as a collective voice, rooted in several decades of lived experience of transformative recovery and 17 years of delivering culturally responsive recovery services tailored to fit the unique unmet needs of the BAME community within the substance misuse healthcare sector.

1.2. The motivation for this evidence is result of the authors witnessing insurmountable suffering of many Black, Asian and Minority Ethnic (BAME) people in a life of addiction, with unspeakable trauma linked to mental health and an enduring agony caused to their families. This reality drove the development of BAC-IN (Black & Asian Cultural identification of Narcotics) in early 2000 as a response to a gap in mainstream drug treatment services for BAME communities.

1.3. As our national addiction problem worsens, exacerbated by the strains of Covid-19, all vulnerable communities will deeply be impacted, especially BAME communities. A recent report from Public Health England (Disparities in the risk and outcomes of COVID-19. 2020) ¹ noted that, "People from Black ethnic groups were most likely to be diagnosed. Death rates from COVID-19 were highest among people of Black and Asian ethnic groups. This is the opposite of what is seen in previous years, when the mortality rates were lower in Asian and Black ethnic groups than White ethnic groups. Therefore, the disparity in COVID-19 mortality between ethnic groups is the opposite of that seen in previous years."

¹ Public Health England (Disparities in the risk and outcomes of COVID-19. 2020)

2 | ABOUT BAC-IN



2.1. BAC-IN, is a Nottingham based, abstinence focused drug and alcohol recovery support service for individuals, families and young adults from Black, Asian and Minority Ethnic communities. It is an award winning, grassroots community service inspired and founded in 2003 by individuals in recovery.

2.2. BAC-IN provides a holistic and culturally tailored approach to addiction recovery that addresses mental health and multiple disadvantages, to help individuals to realise the best of their life potential. The essence of lived experience, addiction recovery and cultural expertise is at the heart of BAC-IN's guiding philosophy, organisational principles and service delivery. The need to form BAC-IN was driven in response to 'unmet needs', under-representation and a gap within commissioned mainstream drug and alcohol services for members of the BAME communities in the Nottingham area. BAC-IN provides an alternative model that is culturally responsive & offers a choice of psycho-social, cultural, faith-based and spiritual perspectives to addiction recovery, rehabilitation and well-being.

2.3. BAC-IN started out as a small self-help support group of BAME people with lived experience of addiction and has become an award-winning commissioned service that is leading on ground-breaking research, unveiling issues that need urgent and effective community-driven solutions in under-represented and seldom engaged BAME communities.²

2.4. In 2018 BAC-IN worked in partnership with leading academics from Sheffield Hallam University, at the Centre for Regional Economic and Social Research and the Lankelly Chase Foundation on 'Project Ahryzen' a two-year longitudinal research study³ involving repeat in-depth qualitative interviews with ten BAME individuals in recovery every six weeks to track their personal journeys and progress. The research illustrated that several key factors work concurrently to support the recovery of BAME communities. Of most significance is the value of peer-led services (for, with and by people of [BAME background] with experience of addiction), coupled with cultural responses where people's values, beliefs and experiences are widely understood from the point of initial contact.

² Link to BAC-IN back story: <https://www.bac-in.org/background>

³ Project Ahryzen action research project 2019 - Culture, connection and belonging: a study of addiction and recovery in Nottingham's BAME community. BASHIR, Nadia, AMEYAW, Nathaniel, SAHOTA, Sohan, BAJWA, Manjit and DAYSON, Christopher. Available from Sheffield Hallam University Research Archive (SHURA) at: <http://shura.shu.ac.uk/25244/>

3 | KEY FACTORS AND CONSIDERATIONS

3.1 People from BAME backgrounds are underrepresented in treatment.

- People recorded as white British made up the largest ethnic group in treatment, (84% or 222,775) with a further 5% from other white groups. No other ethnic group made up more than 1% of the total treatment population. *Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) 2017-2018*⁴.
- *Adult substance misuse NDTMS statistics for 2016-2017 and 2018-2019 outline similar figures for ethnicity profile.*
- 'With 92% of all people in treatment for their addictions recorded as white, there is a growing body of evidence that reveals that black and Asian minority ethnic groups are under-represented in treatment.'⁵

3.2. People from BAME backgrounds can face difficulties when entering or navigating the UK healthcare system. These difficulties include language barriers, stigma and cultural differences which can prevent many of them from accessing, engaging and completing treatment.

3.3. Public Health data, NDTMS 2015-2016, even as far back as 5 years ago shows that (85% or 239,083) of people in addiction treatment were White British, with a further 5% from other white groups. Again, no other ethnic group made up more than 1% of the total treatment.

3.4. Mainstream (statutory) commissioned drug treatment providers are doing some good work providing generic support, advice and treatment for the general public. Mainstream approach neglects the unique factors experienced by BAME communities. This in turn leads to a disconnect between the experience of BAME communities accessing help and the perceptions of service providers in how well they are catering for their needs.

- This misperception can leave many of those seeking help unsupported & isolated, often resulting in health deterioration & further multiple disadvantages. We hear of such incidences on a regular basis, people dying, being hospitalised, caught up in offending behaviours & on occasions ending up in prison because as the services designed to help them are unable to respond to their culturally complex issues.
- In the British Medical Journal, Dr Gurprit Pannu, Associate Medical Director NHS⁶, highlights that, 'Alcohol use and alcoholism is on the rise in South Asian populations. Alcohol related harm in Asians is costing the NHS and Social Services too much. For every 100 white men dying from alcohol related causes there are 160 Asian men dying'.

3.5. Our service delivery during the pandemic and subsequent lockdown has highlighted that Covid-19 is disproportionately impacting communities from BAME backgrounds.

- People we support are afraid and anxious. The disproportionate impact of Covid-19 on BAME communities does nothing to ease these anxieties. This increased anxiety and/or personal loss caused by Covid-19 is pushing many back into drug use and increased use of alcohol, putting them at increased risk of offending to fund these behaviours. It is exacerbating problems for those with existing and underlying mental health problems and putting significant strain and stresses on families who were already struggling to support a loved one with a substance misuse problem.



People recorded as white British made up the largest ethnic group in treatment, (84% or 222,775) with a further 5% from other white groups. No other ethnic group made up more than 1% of the total treatment population.

National Drug Treatment Monitoring System (NDTMS) 2017-2018.



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Alcohol use in South Asians in the UK, BMJ 2009.

⁴ Adult substance misuse statistics from the National Drug Treatment Monitoring System (NDTMS) reports 2015-2019.

⁵ All Party Parliamentary Group, The Treatment of Addiction in the UK; <https://addictionsappg.com/>

⁶ Alcohol use in South Asians in the UK, BMJ 2009.

- As service providers, we at BAC-IN and partner BAME organisations have learned that the lockdown isolation has also had a huge impact on the mental health and social functioning of many individuals and families leading to: depression, psychological regressions, loneliness, isolation, risk of suicide/self-harm, increased use of cannabis, drugs and alcohol, domestic violence, loss of employment or businesses impacting on livelihood and significant financial pressures.
 - As the lockdown eases, the opportunity to shape a legacy, an addiction policy that is culturally inclusive at the core, will need to become the new normal in drug treatment. A policy that genuinely captures failures of the past and works on improving the present and future. To mitigate long term damage, the voices of the underserved communities must be heard in this policy. If the system stays as it is, the crisis will have lasting consequences for the BAME citizens living in the UK for generations to come.
- 3.6. For those who suffer from addiction and or from mental health issues from the BAME population their plight is compounded by existing multiple underlying conditions, i.e. diabetes, heart disease, sickle cell, respiratory conditions, prostate and associated cancers, hypertension etc. leading to severe health consequences and fatalities.
- ‘People from BME backgrounds often have poorer access to healthcare services as well as poorer experiences of care and treatment’. ...some BME groups are at higher risk of certain diseases and conditions - this may suggest an increased likelihood of developing COVID-19’.⁷
- 3.7. Current drug treatment is ineffective for BAME people because it is not culturally empathic, it is unable to respond to the culturally sensitive needs of BAME communities.
- Mainstream services do not offer any choice of alternative approaches such as cultural, faith-based and spiritual perspectives to recovery and rehabilitation. Substance misuse treatment providers are unable to respond to the cultural context and cultural dynamics that shape people's addictions and their need for addiction recovery and rehabilitation requires models that can grasp and address these cultural complexities.
 - ‘The science is growing for recovery; we know very little about cultural issues around recovery. The process of developing innovative recovery projects is local. Recovery is a positive sum game and benefits the individuals, family and community. It's culturally embedded, community sensitive and community engaged’. Professor David Best, Sheffield Hallam University, (Project Ahryzen action research learning event 2018.)
 - Despite mainstream services being available for those in addiction, the uptake of services is low amongst BAME people due to their perceptions of such services as being clinical, uncaring and there being a “big distance [culturally] between the workers and the client”.⁸
 - Experiences of mainstream services: ‘a lack of diversity and cultural knowledge among staff in mainstream services for drug and alcohol recovery was reported as preventing them from adequately understanding and meeting the needs of BAME people with addiction. The belief systems of BAME communities are rarely known or understood by mainstream service providers, and therefore they are ill equipped to provide the appropriate support’.⁹
 - Research participants expressed frustration about the lack of cultural understanding amongst service providers.
 - Others reported to have engaged with mainstream providers but discontinued support largely because their needs were not being met.



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The NHS Confederation, BME Leadership Network 2020.



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Project Ahryzen briefing document 2018.

⁷ The NHS Confederation, BME Leadership Network 2020.

⁸ Project Ahryzen action research project briefing document 2018.

⁹ Project Ahryzen action research project 2019, Page 41 - Culture, connection and belonging: a study of addiction and recovery in Nottingham's BAME community. Available from Sheffield Hallam University Research Archive (SHURA) at: <http://shura.shu.ac.uk/25244/>



3.8. The issues above are endemic in large-scale responses to addiction, including national policy design, local/regional commissioning frameworks, and the practices of major treatment providers. This issue cannot be overcome until the cultural context and experience of the BAME population is taken into account at all levels from national policy to on the ground providers. BAC-IN's own experiences – as peers and professionals – and supported by academic research give cause for optimism, however: 'Peer-led recovery services, that include those from local minority communities may have an advantage over mainstream clinical services, in that they can provide a cultural understanding as well as lived experience, and can serve as role models of recovery within communities, encouraging others to seek help themselves'.¹⁰ Without the core elements of deep cultural understanding and the ability to foster a genuine sense of belonging, approaches to addiction and recovery for BAME communities will remain stuck under a low ceiling of effectiveness.

3.9. Commissioning models need to be culturally reflective (with commissioners from diverse backgrounds) in the decision-making process and who have a thorough understanding of the community issues and cultural complexities to shape appropriate service provision. The commissioning arrangements both locally and nationally underestimate the level of needs in minority communities and lack understanding in the types of solutions needed to remedy this. Mainstream services are commissioned but are unable to deliver services that are culturally appropriate for the needs of BAME communities. This in turn, has led to an increasing BAME underrepresentation in treatment services. The national drug policy must reflect on the mounting evidence and urgently develop key recommendations to address the service gaps for BAME communities and make considerations for BAME specialist services that can address these outstanding barriers to treatment.

In 2017, Nottingham City Health and Wellbeing Board published its Health Needs Assessment¹¹ of the black and minority ethnic populations within Nottingham City. Mental health was one of several key themes identified in the assessment. Many of the participants who engaged in the assessment felt that mental health problems were common in BAME communities, and that these were exacerbated by cultural bias, experience of stigma and discrimination and challenges in accessing appropriate services. The assessment recommended consideration was given to the following findings:

- BAME communities find it difficult to engage with mental health services for cultural reasons and because they believe the service will not meet their needs.
- BAME communities feel greater investment is required to improve access to culturally appropriate mental health services that have the capacity and resource to prevent and treat mental health problems.

One of the recommendations in the Mental health for all, 2020,¹² report, reinforces the need for culturally appropriate community services, stating that, '*Communities can make a vital contribution by taking action to tackle inequalities and promote mental health and wellbeing inclusively. But they need investment from public bodies, charitable funders and civil society organisations to lead change. This should include sustainable funding for user and community-led organisations and robust partnerships, so that successful approaches can be scaled up and influence the whole system of services locally*'.



Communities can make a vital contribution by taking action to tackle inequalities and promote mental health and wellbeing inclusively. But they need investment from public bodies, charitable funders and civil society organisations to lead change.

Mental health for all? The final report of the Commission for Equality in Mental Health, 2020.

¹⁰ Rapid evidence review: Drinking problems and interventions in black and minority ethnic communities. 2019. Alcohol Change UK. Dr Helen Gleeson, Prof Betsy Thom, Mariana Bayley and Tricia McQuarrie, Middlesex University.

¹¹ Health Needs Assessment of the Black and Minority Ethnic Populations within 2017 Nottingham City. Jennifer Burton: Insight Specialist Public Health Nottingham City Council, Dima Hadid: Work Placement Student Public Health Nottingham City Council, Helene Denness: Consultant in Public Health Nottingham City Council.

¹² Project Ahyzen action research project 2019 - Culture, connection and belonging: a study of addiction and recovery in Nottingham's BAME community.





It has long been recognised that people from Black and Minority Ethnic (BME) backgrounds are under-represented in alcohol treatment services.

Ethnicity and alcohol: a review of the UK literature, (Bayley and Hurcombe, 2011).

3.10. Institutional racism is a key barrier from BAME people to access services and people from BAME backgrounds routinely faced prejudice and discrimination as highlighted in Project Ahryzen evaluation.¹³

- Racism affected the lives of the individuals and impacted negatively on their histories, and evidence suggests that racism continues to characterise their lives, 'We found that institutional racism continues to feature in the lives of people experiencing addiction. In some cases this led to a lack of trust in mainstream 'White' service providers, and resulted in a general reluctance to engage with or act on the advice these services provided.'¹⁴
- Racism was described as being present throughout people's lives, including in communities, in schools, in the criminal justice system, and in the workplace. It has been the cause of frustration, feelings of not belonging, and lack of trust in services and in encounters with service providers.
- 'For people of dual heritage, a confusion and desperation to understand the two cultures they inhabited, coupled with the desire to be accepted - exacerbated by racism - often led them to drugs.'¹⁵

The drug treatment system for many years have failed a majority of BAME people nationwide, those in positions of power and responsibility must ensure that this failure is not ignored.

- *'It has long been recognised that people from Black and Minority Ethnic (BME) backgrounds are under-represented in alcohol treatment services.'*¹⁶
- For example, BAME communities are not accessing drug and alcohol treatment services at the same level of their white counterparts. According to Nottingham Insight 2017, Nottingham has an estimated population of 325,300 residents of which 35% are BAME (Black, Asian & Minority Ethnic). 1 in 10 people in Nottingham are affected by substance misuse according to a 2015 report,¹⁷ and around 1 in 4 people experience mental health problems every year.¹⁸ Currently, in 2021, Nottingham City Council estimates around 42% of people in the city are non-white-British.

¹³ Ibid page 41

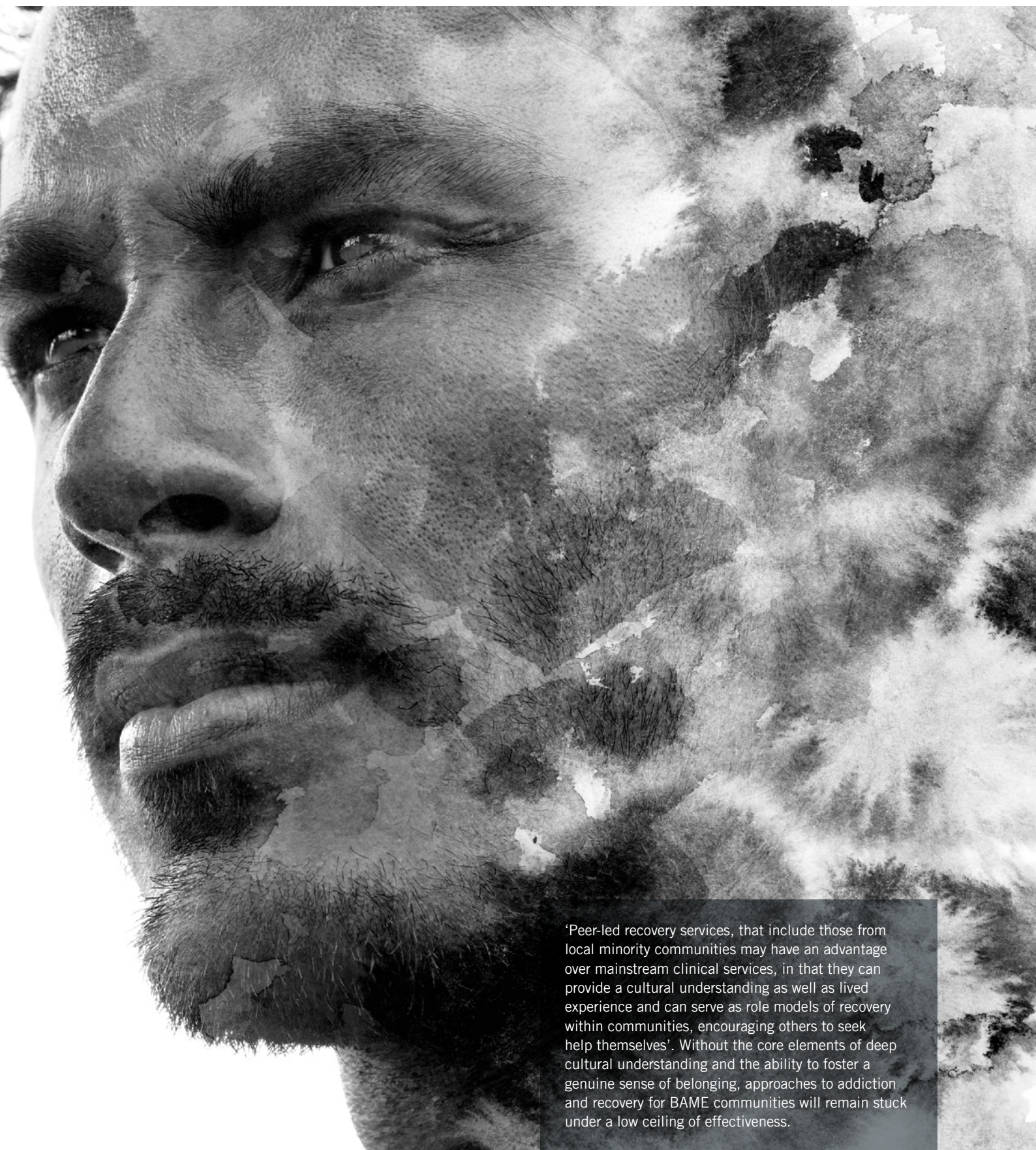
¹⁴ Ibid page 40

¹⁵ Ethnicity and alcohol: a review of the UK literature, (Bayley and Hurcombe, 2011).

¹⁶ Adult Substance Misuse, Presentation published by Nottingham City Council on 25/08/2015.

¹⁷ World Health Organisation (WHO), The World Health report 2001.

¹⁸ Nottingham Insight 2017, Adult Substance Misuse.



'Peer-led recovery services, that include those from local minority communities may have an advantage over mainstream clinical services, in that they can provide a cultural understanding as well as lived experience and can serve as role models of recovery within communities, encouraging others to seek help themselves'. Without the core elements of deep cultural understanding and the ability to foster a genuine sense of belonging, approaches to addiction and recovery for BAME communities will remain stuck under a low ceiling of effectiveness.

(NDTMS - Ethnicity of Drug clients in structured treatment in Nottingham (2017/18)

Ethnicity	Number of people	Percentage
WHITE BRITISH	2059	77.7%
WHITE IRISH	159	6%
BAME	392	14.1%
NOT STATED	60	2.2%

NDTMS - Ethnicity of Alcohol clients in structured treatment in Nottingham (2017/18)

Ethnicity	Number of people	Percentage
WHITE BRITISH	588	82%
WHITE IRISH	72	10%
BAME	57	7.9%

3.11. In response to the Public Health England review, Nottingham City Council's Public Health team has developed a framework to tackle reducing health inequalities experienced by people of black, Asian and minority ethnic (BAME) backgrounds in Nottingham during and beyond the COVID-19 Pandemic. ¹⁹

3.12. Nottingham City Integrated Care Partnership (ICP), has identified BAME health inequalities as a priority; in health outcomes in BAME communities. An initial review has been carried out to broaden the scope of the programme to include the following objectives:

- Review commissioning processes to address any unintended structural racism, strengthening engagement and involvement of BAME communities.
- Understand how smaller voluntary and community sector organisations can be better utilised in commissioning of services to meet the health and wellbeing need of BAME communities.
- Transform engagement and communications with BAME communities to improve access to and experience of using services.





4 | RECOMMENDATIONS

4.1. Robust research should be carried out to adequately assess the level of health needs among people from BAME communities

4.2. National drug policy must reflect the evidence gathered and develop specific recommendations to address the service gap for people from BAME backgrounds

4.3. Local and national commissioning organisations must work alongside people from BAME backgrounds in the design, delivery and assessment of current service provisions to ensure that the service offer meets their needs.

4.4. Culturally responsive recovery models should be integrated alongside the current psychosocial interventions recommended within NICE guidance.

4.5. Local commissioning arrangements should introduce a ring-fence spending for BAME-specialist services that can deliver culturally responsive and high-quality treatment and recovery services.

4.6. 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.

5 | SUMMARY

KEY INFORMATION

- BAME communities face significant health, social and structural inequalities. The recent pandemic is reported to push these health inequalities from bad to worse.
- BAME communities face severe difficulties in accessing health services, particularly mental health and drug and alcohol treatment. Language barriers, stigma, cultural differences, and institutional racism prevent people from accessing, engaging and completing treatment, and making them more likely to come into contact with the costlier criminal justice system.
- Research highlights that BAME communities would benefit from culturally responsive recovery models, but currently there is no incentives in the system for developing or investing in such services.
- Local and national commissioning arrangements often underestimate the level of needs among BAME communities and deliver services appropriate for the needs of these groups. This results in stark BAME under-representation in treatment services.
- Commissioning processes have failed to capture and respond to unmet BAME needs, and engage with BAME communities in designing and delivering culturally appropriate services. This results in stark BAME under-representation in treatment services.

RECOMMENDATIONS:

- Robust research should be carried out to adequately assess the level of health needs among people from BAME communities
- National drug policy must reflect the evidence gathered and develop specific recommendations to address the service gap for people from BAME backgrounds
- Local and national commissioning organisations must work alongside people from BAME backgrounds in the design, delivery and assessment of current service provisions to ensure that the service offer meets their needs.
- Culturally responsive recovery models should be integrated alongside the current psychosocial interventions recommended within NICE guidance.
- Local commissioning arrangements should introduce a ring-fence spending for BAME-specialist services that can deliver culturally responsive and high-quality treatment and recovery services.
- 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.





As the lockdown eases, the opportunity to shape a legacy, an addiction policy that is culturally inclusive at the core, will need to become the new normal in drug treatment. A policy that genuinely captures failures of the past and works on improving the present and future. To mitigate long term damage, the voices of the underserved communities must be heard in this policy. If the system stays as it is, the crisis will have lasting consequences for the BAME citizens living in the UK for generations to come.

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#BAC-IN2life recovery

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