Identifying British South Asians' Perceptions and Experiences of Drug Use and Drug & Alcohol Treatment Services

Lydia Lochhead *Senior Research Assistant in Social Work, Northumbria University*

Dr Zeb Sattar *Assistant Professor in Social Work, Northumbria University*

Dr Hayley Alderson *Senior Research Associate, Newcastle University*

Michael Cave *Senior Public Health Practitioner, Newcastle City Council*

Rachael Hope *Portfolio Lead in Harm Reduction and Social Inclusion, Newcastle City Council*

Prof Monique Lhussier *Professor in Public Health and Wellbeing, Northumbria University*

Dr Ruth McGovern *Senior Lecturer in Public Health Research, Newcastle University*

Dr William McGovern *Associate Professor in Children and Young People, Northumbria University*

Dr Paul Watson *Assistant Professor in Nursing, Northumbria University*

Newcastle City Council

Northumbria University NEWCASTLE

Newcastle University

Background

- Societal stigma from the SA/Muslim community often plays a vital role in preventing those in the community accessing drug and alcohol treatment when needed.

- Additional to stigma, perceived barriers found have also included:
  - Fear of confidentiality being breached
  - Limited trust in services
  - Misconceptions about what treatment involves

- 94% of those accessing drug and alcohol treatment in Newcastle belong to a white ethnicity.
  - This is not reflective of the population, with 11.4% of Newcastle belonging to Asian ethnic groups

Project Aim

- To understand perceptions in the SA/M community (concerns, awareness and knowledge)
- To improve accessibility

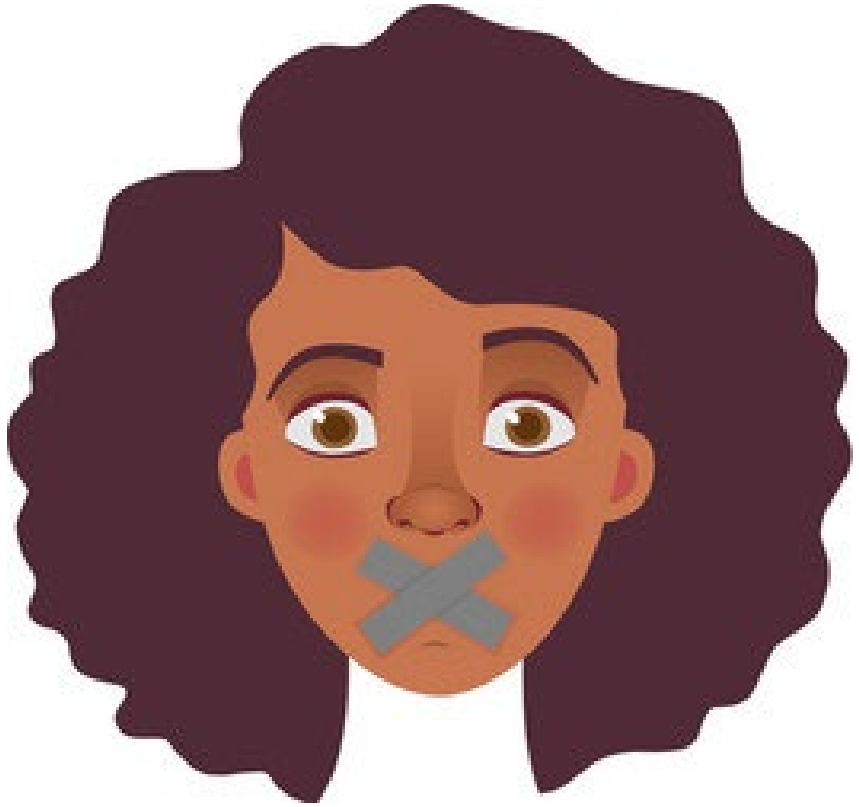
Methodology

Participants

- 10 members of SA/Muslim community (including community leaders and family/friends of those with current or historic drug/alcohol use)

Procedure

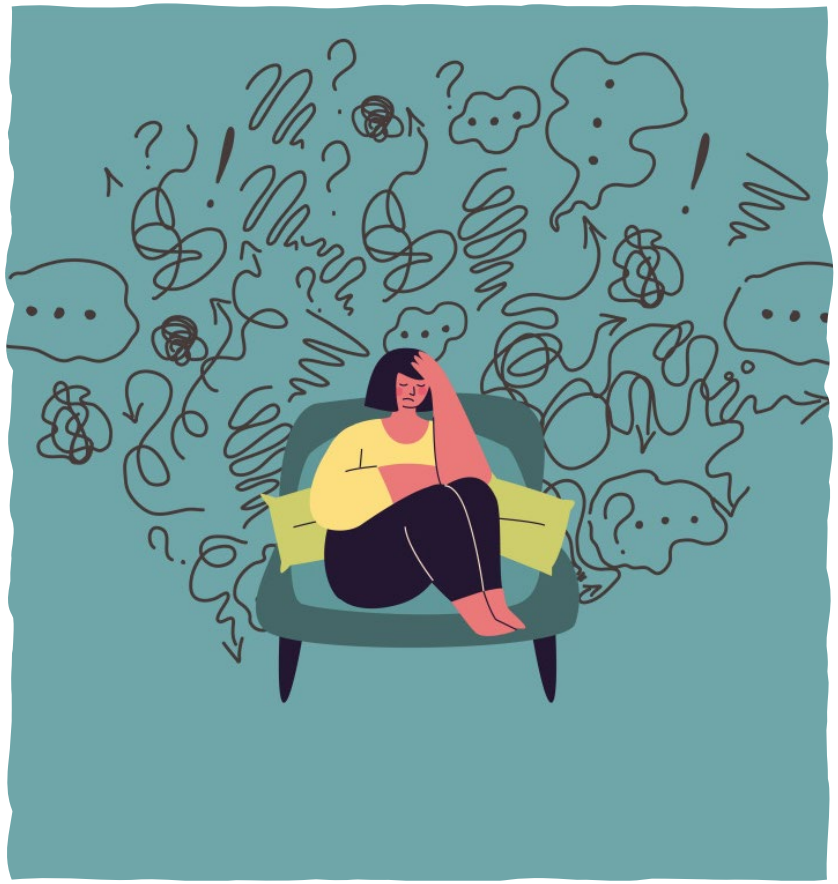
- One-to-one semi-structured interview
- Topics included: knowledge of drugs being use, understanding of treatment, and community perceptions/their own perceptions of treatment



What we found...

- **Drug and alcohol use as a taboo topic**
- Participants reported high prevalence of drug and alcohol use
- Despite this, the topic in the community is generally avoided
- Conversations are becoming more frequent, however, as use increases
- Generational difference in willingness to discuss drug and alcohol use

What we found...



Barriers to treatment

- Familial drug and alcohol use handled with discretion due to fear of shame and stigma from community – creates a space for person to use drugs secretly
- Family members disclosed feeling unable to talk to friends and community members – felt conversations were futile and did not lead to support
- Felt it would be easier in the community for family members to have a terminal illness than addiction, due to limited understanding and sympathy
- Drug and alcohol use led to community members being ostracised from religious and community activities, and impacted family's reputation
- Perceived barrier regarding anonymity and confidentiality being upheld from services – also concerns around being observed by another member of the community.

What we found…

Awareness of treatment

- Participants reported having limited knowledge about drugs and alcohol
- Drug use was noted as happening in the community in the form of cannabis, cocaine (supplied also), and steroids
- Those who had access family support described a positive experience where the service adapted to their needs e.g. location/format
- Services and recovery groups weren't well known, with some believe there was no treatment available in Newcastle – family sent to other countries instead
- Recovery support left to family who are limited in expertise

Accessibility of treatment

- Concerns around cultural competence of existing recovery providers
- A lack of diverse staff led to feeling under-represented in services – a barrier to first accessing

FUSE Research

Interviewed 2 carers and 1 parent

Findings

- Drug and alcohol use not spoken of resulting in carers/parents feeling unable to talk about it and receive support
- Stigma within the community was noted as a barrier to seeking support
- Those who accessed family support spoke positively of their experience and how they were able to access the service gradually and in their own time

Key Recommendations

- There is a need for drug and alcohol education and awareness of services/groups to be implemented in mosques and local community centres due to limited knowledge evident amongst the community

- The need for outreach in the community and for existing services and groups to connect with community leaders, creating familiarity and awareness

- The need for existing services and recovery groups to learn and support cultural understanding and competence, and for some recovery groups to be based in the community, providing effective brokering between services and the community.