This is the first detailed investigation into knowledge of drugs and drug services among a range of black and minority ethnic groups in England. The five reports cover these communities:

- South Asian
- Black African
- Black Caribbean
- Kurdish, Turkish Cypriot and Turkish
- Chinese and Vietnamese.

The reports show that ethnic groups require more and better targeted information, which enables them to understand the impact of drugs on their communities more fully, and helps them to access and trust drug services when needed.

The International School for Communities, Rights and Inclusion at the University of Central Lancashire (UCLAN) undertook the research using results from the Department of Health’s black and minority ethnic drug misuse needs assessment project, conducted in three phases during 2000-01, 2004-2005, and 2006.

The NTA endorses these reports and is grateful to UCLAN for its insights, which have been incorporated into the annual needs assessment and treatment planning process.

One of the questions the reports did not set out to answer was whether, once they have entered drug treatment, people from black and ethnic minority backgrounds have different experiences and outcomes as a result of their ethnicity.

The NTA is committed to fostering diversity and equality throughout the treatment system, and has carried out its own analysis into the differential impact of treatment on a range of groups.

An analysis of 2006-07 data from the National Drug Treatment Monitoring System (NDTMS) suggests that there is no ethnic-related differential impact when it comes to drug treatment itself. While different people respond to treatment differently, service user demographic characteristics do not have a major impact on the treatment provided to them – this also applies to gender and age. The characteristics of the service provider and the main drug of use are more likely to affect how an individual responds to treatment.

For instance, when compared to service users in general, black users (Caribbean, black African and ‘other’ black) were half as likely in 2006-07 to be primary heroin users and five times more likely to be primary crack users. Primary crack users had shorter waiting times for treatment and shorter treatment episodes. This was reflected among black service users, but it is crack use and not ethnicity that is the stronger driver of any difference.

As for treatment discharge, the strongest factor linked to whether someone had a planned or unplanned exit was their drug of choice. The main factor impacting negatively on planned discharge was heroin and crack cocaine use together, followed by opiate use alone then crack use alone.

That said, the range of factors that can impact on treatment outcomes is so varied that even the main drug of use is not a particularly strong driver. The NTA believes that a better understanding of these factors will be enhanced by a higher level of completion for the Treatment Outcomes Profile (TOP).

This means the treatment sector may need to intensify its efforts to ensure that staff and organisational competence are enhanced and sustained to ensure that services meet the needs of a range of drug misusers.

In line with its equality and diversity strategy, the NTA will continue to carry out an annual analysis of the differential impact of drug treatment on diverse ethnic groups.

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1This analysis is available on the NTA website at website at www.nta.nhs.uk/areas/diversity/