Ethnic minorities' use of drug services

Reports to some of the regional databases are challenging the view that few ethnic minority drug users attend drug services

CALLS FOR IMPROVED monitoring of drug problems among minority ethnic groups are underpinned by the generally held belief that ethnic minorities are under-represented in drug agencies.[1,2] It is often argued that specialist services are oriented towards the needs of opiate users, who are predominantly male, white and in their mid to late twenties. Ethnic minority drug users, it is argued, may well have different needs not met by mainstream services.

Despite widespread concern about access to services, current datasets are still inadequate and cannot be used to fully assess ethnic minority representation at drug agencies. Sources of data have broadened with the introduction in 1990 of regional drug misuse databases, which collect standardised data on drug users presenting to medical and drug services. In this report, data relevant to the issue of ethnicity from the database covering North West Thames Regional Health Authority will be presented – a region with some of the highest concentrations of ethnic minorities in Britain.

In North West Thames the proportion of ethnic minorities ranges from about one third of the population in Parkside Health Authority to about five per cent in Bedfordshire. The London Borough of Brent, which falls within Parkside, has the highest proportion of ethnic minorities in England and Wales at 27 per cent.[3]

It is important to remember that – like other data sources – drug misuse databases have their limitations (see panel). But even if the data were complete, this method of head counting can be misleading as a person who makes one appearance at an agency (or in some cases, one phone call) accrues the same status as a regular service user. In an extreme case, a (potential) client who makes an initial contact and never returns is recorded in the same way as a client in regular contact for years.

We need to take care not to over-emphasise one system of mapping drug use trends and patterns. In the current context, data from one regional health authority's database should not be misconstrued as a comment on the quality or appropriateness of existing drug services with relation to ethnic minorities. It simply reflects the number of ethnic minority drug users approaching mainly statutory services. As such, the data may simply reflect the nature of the problem in the wider community.[4]

Ethnic profile

Nearly 2000 drug users were reported to North West Thames's database between April 1991 and March 1992. For the purposes of this summary, these drug users were categorised as either 'white', 'black', 'Asian' or 'European'. These are based on the OPCS categories used by the database. The assumption is that 'white' refers to white people of UK origin and 'European' excludes UK nationals.

Table 1 shows that 80 per cent of drug users were white, 10 per cent were black, 8 per cent were European, and 2 per cent were Asian. The black group of drug users can be subdivided into 35 per cent of Caribbean origin, 14 per cent African and 50 per cent coded as 'other'. The Asian group comprised 25 people of Pakistani origin, eight Indians and one Bangladeshi.

by

Trish Daniel

The author is Project Administrator and Research Fellow at the Centre for Research on Drugs & Health Behaviour in London.

North West Thames Regional Health Authority has areas with some of the highest concentrations of ethnic minority groups in Britain. Reports to the region's drug misuse database indicate that ethnic minorities drug users do attend statutory drug services, but that certain minorities in certain areas are heavily under-represented. Significant proportions of ethnic minority drug service clients use opiates and are injecting.

Overall the male:female ratio was about 2:1, which corresponds to broader trends in London and elsewhere. But there was some variation by ethnic group: among the Asian drug users, the male-female ratio was 7:1, while 40 per cent of black Caribbean users were female. Most drug users were aged between 25-29 years, with little variation between ethnic groups.

In each of the four ethnic groups, opiates were by far the most common main drug of use. Opiate use was highest among European drug user clients, of whom 88 per cent were using opiates, compared with 85 per cent of Asians and 77 per cent of white clients. Among the black group of users, 71 per cent were using opiates.

As a main drug of use, cocaine was most common in the black group at 17 per cent. This compares with 5 per cent of the European group and 2 per cent of white British drug users. There were no reports of Asians using cocaine as a main drug.

Within the black group, cocaine as the main drug of use was highest among black Afro-Caribbeans at 26 per cent. By contrast, only 5 per cent of the black African group and 13 per cent of the black 'other' group were using cocaine as their main drug.

Users of drugs other than opiates or cocaine – benzodiazepines, hallucinogens, solvents and anti-depressants – were almost exclusively white.

Injecting of their main drug of use (see table 2) was highest among the European group at nearly 60 per cent. Notably lower rates of injecting were recorded among the Asian and black users and only 32 per cent of black Caribbeans were injecting. Nearly half the white group were injecting.

Representation at services

Reports to the North West Thames database suggest ethnic minorities are approaching drug services at rates higher than would be expected from the literature.[5]

People classified as 'white' were the dominant ethnic group of clients seen in all the health districts in North West Thames,

Limitations of the data

There are a number of qualifications concerning the use of the database for ethnic monitoring. First, like the Addicts Index and agency-based research, there is a high rate of under-reporting, particularly from low-threshold agencies. The loss of this data is important since there is some evidence that these agencies attract a different client group.[8]

Second, the database's ethnic monitoring tool is not very well suited to collecting data from drug agencies. Reports from agencies appear to record clients' nationalities, which are not readily compatible with the OPCS ethnic categories used in the database. Third, there is a question over the reliability of the ethnic data since they comprise a mix of unvalidated self-reports from clients and categorisations by agency staff.

Using Census data to assess whether ethnic minorities are under-represented at drug agencies also has its problems, since the Census is known to underestimate these populations and uses local authority boundaries which are not coterminous with the health authorities of the database. Since the data on clients are collected at first contact only, the system cannot address issues of quality (such as how well clients' needs are met) or retention.

In North West Thames there is the added complication that concern over confidentiality has led several low-threshold voluntary agencies to provide records which omit the full date of birth. This 'non-attributable' dataset has been omitted from this paper because of the risk of double counting, meaning approximately 900 records collected since October 1991 have been lost to the analysis.

The ethnic profile of clients recorded in the non-attributable dataset varied little from that of the main database. If anything, there were higher proportions of white clients, but the non-response ratio of nearly 50 per cent made meaningful comparison impossible.

Table 1: Ethnic origin of clients reported to the North West Thames Drug Misuse Database, April 1991 to March 1992

Ethnic group	Male	%	Female	%	All	%
White	735	*68*	346	*32*	1081	*100*
Black	99	*70*	42	*30*	141	*100*
Asian	30	*88*	4	*12*	34	*100*
European	77	*71*	32	*29*	109	*100*
Total	941	*69*	424	*31*	1365	*100*
Missing data	n/a		n/a		459	

Table 2: Injecting of main drug among clients reported to the North West Thames Database, April 1991 to 1992

Ethnic group	% injecting
White	47
Black	41
– black Caribbean	32
Asian	40
European	58

ranging from 100 per cent of agency contacts in North Hertfordshire to 66 per cent in Ealing. People from ethnic minorities were concentrated in districts within the Greater London area.

An attempt was made to assess whether minority groups were under-represented in drug services by comparing database reports with the estimated proportion of the different ethnic minorities in the corresponding local authorities. Where comparison was possible, the data did not provide evidence that ethnic minorities *as a whole* are under-represented.

Districts with the highest proportion of residents from ethnic minorities – notably Parkside and Riverside – also reported seeing the highest proportion of ethnic minorities (about one fifth) within their drug services. In one district – Hillingdon – the proportion of clients from ethnic minorities was actually *higher* than the estimated proportion of ethnic minorities in the population as a whole.[6]

However, there was marked under-representation of *particular* minorities in *particular* districts. For example, in Ealing and Harrow people of Asian descent are estimated to comprise 42 and 22 per cent of the population, but comprised 9 and 0 per cent respectively of database reports from these districts. These findings are extremely tentative since the data on which they are based are not enough to settle the question of ethnic minority representation.

In terms of *which* services were attended, most drug users (72 per cent of the total sample) were seen by specialist NHS services. In line with previous research, clients of Asian origin were more likely to have been seen by a GP than by a specialist drug agency.[7] Of Asian clients, 24 per cent were seen by a GP, compared with 13 per cent of white clients, 7 per cent of Europeans, and 5 per cent of black users. There were no reports of Asian drug users contacting voluntary drug agencies, though small numbers had approached the agencies reporting non-attributable data only, data excluded from this analysis.

More questions

The data presented above raise a number of interesting issues worthy of further investigation. Black and other ethnic minority drug users do have problems and are approaching services, so what are agencies doing to further attract and retain this client group? Given that the figures indicate a desire for help among these populations, it is important that services continue to monitor ethnic minority issues and adapt to new demands.

Nearly half of Afro-Caribbean drug users attending services in North West Thames were women: what does this mean for service response and what needs to be done to contact their male partners? Contrary to common beliefs, black drug users are using heroin and are injecting. How can we reach these individuals, whom ethnographic research indicates are often ostracised from their own drug using communities and thus represent the most hidden portion of the hidden population of illicit injectors?

The issue of GPs as a referral and contact point comes again as we note that a higher proportion of Asian drug users contact their GPs relative to users from other groups. That we have yet to fully address these issues indicates both the immediacy and reality of the broader task of developing services that are appropriate to the needs of ethnic minorities. ■

1. Abdulrahim D. *Working with diversity: HIV prevention and black and minority ethnic communities*. NE and NW Thames Regional Health Authorities, 1991.
2. Mirza H. *et al. Drugs people and services in Lewisham: final report on the Drug Information Project*. 1991.
3. Haskey J. *The ethnic minority populations resident in private households – estimates by county and metropolitan district of England and Wales*. Population Trends, no 6. HMSO, 1991.
4. Barnwell *et al. Drug misuse in Brent: problems and service needs*. Drug Indicators Project, 1989.
5. Abdulrahim D. op cit.
Mirza H. *et al* op cit.
Awiah J. *et al. Race, gender and drug services*. ISDD, 1992.
6. Haskey J. op cit.
7. Awiah *et al* op cit.
8. Daniel P. *A report on drug misuse data collection in North West Thames*. Unpublished, 1992.