

**Issues surrounding drug use and drug  
services among the Chinese and Vietnamese  
communities in England**

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This is the fifth of a series of publications to inform drug service planning and provision by presenting results from the *Department of Health's Black and minority ethnic drug misuse needs assessment project* that was conducted throughout England in three phases during 2000-2001, 2004-2005, and 2006. This project employed the Centre for Ethnicity and Health's Community Engagement Model to train and support 179 community organisations to conduct the needs assessments (Fountain, Patel and Buffin, 2007; Winters and Patel, 2003). Each community organisation was also supported by a steering group whose membership included local drug service planners, commissioners and providers.

This publication collates the findings from four reports from community organisations. Three of these are from Chinese community organisations and relate to issues surrounding drug use and drug services among 202 members of England's Chinese populations. One report is from a Vietnamese community organisation. This was the only of the 179 community organisations that participated in the project that was concerned with the Vietnamese population, which is one of England's relatively small Black and minority ethnic populations. 113 community members took part in the study and a short report on the results is presented.

## Foreword

This UCLAN series of reports – of which this is the fifth volume – examines knowledge of and information about drugs and drug services among a range of Black and minority ethnic groups in England.

Overall, the series has shown that various ethnic groups require more and better targeted information which not only enables community members to understand the impact of drugs on their communities more fully but also helps them to access and to trust drug services when needed.

The NTA endorses these reports.

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

An analysis of 2006/07 data from the National Drug Treatment Monitoring System (NDTMS) suggests that generally there is no ethnicity-related differential impact when it comes to drug treatment itself.<sup>1</sup> While different people respond to treatment differently, service user demographic characteristics do not have a major impact on the treatment provided to them – and this applies as much to gender and age as it does to ethnicity. The characteristics of the service provider and the service user's 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 service users (defined as Black 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.

One of the functions of being a primary crack user was that they were also found to have shorter waiting times for drug treatment as well as shorter treatment episodes. These differential impacts were reflected among Black service users, but it is the crack use and not the ethnicity *per se* which is the stronger driver of any difference.

As for discharge, the strongest factor which was linked to whether someone had a planned or unplanned discharge from treatment was also their drug of choice. In particular, the main factor that impacted negatively on planned discharge was the use of heroin and crack cocaine together, followed by opiate use alone then crack use alone.

That said, the range of possible factors which can impact on treatment outcomes is so wide and varied that even the main drug of use is not a particularly strong driver.

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<sup>1</sup> This analysis is available on the NTA website at website at [http://www.nta.nhs.uk/areas/diversity/docs/differential\\_impact\\_assessment\\_ndtms\\_0607\\_%20120309.pdf](http://www.nta.nhs.uk/areas/diversity/docs/differential_impact_assessment_ndtms_0607_%20120309.pdf)

What this means for the treatment sector is that we may need to intensify our efforts to ensure that staff and organisational competence is sustained and enhanced to ensure that drug services meet the needs of a range of drug misusers.

Evidence-based psychosocial interventions that promote freedom from dependence and a route towards recovery are of particular importance as the 'golden thread' that runs through all drug treatment. In turn, this will enable drug treatment services to improve their organisational functioning and have a greater impact on the outcomes of all their service users, whatever their ethnic background or primary drug of use.

In accordance with the Agency's Equality and Diversity Strategy, the NTA will therefore continue to conduct an annual analysis of the differential impact of drug treatment on different groups.

## Key messages

### Drug service needs

- This report represents the evidence and recommendations for drug service planners, providers and commissioners to address the needs of Chinese and Vietnamese people. To be effective, however, this work must take place at a local level, in order that the heterogeneity among and between these communities is addressed. 'What works' for those born in the UK, for example, may be inappropriate for recent immigrants.
- The drug service needs presented in this report are interrelated: a 'pick and mix' approach to meeting them will be ineffective because other barriers to drug service access will remain.
- Meeting these needs relies not only on action by drug service planners, commissioners and providers, but also by the Chinese and Vietnamese communities themselves.
- The overall picture painted by the results from the participation of 202 Chinese and 113 Vietnamese people in the *Department of Health's Black and minority ethnic drug misuse needs assessment project* is that they are dealing with drug use without sufficient knowledge of the issues and in isolation from mainstream drug services, and that drug services are unaware of the needs of these communities and of how to meet them. It is clear that community members want support and that drug services want to be supportive, but both lack the capacity to progress these aims.
- The drug-related needs of the Chinese and Vietnamese communities are, above all, for information about drugs and drug services. In addition, their trust in the cultural competence of drug services needs building up. Engagement between – and commitment from – Chinese and Vietnamese communities and local drug service planners, commissioners and providers is essential for progress towards meeting these needs.

### Patterns of drug use

- The samples of Chinese and Vietnamese people from the four studies considered in this report were not representative of all members of these communities in England. Furthermore, the data on patterns of drug use were based on perceptions as well as on reported use. Nevertheless, the results indicate that:

Among Chinese communities, cannabis and ecstasy are the most commonly used drugs, especially (but not exclusively) among young people. Heroin and cocaine powder are also used, but by far fewer Chinese people than use cannabis and ecstasy, and the use of other illicit drugs is relatively low.

Cannabis is by far the most commonly used drug within the Vietnamese community (followed by amphetamines). The use of other illicit drugs is relatively low. Young males are more likely to use drugs than females and other age groups. It was generally perceived that a greater proportion of Vietnamese people in Vietnam use drugs than those in the UK.

## **Help-seeking**

- The findings from the four community organisations' studies strongly indicate that, compared to the white population, Chinese and Vietnamese people are under-represented as recipients of drug information, advice and treatment services. Indeed, drug service providers in the areas where the studies were conducted reported that they had very few – or no – clients from these communities.
- The stigma of drug use prevents **Chinese** drug users from revealing to their families that they have a drug problem, and from attending a drug information, advice or treatment service based in an area frequented by other Chinese people, because of the possibility of being recognised. If they do seek help, Chinese people are most likely to ask their GP.
- **Vietnamese** people are reluctant to seek help with drug-related issues because they fear coming to the attention of the police, are reluctant to discuss any problems that affect their community, and lack trust in the confidentiality of drug services.

## **Information needs**

- The major barrier to drug information, advice and treatment services facing the Chinese and Vietnamese communities is a lack of knowledge about drugs and, especially, the range of drug services that exist and the help they can offer. This impedes access to information and advice for all members of the communities, including non-problematic drug users who would benefit from information about the substances they use and advice on harm reduction strategies. The lack of awareness also hinders access to treatment for problematic drug users, and means that, if treatment is accessed, there is an unrealistic expectation of what can be achieved and the process by which it is achieved.
- If awareness-raising initiatives are to succeed, they must first overcome the reluctance of many Chinese and Vietnamese people to discuss drug-related issues because of the stigma attached to them.

## **Cultural competence**

- A basic framework for cultural competence is provided in Section 6.
- The study reports strongly recommended that drug service planners, commissioners and providers should understand and address how the cultures of the Chinese and

Vietnamese communities affect access to drug information, advice and treatment services in terms of:

**Language**, including drug education materials in Vietnamese and the appropriate Chinese dialects, and drug service staff who speak these.

**The ethnicity of drug service staff**, because Chinese and Vietnamese staff could explain the relevant culture and traditions to other staff, and their presence would encourage members of these communities to access drug services.

The **diversity** of the Chinese population, which may comprise immigrants from mainland China, Hong Kong, Malaysia, Singapore and Taiwan; British-born Chinese; and children and young people temporarily living in the UK to study. Understanding diversity includes recognising the discreteness of England's relatively small Vietnamese community and that it has a different culture and needs from the Chinese communities.

**Social exclusion**, particularly of the Vietnamese community, as unemployment, a lack of English language skills and the consequent lack of integration are risk factors for drug use and problematic use.

## **Engagement**

- The community organisations participating in the project stressed that partnerships between them and drug services were the way forward to addressing the barriers to drug service access facing Chinese and Vietnamese people.
- Adaptation, flexibility and commitment to engagement – by community members, community organisations and by drug service planners, commissioners and providers – are clearly required to ensure the success of such partnerships.
- These partnerships are likely to be 'starting from square one' and face challenges that must be overcome – such as community members' lack of trust in the confidentiality of drug services and a tendency to hide drug problems. Therefore, increased access to drug services by members of the Chinese and Vietnamese communities is unlikely to be an immediate outcome of partnership working.
- Community organisations may need funding to increase their capacity to assist their communities with a range of drug-related needs and to fulfil their role as partners of drug services.

## **Note**

As the community organisations reported both qualitative and quantitative data, this publication sometimes uses the following terms to give an indication of proportion: small minority (around 5% or less); minority (around 10%-15%); majority (more than 50%); and large majority (more than 75%).

## **Issues surrounding drug use and drug services among the Chinese communities in England**

### **Population profile**

The 2001 census reported that:

- 0.4% (247,403) of the UK population were Chinese.<sup>[1]</sup>
- Chinese people comprised 5.3% of the UK's Black and minority ethnic population.<sup>[1]</sup>
- In addition, 16,951 people in England and Wales reported their ethnicity as Mixed: Chinese and white; 1,422 as Mixed: Asian and Chinese; and 998 as Mixed: Black and Chinese (total 19,371 or 0.04% of the whole population).<sup>[2]</sup>
- Chinese people formed more than 2% of the population in the London Boroughs of Barnet and Westminster and in Cambridge and the City of London.<sup>[3]</sup>
- 22% of Chinese people in England and Wales described their religion as Christian and 15% as Buddhist. Over half (53%) stated that they had no religion.<sup>[4]</sup>
- Of the Chinese people in Great Britain, 25% were born in England, and 3% in other UK countries, 29% in Hong Kong, 19% in China, 8% in Malaysia, 4% in Vietnam, 3% in Singapore, 2% in Taiwan, and the remaining 7% in many other locations across the world.<sup>[5]</sup>

Large-scale migration of Chinese people to the UK occurred in the 1960s, with economic migrants from Hong Kong, Malaysia and Singapore. Migration from mainland China began in the late 19<sup>th</sup> century, but there has been a resurgence from the 1980s onwards (Dobbs, Green and Zealey, 2006).

As one of the study reports noted, *'The Chinese community in England is not a homogenous one. As a result of kinship, geographical and dialect links, subgroups have emerged'*. The reports identified these as:

- The immigrants in the 1960s from Hong Kong, Malaysia and Singapore, known as *'wah quil'* or *'overseas Chinese'*.
- Immigrants from mainland China.
- British-born Chinese (BBC).
- Students: children and young people temporarily in the UK to study (at boarding schools, colleges and universities) from Hong Kong, China, Taiwan, Singapore and Malaysia.

## 1 Research methods

Data for the needs assessments were collected by Chinese community researchers who spoke the Chinese dialects of the target samples. They were selected by each community organisation and attended a series of accredited workshops run by the Centre for Ethnicity and Health (now part of the International School for Communities, Rights and Inclusion) on drugs and related issues (including drug policy) and on research methods.

The samples were accessed using the community organisations' and community researchers' existing contacts with individuals and organisations (including places of worship) and snowballing from them. One study advertised for participants in Chinese community centres, restaurants and supermarkets. The Centre for Ethnicity and Health's Community Engagement Model's use of researchers from the same communities as those being researched was therefore crucial to the data collection process. As one study reported noted:

*Had all these contacts and networks not existed, the research would have been near impossible. An outsider coming into the community could not have obtained the in-depth responses that have been accumulated.*

The community organisations used semi-structured questionnaires, focus groups and a small number of case studies of drug users to collect data. One of the Chinese community organisations also observed Chinese people in a nightclub after being told by study participants that middle-aged men used ecstasy there.

In the 2000-2001 phase of this project, a Chinese community organisation recommended a drug education package in Chinese dialects. This recommendation was taken up by another Chinese community organisation in 2005: three drug education workshops were held and pre- and post-workshop questionnaires were administered. Thus, the process by which these projects were delivered achieved one of the aims of the Centre for Ethnicity and Health's Community Engagement Programme – to raise the awareness of community members of the issue in question.

Two of the three study reports discussed how they had used different approaches to data collection with different elements of their samples. For example, one reported that young people were unwilling to attend focus groups in the community centre because 'authority figures' may have been present, so small groups were conducted in a coffee bar. However, elderly people were happy for the groups to be held in the community centre because they felt relaxed there as they attended the centre's luncheon club. These reports also discussed how some potential participants 'were suspicious of the research motives and therefore unwilling to take part', and so the community researchers had to stress the aims of the studies and that contributions would remain confidential.

## 2 The Chinese sample

- In total, 202 Chinese community members took part in the studies.
- The sample's age ranged from 16 to over 65, including 29% who were aged 16-25 and 26% who were 50 or over.
- 62% of the sample were female and 38% were male.
- 152 study respondents were asked where they were born and their responses were:
  - 60% Hong Kong
  - 22% China
  - 13% Britain
  - 5% Singapore, Taiwan, Macau or Malaysia
- The first language of the majority of the sample – especially among older people – was the Chinese dialect, Cantonese. The Hakka and Mandarin dialects were used by smaller proportions of the sample. Younger people were more likely to speak English as their first language, although many were also fluent in Cantonese, which they spoke at home.
- The studies were conducted in areas where substantial proportions of Chinese people live or visit: Greater Manchester and the London boroughs of Westminster, Camden and Islington. There are 'Chinatowns' in Westminster and in Manchester.
- In addition to community members, two studies interviewed a total of 15 professionals. Eight of these were workers from Chinese community organisations and seven were drug service workers.

### **3 Patterns of drug use among the Chinese community**

See *Key messages* for a summary of this section

**It must be stressed that no inferences on the prevalence of illicit drug use among the Chinese communities should be made from the data presented in this section.** The *Department of Health's Black and minority ethnic drug misuse needs assessment project* was not intended to be a prevalence survey, but aimed to provide an overview of drug-using patterns and drug service needs. Indeed, only a small minority of the 202 Chinese study participants were asked directly about their personal drug use. Therefore, in order to give an accurate as possible overview of patterns of drug use among Chinese people in England, this section combines the data on reported drug use with those of the perceptions of the study participants. The data from other publications in this series has shown that these perceptions concur with the reported drug use of the samples.

- A majority of study participants agreed that illicit drugs were used among the Chinese communities that were studied for this project.
- A small minority of study participants thought that young Chinese people do not use drugs because they *'come from a professional family', are 'well educated', are 'good boys and girls and won't go near drugs,'* and because *'it's discipline ... you can see that some families have very good discipline ... [and so] by the time they [young Chinese people] have friends who might have an influence on them, they are able to say no'.*
- One study reported that:

*Several participants talked about the 'pill-taking disco culture' as being a 'Western' trend, implying that Chinese youngsters have been drawn in.*

Other participants in the study disagreed, however, and reported that the Hong Kong culture includes drug use in nightclubs by young people and that this continues among some of them when they move to the UK.

- **Cannabis** and **ecstasy** (named in one report as *fin tau yuen* meaning *head-shaking tablet*) were perceived to be by far the most commonly used drugs, and use was reported by all age groups as *'a normal activity'* for young people on a night out. One of the studies not only reported this from their sample, but also from items in Chinese newspapers, magazines and television programmes. A smaller proportion of the sample thought that **heroin** and **cocaine powder** were used by Chinese people.
- Only a very small minority of the sample thought that any **other illicit drugs** (amphetamines, ketamine, LSD and crack cocaine) were used among the Chinese community. A few elderly people thought that opium may be used by older Chinese people, although they acknowledged that this perception may be outdated.

- With the exception of opium, the reported drug use of the sample corresponded to the above perceptions.
- One study interviewed twelve professionals working in London, but they gave very little insight into drug use among this population. Only two of eight Chinese community workers thought that drugs were used and four drug workers thought that heroin was the drug most commonly used, but reported that they had very few Chinese clients. Another study, in Manchester, reported that the three drug workers they interviewed *'had little or no contact with drug users from the Chinese community'* and lacked information on the drug use among this population.
- Overall, study participants felt that young Chinese people were more likely to use drugs – cannabis and ecstasy in particular – than other age groups, especially if they visited nightclubs. Heroin use was generally thought to be confined to older age groups. That said, one study reported that a minority of their sample of parents knew middle-aged men who used ecstasy in nightclubs: the study's observation of this age group in a night club appeared to support these reports.
- Peer influence was thought to be a major factor in influencing drug use by young people, followed by parents *'neglecting'* their children because they work long hours. Unemployment, financial problems, stress, mental health problems and poverty were also perceived as risk factors for drug use among all age groups.

### 3.1 Community members' concerns surrounding illicit drug use

Overall, when study participants were asked about their concerns surrounding illicit drug use, they concentrated on the problematic use (especially addiction) of heroin and crack cocaine. Thus, young people, many of whom used cannabis and ecstasy and described this as *'normal'* behaviour, were intolerant of the use of other drugs, seeing it as harmful to health and characterised by addiction, gangs and crime, including mugging and other theft.

Some adults said they avoided drug users because they were *'scared – I keep my distance because they may cause damage to me'*. Other adults, however, expressed sympathy and pity for dependent drug users.

Study participants' major concerns surrounding illicit drug use among the Chinese community were that:

- Drug use is **increasing**.
- The **reputation of the Chinese community**, who *'want face and reputation'* is adversely affected by drug use, and a drug user's family is consequently stigmatised by their community. Indeed, one study reported that *'Parents were very reluctant to talk about their children or personal experience. Fear of being labelled was a major factor'*.

- Drug use leads to **crime** to finance it, because drug users '*will do all sorts of things to get money*':

*Crime rapidly increases, security becomes an issue in the sense that the elderly are afraid to walk the streets at night due to the increase of muggings etc.*

- Drug use is harmful to users' **physical and mental health**, including addiction.

Other concerns, reported by fewer study participants than those above, were that:

- young people are exposed to drugs in school, nightclubs and casinos;
- the Triads (described by one study report as '*organised crime in Chinatown*') are involved in drug distribution;
- drug use leads to the breakdown of family and friend relationships; and
- drug use has a negative effect on users' education, employment, careers and businesses.

## 4 Help-seeking by the Chinese communities

See *Key messages* for a summary of this section

GPs were most commonly cited by study participants as the main source for drug information, advice and treatment. They were followed by a wide variety of others – friends, Chinese community organisations, the media, schools and health centres. Drug services were rarely mentioned as a source of help, and then only by a few heroin and/or crack cocaine users.

As discussed in Section 3, the drug service workers interviewed by two of the studies reported that they had very few Chinese clients. One of them believed that, for help and support with a drug problem, Chinese people:

*turn to their own – turn inwards rather than outwards. They'll ask their own communities first.*

However, the study reports suggest that this assumption is not always correct, and that it reinforces the stereotype of Chinese people summed up by one of the study reports as '*quiet ... inscrutable ... shy ... self-sufficient ... present an image of not causing any trouble*'. The reports show that the stigma of drug use (Section 3.1) actually prevents Chinese drug users from revealing a drug problem to their families, as well as from attending a drug information, advice or treatment service based in an area frequented by other Chinese people, because of the possibility of being recognised.

The remaining sections report on the drug service needs of the Chinese communities as identified by the three community organisations. These strongly indicate that, compared to the white population, Chinese people are under-represented as recipients of drug treatment services.

The Chinese communities' drug service needs are categorised as **information** on drugs and drug services, services' **cultural competence** (especially in terms of language) and **engagement**. Of course, not all these needs apply exclusively to Chinese people, nor indeed only to members of Black and minority ethnic communities. Nevertheless, it does not follow that Chinese people can simply 'slot into' existing drug services. Responses may have to be different so that the barriers to drug service access that they face can be overcome.

## 5 The Chinese communities' information needs

See *Key messages* for a summary of this section

Information about illicit drugs and drug services was identified by all the study reports as the Chinese communities' major drug service need. Most study participants agreed that they wanted more information on these issues. The small minority who did not, included parents who believed they did not need it because drug use would never affect them nor their families, and young people who insisted that they would never use drugs.

### 5.1 Current knowledge

All the studies reported that a large majority of their samples lacked knowledge about illicit drugs and drug services.

Young people were somewhat more knowledgeable about illicit drugs than older generations, as the majority had received drug education at school. Other than this, young people's main source of information about drugs was the English media, whereas older generations cited the Chinese media. In summary, as one of the study reports put it:

*It would appear that apart from the mainstream schools, there is very little drug education available for the Chinese young people and their families.*

Knowledge of **drug information, advice and treatment services** and the help they can offer was extremely limited across all age groups:

*We don't really know where to go. There isn't much information available for the Chinese community. People with determination to quit drugs have nowhere to go.*

*[Chinese drug users] do not know how to access help or what to expect from treatment. This alien situation results in a fear of the unknown and a reluctance to seek help.*

### 5.2 The message

Study participants' main suggestions for the content of drug education initiatives were for information about illicit drugs, the drug services that are provided and how to access them. There were several suggestions that the stigma of drug use among the Chinese communities could be reduced if this information was presented as a health issue.

Other suggestions were for information on how parents can spot drug use among their children and how families can deal with the drug use of a member.

Reflecting the perception that mental health problems, unemployment and a lack of education are risk factors for drug use (Section 3), a large minority of study participants wanted information about support with these issues to be provided alongside that on drugs. Some young people suggested that information on sexual health should also be included.

### 5.3 Media

Study participants suggested various media in which they wanted information about drugs and drug services. The most popular suggestions were:

**Bilingual leaflets** in the appropriate Chinese dialects and English, designed for each age group.

**Workshops** for families in which the dialogue between generations and sharing of different views is encouraged. A large majority of study participants who attended drug awareness workshops held by one community organisation as part of this project agreed they had learned something about drugs and their effects, were willing to pass this information onto others and wanted more workshops.

Other common suggestions of how to transmit information about drugs and drug services to the Chinese communities were:

A Chinese **telephone helpline** because of its confidentiality, anonymity and *'because a lot of Chinese people may not speak English, a Chinese speaking helpline can help parents to get some emotional support and to talk about their worries'*.

Information by **oral and visual media** in Chinese, such as audiotapes, videos, DVDs and television programmes.

Bilingual **posters** in public places.

### 5.4 Venues

Schools and community centres were the most frequently suggested venues for the transmission of information about drugs and drug services.

There was no consensus among young people who had received drug education at **school** as to whether or not this had been useful, but most of them and the adult study participants thought that schools should deliver more comprehensive information, so that *'kids can be aware of the dangers'* and *'so they can make better judgement whether they should try it or not, other than being persuaded by peer pressure'*.

It was widely thought that information and workshops about drugs and drug services should be available in **Chinese community centres**, because they were well-visited by the local Chinese population and because workers there could speak the relevant Chinese dialects.

However, the study which interviewed eight workers from Chinese community organisations reported that the majority of these organisations did not provide information on drugs, and that their workers had no drug training and were not aware of drug services. For example, although the youth leader in a Chinese community organisation thought drug education in schools was inadequate, he was not aware of any organisation other than the police that could provide a drug education workshop for young people. The study reported concluded:

*Community organisations demonstrated an alarming lack of awareness/understanding of drug-related issues and provision of drug support services and information.*

Other less common suggestions were that information should be made available in health centres, via peer education, and that drug service providers should distribute leaflets in Chinatowns and conduct outreach work, especially among young people.

## 6 Cultural competence

See *Key messages* for a summary of this section

Cultural competency is a term that is being increasingly used within the public sector, but there is little agreement over what it means and how it can be implemented. While most organisations conduct some training around race, culture and diversity, the content of their training programmes varies considerably (Tamkin et al., 2002). Moreover, the diverse meanings of 'cultural competence' are often highly dependent on local contexts:

*Cultural competency of care and services may be proposed in quite diverse ways depending on the local context. This mandates the need for careful research and quality checks on what is proposed and implemented and applied.* (Bhui et al., 2007 p.14)

There are no nationally recognised standards by which cultural competence can be measured, let alone defined. However, a basic framework for assessing cultural competence can still be developed. The following framework is intended as a guide and contains only examples of the various skills, processes and abilities that are involved.

It is based on both individual and organisational competence. As detailed below, individual competence is skills-based and relates to individual practitioners' professional practice in working with diverse communities and individuals. Organisational competence, on the other hand, is defined by the level of maturity in the organisation for addressing equality and diversity across the full range of its functions and policies.

### Individual competence

Individual competence is based on the skills of acknowledging, accepting and valuing cultural difference in others – that is, between and among culturally diverse groups and individuals. Individual competence is built up through a developmental process that includes:

- **Improving knowledge of local communities**, such as demographics, religious beliefs, sects and practices, common languages, migration and settlement patterns, health and social care needs, diet and cultural norms.
- **Developing skills in reflective practice** including empathy, the ability to challenge assumptions and prejudices in self and others, and the ability to work through communication difficulties and differences with a sensitive aptitude and attitude.
- **Developing communication skills** in working with people whose first language is not English and the ability to work sensitively and competently with interpreters.

### Organisational competence

Organisational competence is demonstrated through a clear commitment to recognising diversity and the development of proactive policies which embed equality and skills in working with diverse communities throughout the organisation. This process includes:

- **A clear commitment to equality**, valuing diversity and human rights, which is articulated in the aims and objectives of the organisation.
- **Provision of staff training programmes** that meet the needs of a range of personnel, from basic induction through to higher-level learning.
- **A system for engaging and consulting with local communities** and ensuring that services take account of local diversity.
- **Leadership and management** of equality and diversity through performance and monitoring systems.

It should be recognised that individual and organisational cultural competence are inter-dependent: one cannot be effective without the other. No matter how skilled or competent the individual, they require the support of the organisation in order to achieve effective cultural competence. Similarly, however well-developed an organisation's policies and procedures are, it will fail to meet the needs of a culturally diverse population without skilled and competent staff to carry them out.

Taking a maturity approach to cultural competence recognises that there are various levels through which individuals and organisation might pass as they move towards a fully-developed level of competence. This is also in keeping with models of lifelong learning and organisational development.

A culturally competent service operates effectively in different cultural contexts so that the needs of all members of their target population can be met by equitable access, experience, and outcome. However, as one of the study reports put it, in the case of Chinese communities, there is also:

*a need for appropriate drug education – for young people, families and elders – in the appropriate language and culture. It also indicates a need for services to be more culturally appropriate. This includes appropriate literature, staffing and areas of work to access Chinese people.*

The issues discussed by study participants in relation to drug services' cultural competence were the **diversity within the Chinese population** in England, **language** and the **ethnicity of drug service staff**.

### **6.1 Diversity within the Chinese population**

The study reports emphasised that the diversity within a local Chinese population must be considered if services are to work towards cultural competence, because:

*They come from various countries and background, have been in the UK for different lengths of time and have varying levels of exposure to, and acceptance of, British culture and systems.*

For example:

*Some young people are more English than Chinese. They hang out with English mates and wouldn't even go to Chinatown that often. On the other hand, there are young people who are into Hong Kong culture and would go to Chinatown all the time and speak Chinese all the time and buy anything that's related to the culture ... BBC [British-born Chinese] can be seen as the same as English although they might have parents who are really traditional.*

*Wah quil or overseas Chinese ... do not speak English well ... although England is their preferred place of settlement, they nevertheless grasp tightly onto ideologies they brought over from their 'homeland'.*

### **6.2 Language and the ethnicity of drug service staff**

Study reports identified language as the biggest barrier to Chinese people – especially the older generations – obtaining information about drugs and drug services. Only a small minority of the study participants reported ever seeing this information in a Chinese dialect.

The study participants whose first language was not English particularly stressed that they needed information in the Chinese dialect that they used. They also wanted drug services to have more Chinese interpreters and workers so that they could deal with Chinese clients in a culturally competent manner:

*It is imperative that those who design and deliver drug information and services have a deep understanding of Chinese culture and traditions ... ideally being Chinese themselves.*

The drug service workers interviewed for one study reported that they had access to Chinese interpreters and/or workers who spoke different Chinese dialects. However, they added that there may be some delay in matching a Chinese-speaking client with an interpreter or worker who speaks the same dialect, during which time they cannot help potential clients, some of whom ended their contact with the service whilst waiting.

## **7 Engagement with the Chinese communities**

See *Key messages* for a summary of this section

The studies concluded that, before this project, drug services had given very little attention to the needs of Chinese communities:

*There was a strong feeling from the focus groups that nothing had been done for the Chinese community.*

*Although ... some ad hoc attempts had been made to work with Chinese drug users, these did not appear to be part of a strategic approach.*

*We have found no instances of leaflets in the Chinese language...or employment of Chinese drug workers.*

The *Department of Health's Black and minority ethnic drug misuse needs assessment project* has not only produced three local needs assessments from community organisations on the drug-related needs of the Chinese communities but has also engaged Chinese community organisations and local drug service planners, commissioners and providers. The study reports pointed out the value of this engagement for all those involved:

*[Local drug service providers] acknowledged their lack of experience and data about Chinese people and they were keen to gain any information or assistance that we could provide.*

*[The community researchers] developed an understanding of how services operated, adding to the research and drugs work skills and knowledge obtained through the project.*

*I [a community researcher] never truly believed the skills would sustain in the community, as was hoped by the Department of Health and the Centre for Ethnicity and Health. I guess you could say I was somewhat sceptical. However, as the needs assessment went on, my view changed as I could see that individuals on the team had become very enthusiastic, and have gained a great deal from the various aspects of the needs assessment – networking, doing the research, working in a community setting.*

## 7.1 Partnerships

The study reports strongly recommended that partnerships between drug services and Chinese community organisations should be initiated, to ensure that drug information, advice and treatment services are available to all members of the Chinese communities:

*We have found no instance of interagency team work with Chinese organisations.*

*I [a community researcher] have gained an insight into working with Chinese organisations, including partnership and networking. This would be extremely useful for my future work when using a multi-agency approach in developing a drug service for the Chinese community.*

*Given the poor racial equality record in statutory services, it is believed that the lead has to come from Chinese voluntary groups.*

## 7.2 Challenges

The study reports identified several challenges facing drug services, Chinese community organisations and community members in order to achieve effective engagement:

- The belief by community members that Chinese culture protects against drug use (Section 3).
- A recognition by drug services of the influence and importance of the family in Chinese culture, and using this to ensure that the family's involvement and support needs are 'an inherent component of the drug treatment and support package'. For example:

*The western model of [individual] counselling does not suit the Chinese culture in terms of family support for drug use.*

*[A drug worker's] non-Chinese clients have very different needs to her Chinese clients in terms of family. The families of her non-Chinese clients do not tend to get involved whereas the Chinese families need a lot of support. She added that the families obtain most of their information from the media and that the information they have is often inaccurate, so a lot of time has to be devoted to explaining the problems and treatments to the families.*

- Although London and Manchester – where the studies were conducted – have Chinatowns, most Chinese people do not live there, although they may visit regularly. Overall, the Chinese communities are, as one study report put it, 'scattered across Britain because of their occupational concentration in the restaurant and catering trade'.

This dispersal presents problems in terms of establishing a drug service in a Chinatown: commissioners are unlikely to fund a service that caters for those living outside the catchment area.

- Although a majority of study participants wanted information about drugs and drug services to be available in Chinese community centres, this is not currently provided by all these centres and the workers there have no training on these issues (Section 5.4).

### **7.3 Funding**

The study reports stressed that funding would be necessary to assist in the engagement process, specifically in terms of:

- Drug education training for Chinese youth and community workers.
- Leaflets giving information about drugs and drug services in the locally used Chinese dialects, to be distributed to the Chinese communities and available in GP surgeries, health centres and community centres.
- Further research into the drug use and drug service needs of the Chinese communities, utilising the skills the community researchers acquired during this project:

*What we have found I suppose is just the beginning, I am sure there is more to know about drug use in the community. We needed more time, we only just began uncovering.*

*Until more Chinese people access services, we won't know the extent of drug use. It is a lack of culturally appropriate services, rather than a lack of drug misuse in the community that partly explains this invisibility and the low uptake of services.*

## **Issues surrounding drug use and drug services among the Vietnamese community in England**

### **Population profile**

The 2001 census reported that:

- 17,866 people in England and Wales were Vietnamese.<sup>[2]</sup>
- 99% of these lived in England and 66% in London.<sup>[2]</sup>
- Vietnamese people comprise 0.03% of the population in England and Wales<sup>[2]</sup> and 0.4% of the UK's Black and minority ethnic population.<sup>[1]</sup>

It should be noted that the 2001 census statistics may not present an accurate picture, due to the compound nature of the questions on ethnicity that Vietnamese people had to complete. These were especially difficult for those who did not read and write English well. They had to tick an 'other' ethnic category and may not have followed the instructions to write in their ethnic background.

## 8 Research methods

Data for the needs assessment were collected by Vietnamese community researchers who spoke Vietnamese. The Centre for Ethnicity and Health's Community Engagement Model's use of researchers from the same communities as those being researched was crucial to the data collection process. Community researchers were selected by the community organisation and attended a series of accredited workshops run by the Centre for Ethnicity and Health on drugs and the related issues (including drug policy) and on research methods.

The sample was accessed using the community organisation's and community researchers' existing contacts with individuals and organisations (including places of worship) and snowballing from there. During the study, local drug services asked the community organisation to provide translation services for two Vietnamese clients and these clients were recruited to the study.

Data were collected using semi-structured questionnaires, focus groups and two case studies of drug users. The study reported some problems when holding a focus group for adults:

*As the subject [of drugs] was announced ... some members showed signs of worry and refused to take part.*

Furthermore, those who remained refused to agree to the proceedings being tape-recorded 'even though they were reassured that the discussion would be treated as strictly confidential'. The study report indicated that this reaction was partly due to the community's concern of the involvement of members of the Vietnamese community in 'cannabis farms' in England, about which media reports were circulating at the time of the study. For example, two focus group participants commented:

*Can we not talk about drugs in the UK? I don't want to get into trouble, I cannot give you my opinion, I don't want to grass on anyone ... you know what problems we are facing at the moment.*

*People are afraid to talk about drugs, particularly with what happened in the community in the last few months – nobody wants to get involved in drug related issues.*

Such a reaction underlines the community researchers' view that they were embarking on a 'taboo venture' by conducting this study, and it is greatly to their credit that they devised and asked questions, and approached community members with sensitivity in order to maximise participation.

## 9 The Vietnamese sample

The study was conducted in five areas of Greater Manchester, which was identified as having a relatively large Vietnamese population. According to the 2001 census, only 1,091 Vietnamese people lived in the whole of the north west of England<sup>[2]</sup>, although, as discussed in the 'Population profile' section, this is likely to be an underestimate.

- The total sample of Vietnamese community members was 113.
- The sample ranged in age from 16 to over 50, although 52% were under 25 years old and only 15% were 40 or older.
- 57% of the sample were male and 43% were female.
- 23 (20%) had been born in the UK. 42% had lived in the UK for five years or less and a third for over 10 years.
- The main reasons those who were born elsewhere gave for migrating to the UK were '*political*' (29%), '*to join family*' (23%), '*economic*' (17%) and '*to study*' (9%).
- 58% had British citizenship, 21% were asylum seekers, 10% were refugees and 11% were visitors (including students).

## **10 Patterns of drug use among the Vietnamese community**

See *Key messages* for a summary of this section

This section combines the perceptions of drug use in the Vietnamese community of 113 community members and the reported drug use of 37 of them.

**It must be stressed that no inferences on the prevalence of illicit drug use among the Vietnamese community should be made from the data presented in this section.** The *Department of Health's Black and minority ethnic drug misuse needs assessment project* was not intended to be a prevalence survey, but aimed to provide an overview of drug-using patterns and drug service needs, and only one of the 179 needs assessments was concerned with the Vietnamese community. How typical the sample is of all Vietnamese people in England therefore cannot be assessed.

### **10.1 Perceptions of drug use**

- 92% of the study participants thought that illicit drug use did occur within the Vietnamese community.
- Almost two-thirds knew someone who had used, or was currently using illicit drugs.
- A large majority of the sample thought that young Vietnamese males aged 16-21 were more likely to use drugs than other age groups or females.
- The main reasons for drug use among the Vietnamese community were perceived to be experimentation and boredom, followed by work-related stress and depression.
- A large majority thought that pubs and clubs were the most likely venues where drugs would be used, and that schools and colleges were the least likely.
- It was generally felt that more Vietnamese people in Vietnam used drugs than those in the UK. One explanation for this was that:

*In Vietnam it [drugs] is easier to get because of the language, it is their own country and culture, but whereas here it is difficult.*

### **10.2 Reported drug use**

One-third of the sample reported lifetime use of illicit drugs, representing 37 participants – 35% of whom were aged over 30.

- **Cannabis** was by far the drug most commonly used by these lifetime drug users: almost two-thirds (23) of them had used this drug.

- 10 of the drug users (27%) had used **amphetamines**.
- Fewer drug users had used other drugs: **ecstasy** (5 people), **magic mushrooms** (4 people), **heroin** (3) and **opium** (3). Only one drug user had used **poppers**.
- Ten (27%) of the lifetime drug users had used drugs in the last month.

## **11 Help-seeking by the Vietnamese community**

See *Key messages* for a summary of this section

Less than a third of the 37 drug users (11 people) reported that they had received advice about their use. The main source of this was friends, followed by a GP. Only two had accessed a drug service.

Overall, two-thirds of the study participants thought that Vietnamese people would access drug information, advice and treatment services *'if they knew such things were available'*. The study report also pointed out that, in addition to a lack of knowledge about drug services, barriers to help-seeking included a fear of coming to the attention of the police, a reluctance to admit to problems affecting their community and a lack of trust in the confidentiality of drug services:

*Sometimes, they may be hesitant or too worried that they may get troubles with the police, so they don't admit they have been drug addicts.*

*Through the research, it has become apparent that there is a lot of fear and apprehension when it comes to talking about the subject of drugs ... There is also a sense of denial that there are drug issues within the Vietnamese community as many Vietnamese people have turned away and shut themselves off from speaking about the problems that affect their community. This kind of behaviour has also increased in relation to a series of events that took place around the time that the research was being carried out [that is, the involvement of Vietnamese people in 'cannabis farms', as discussed in Section 8].*

*The Vietnamese community have very little trust or no trust at all in the capabilities of drug services maintaining confidentiality. This is because members of the Vietnamese community are not accustomed to this type of working culture. Therefore, Vietnamese drug users tend to hide their problems from others.*

Underlining the barriers to drug service access facing the Vietnamese community, the study reported that local drug services had very few – or no – clients from this population.

## 12 The Vietnamese community's drug service needs

See *Key messages* for a summary of this section

This section reports on the drug service needs of the Vietnamese community as identified by the community organisation on the basis of its study's findings. These strongly indicate that Vietnamese people are in need of information and advice on illicit drugs and on drug services, and, compared to the white population, are under-represented as recipients of drug treatment services.

The Vietnamese community's drug service needs are categorised as **information** on drugs and drug services, services' **cultural competence** (especially in terms of language) and **engagement**. Of course, not all these needs apply exclusively to Vietnamese people, nor indeed only to members of Black and minority ethnic communities. Nevertheless, it does not follow that Vietnamese people can simply 'slot into' existing drug services. Responses may have to be different so that the barriers to drug service access that they face can be overcome.

### 12.1 Information needs

A large majority of the sample stressed that the Vietnamese community needed information on drugs, drug services and drug-related issues. Young people thought this was particularly necessary for their own age group, as they are more likely than adults to have access to and to use drugs (although they recognised that adults may use drugs 'as an escape from the reality and pressures of life'):

*When you go out to a club is when you are offered these things and I don't think old people go to clubs that much.*

When asked how much they knew about a range of illicit drugs, a large majority reported that they knew 'a little' or 'a lot' about heroin, opium and cannabis. However, around half of the sample had 'never heard' of poppers, magic mushrooms and crack cocaine. The study report noted that 'this is understandable, as these drugs are not available in Vietnam'.

Around half of the sample perceived heroin and cocaine powder as the most harmful illicit drugs, and cannabis as the least harmful. However, the study report noted that:

*Most of the people admitted that they knew about the dangers of drug use in general, but the level of understanding of the effects that drugs have, mentally or physically, was minimal.*

Half of the study participants said they had some knowledge of illicit drug use in their local area. They reported television and other media as the main sources of this information, followed by school.

The sample's knowledge of the location and nature of **drug information, advice and treatment services** was extremely poor:

*I was told that treatment for drug users was to starve them [of drugs] ... in a cold dark room – is that true?*

Only 16 study participants (14%) said that they knew of any service from which to seek help or advice on a drug-related problem.

## 12.2 Cultural competence

A basic framework for assessing cultural competence is provided in Section 6.

The study report summed up the social exclusion of members of the Manchester Vietnamese population, who:

*are often misidentified as Chinese and their unique culture and needs have not been fully recognised. Vietnamese people are very isolated and there is not much integration between them and other communities ... The majority of Vietnamese in Manchester who fled Vietnam lived in North Vietnam under the communist regime ... integrating into a multi-cultural society is a big change and a massive challenge for them ... Their basic education levels are under the national education standards ... Unemployment rates amongst Vietnamese are high ... This particularly affects those who came to Britain when they were in their early 40s or older.*

Several study participants commented that the consequence is that traditional Vietnamese culture is disappearing among the Vietnamese community in the UK:

*The Vietnamese culture has changed so much due to the transition from Vietnam to the UK and this has had a massive impact on the behaviour of Vietnamese people.*

*When I first came over to England, New year and Children festivals was alright but suddenly it gone smaller and smaller ... Before, me and my sister used to dance for the Vietnamese community, but now it's all gone and we don't hear about them [Vietnamese festivals] anymore.*

Some commented that the relatively small size of the Vietnamese community in the UK when compared to Chinese communities also contributed to their disappearing culture:

*I think that Chinese is a lot more popular than Vietnamese community, 'cos there are a lot more of them.*

*The people as a whole seem to have been undermined due to the fact that their community is one of the smallest in Britain and that the Chinese community outnumbers them.*

*The Chinese New year is so nice and big, and any other event they [Chinese people] make sure you will know about it, while the Vietnamese events are too small.*

### **12.2.1 Language and the ethnicity of drug service staff**

It was clear from the study report that the majority of study participants were not fluent in English and that most wanted information about drugs and drug services in Vietnamese. However, only two participants said that they had obtained this – one from a GP and the other from a Vietnamese newspaper – and although the study reported that some local drug services had produced information leaflets in various languages, Vietnamese was not one of them. As one study participant commented:

*If they don't understand English or read English, where are you going to get the help from?*

Leaflets in Vietnamese were considered essential by the study participants, because, as one of them put it:

*Vietnamese people are quite shy, they don't want people to know their problem and so a leaflet in Vietnamese is a good first step.*

The study report recommended that drug services in areas where there was a Vietnamese population should recruit a Vietnamese worker (*'so that the people who go there for help do not feel alienated'*) in order to:

- translate for those Vietnamese clients who do not understand English;
- explain the service's processes and procedures to Vietnamese clients;
- conduct outreach work among the Vietnamese community;
- create and maintain links between the Vietnamese community and local drug services; and
- assist local drug services to develop a strategy to raise the awareness of the Vietnamese community about drugs and drug services.

### **12.3 Engagement**

The community organisation conducting this needs assessment said that it was the only organisation in the whole of Greater Manchester providing support and services to the Vietnamese community – through cultural activities, a community development programme, training for employment, interpretation and translation, the provision of information about welfare benefits and social issues, and by promoting social integration.

The organisation delivered some services in partnership with others, and indicated a willingness to continue this approach with local drug services: indeed, they had provided translation services for two of these.

A partnership between the community organisation and local drug services was stressed as the way forward, so that it could begin to address the main issues identified by the study report: the Vietnamese community's lack of awareness of drugs and drug services, and the barriers they face to accessing drug information, advice and treatment.

## Notes

[1] <<http://www.statistics.gov.uk/CCI/nugget.asp?ID=273&Pos=&ColRank=1&Rank=374>> (accessed May 2008)

[2] Calculated from census data provided by Office for National Statistics, March 2008 (M221bNat-to-Gor.xls: Ethnic group – detailed categories based on ethnic write-in).

[3] <<http://www.statistics.gov.uk/census2001/profiles/commentaries/ethnicity.asp>> (accessed May 2008)

[4] Calculated from Census 2001, Table S104 (ethnic group by religion).  
<<http://www.statistics.gov.uk/StatBase/Expodata/Spreadsheets?D7547.xls>> (accessed September 2007).

[5] Dobbs, J. Green, H. Zealey, L. (2006) National statistics: focus on ethnicity and religion. National Statistics. Basingstoke, Palgrave Macmillan.

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## Acknowledgements

The author thanks Jez Buffin and Jon Bashford (International School for Communities, Rights and Inclusion, University of Central Lancashire) and Oswin Baker (National Treatment Agency for Substance Misuse) for their assistance with the preparation of this publication. The community organisations whose needs assessment reports provided the data for it are also gratefully acknowledged:

Chinese Health Information Centre	Chinese Healthy Living Centre in partnership with the Hungerford Drug Project
Manchester Vietnamese Refugee Community Association (MVRCA)	Wai Yin Chinese Women Society