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\* In late 2001, the Ethnicity & Health Unit became the Centre for Ethnicity & Health

# FOREWORD

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The Government is committed to addressing the issues which cause segregation and supporting the development of strong and active communities in which all members - whatever their race or background - are valued and have the opportunity to participate on equal terms. In particular, we want to ensure that young people are actively engaged in this process and feel that they can contribute and benefit from their local community.

I fully support the approach taken by the Southall Community Drugs Education Project. This is an excellent example of how local people and organisations working together can build the confidence and capacity of the whole community in finding effective solutions to the problems it faces. The increase in drug misuse amongst young people from Britain's minority ethnic communities is of growing concern. We cannot effectively tackle this problem unless we provide support and information to all those affected, including parents, children and the wider community.

I congratulate all those involved in this excellent work on their efforts to make a difference to the lives of people living and working in Southall.



Bob Ainsworth MP  
Parliamentary Under Secretary of State

# INTRODUCTION

On 26 March 2001 a unique event took place at the Southall Community Centre, Southall, Middlesex. The event was arranged to celebrate the work of the Southall Community Drugs Education Project (SCDEP) as it completed its two year term and also to introduce the newly formed charitable trust, bearing the same name, which has been established to continue the work initiated and developed by the original project. The event also provided a platform for the launch of a new drug prevention resource - a drugs prevention awareness video aimed at Punjabi speaking parents.

The video, produced by the Ethnicity & Health Unit in collaboration with the Home Office Drugs Prevention Advisory Service and the former Health Education Authority, was officially launched by Charles Clarke, MP, Minister of State.

This report provides a summary of the proceedings of the Life, People & Freedom conference, which could not have taken place without the commitment, enthusiasm and assistance of the following individuals and organisations:

- The Home Office Drugs Prevention Advisory Service
- The former Health Education Authority
- Ealing Borough Council
- Southall Regeneration Partnership
- The volunteers and young people of the Southall Community Drugs Education Project.

The organisers also extend their grateful thanks to Kamlesh Patel, OBE and Eileen Martin for chairing the conference. Philip Wright, Perminder Dhillon, Navinder Salotera, Nav Malhi, Bianca Marie Anderson, Rupinder Bhogal, Deedar Suman, Rajan Sagoo, John Anderson, Kamaljit Sahib, Cllr David Bond, and Charles Clarke, MP for their valuable presentations; the National Youth Choir of the Sri Sathya Sai Service Organisation of the United Kingdom who performed a number of inspirational songs; the Management and staff of Southall Community Centre, and all those who worked hard behind the scenes to make the day such a success; and not least the people of Southall whose active participation ensured the success of the conference.

## It Couldn't Happen to us

It has been evident for a number of years that Black and minority ethnic communities do not have the same access to appropriate and relevant drugs education, prevention and treatment services as the indigenous community. The lack of information and knowledge about drug misuse, coupled with community stigma creates, for many Asian parents, a high level of fear about drugs. The video and accompanying support pack 'It couldn't happen to us' has been produced in response to this situation and is ideal for use by any statutory or voluntary organisation wishing to address this information imbalance. The Punjabi (Gurmukhi Punjabi) version, produced in Southall, is the latest in a series of these videos and aims to explore issues around drug use amongst young people; examines the relationship between drugs and crime and provides valuable guidance about how parents can discuss these important issues with their children.

The video is also available in Urdu, Bengali (Sylhet), Mirpuri Punjabi and Gujarati.

For further information please contact the Ethnicity & Health Unit on 01772 892780 or email [ehunit@uclan.ac.uk](mailto:ehunit@uclan.ac.uk).

Special points of interest:

- Over 300 Southall residents have received drug prevention education via the SCDEP.
- The project has worked with over 200 young people and with over 30 diverse organisations on a variety of issues.
- The project has attracted substantial media interest because of the unique way it has engaged with local communities– BBC News, Channel East, national and local radio have all covered its work and volunteers and project staff have taken part in various TV documentaries and debates.
- Over 200 delegates attended the Life, People and Freedom conference on 26 March 2001



*Sri Sathya Sai National Youth Choir*

# THE LOCAL AUTHORITY PERSPECTIVE

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Philip Wright, Head of Community Centres and Adult Education in Ealing, gave the local authority perspective of the SCDEP. He explained that the need for a drugs education programme had become apparent following national and local research into drugs prevention issues which had highlighted the inaccessibility of drug prevention information, particularly to parents in South Asian communities. This lack of information was particularly noticeable in Southall, he said, which has "a vibrant, diverse community which includes a large South Asian population with an above average number of young people." He added, "Southall did not have a community based drugs prevention programme and amongst drug agencies there was support for such a programme". He went on to explain that the approach taken in developing the project had three main themes: to sensitively access communities; to engage young people; and to raise awareness within a wide range of voluntary, community and religious organisations as well as within families. These aims, if met, would provide the community with ownership of the project, ensuring that the voice of the young people was heard and would also provide the foundation for future sustainability via a local management group. Together with the local Drug Action Team Co-ordinator and representation from Health Promotion and with funding from the SRB Southall Partnership a tender was prepared and the Ethnicity & Health Unit selected as the organisation best equipped to deliver the vision. Philip Wright concluded by saying "It is now for you to hear what they have done and for you to judge how well they have delivered our outcomes. Has the project begun to unlock some of the potential in Southall?"

# AN OVERVIEW

Perminder Dhillon, Senior Lecturer, Ethnicity & Health Unit and Project Co-ordinator for the SCDEP gave the conference an overview of the project. The Unit was already working in Southall, she explained, researching drug prevention information needs for Punjabi speaking Sikh mothers, when Ealing Council, through the SRB, put together their tender. Initially the project had been designed to work solely with Asian families, however, the remit later changed to include all Southall's communities.

Perminder went on to explain that from the very beginning it was seen as essential to establish collaborative partnerships and to put down roots in the Southall community and to this end a logo competition was organised enabling young people to create an identity for the project and Amolak Tatter, a dedicated youth worker, was employed (funded by the Unit). Families were contacted, over 300 of them, and contrary to the popular notion that "drugs do not happen in Asian communities" she said, "we found that the majority of people we talked to were concerned about the growing use of drugs, particularly heroin". Work with young people was extensive and included users and ex users; many activities were organised and a young people's panel formed. Their strategy would be presented later.

Local organisations were contacted, a needs audit carried out and an action plan devised to meet the needs. "We found" she said "that very few organisations worked jointly so we set up an inter-agency referral system to enable collaborative work. The volunteers were not only picking up drug issues but issues to do with domestic violence, racist attacks, school exclusions - it was important that we responded in a holistic way." Perminder went on to talk about how the project was publicised - "drug issues and the services of local

organisations were publicised through the setting up of local radio stations and presenting programmes. The project also worked with local and national media - radio, TV, BBC News and World News; a number of documentaries covered the work and studio debates were produced by Channel East."

Perminder ended her presentation by outlining the 9 key principles which she felt had emerged from the work.

9 Key principles emerging from the project:

- Have a clear focus on need and how to address it
- Have commitment, integrity, persistence and consistency
- Engage the local community - think globally, act locally
- Acknowledge that the process is as important as the outcome
- Have available adequate resources - work to realistic timescales
- Have a good media strategy to dispel myths and increase awareness
- Support and capacity build local communities
- Have a sustainable strategy
- Have a vision that encompasses all aspects of healthy communities

Finally, in Perminder's opinion, one of the greatest achievements of the project was "bringing everybody together today - all of you who are concerned about these drug issues - about lives, about people and about freedom."



# THE VOLUNTEERS' EXPERIENCE

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Navinder Salotera and Nav Mahli gave moving, thought provoking and inspiring presentations about their experiences as volunteers. **The text of their presentations appears here in full.**

## **Navinder began by explaining that**

... as a parent, more so as a mother, I feel that parenting is very, very tough at the moment and we need some sort of action to be able to help our children, especially around drugs. It was not easy becoming a volunteer. The first obstacle was from home. We all had lots of pressures at home and no support whatsoever. I was involved in the two seminars before the SCDEP and now for two years as a volunteer and I have found it difficult – especially to get the community to accept that the problem of drugs is there. We all know that the problem exists but nobody wants to accept it, everybody wants to brush it aside, they all felt that somebody else would do the work – 'if we ignore the problem it will go away' - but it didn't go away. It was difficult initially to go to people's houses to show the video. The only video available was in Urdu and we had to work with the Urdu video with Punjabi translation.

## **Getting through the door**

Initially, when we went to people's houses to show the video we didn't get a lot of encouragement, even though it was by invitation. Getting through the door was very difficult because people felt that just by talking about drugs issues they were somehow inviting the evil into their homes. Nobody wanted to look at the factfile, which is in English, because they thought if other people saw the factfile in their home, they would think that the family had a drug problem.

## **Talking to mothers**

We spoke to mothers, we spoke to grandparents and we spoke to children. There were some services

available for young children and let's say victims of drug users, but there was no support for mothers and no support for grandparents. We learnt a lot from people as well because talking to grandparents they have a wide range of views about drugs; they knew a lot of drugs, the names of drugs in Punjabi but not in English. One thing one grandparent said to us was 'drugs is not only a white man's disease, it is a problem, it is everybody's problem ... and unless we all get together and solve it, it will not go away.' The view some people had was 'send the children back home – OK – there is a drug problem, we can't deal with it here because somebody outside will find out and there is shame on the family and the family will be embarrassed. So let's send the children back home'.

No, that was not the answer because back home drugs were more readily available. One example, which this grandmother gave to me was that here you have to spend a lot of money to buy drugs. Back home people use drugs, the cheapest form of drugs to use is Iodex, on a piece of bread, used as jam, and that gives them the high. So different types of drugs are readily available there.

What we need here in Southall is to form some sort of service enabling us to go out and continue to educate mothers. Mothers, particularly, because in our community, and I think all the women here will agree with me, when things do go wrong it is the mother's fault. So we could educate mothers, then the mothers could educate the rest of the family unit. I mean if we are not educated ourselves we have to learn – this was a learning process for me, the only encouragement I had was from my own children, they said 'Mum go ahead and do it.' Initially it was hard work because we could not get any support from business, local



community and religious groups; there was only one Sikh Temple which allowed us to go in and show the video and the video was to be shown to the women on a women's praying day as well as to the committee. We did do some work with local doctors.

When we went to people's houses in the first instance the parents were reluctant to see the video, not knowing what to expect. If the mother agreed to see the video she didn't want the children to see it. But once the parents saw the video then some families allowed us to show it to the children. The young people's view of the video after they saw it was 'it's not hard hitting, it does not tell us what the effect of drugs are'. I mean we learnt from them, they said they could teach us a thing or two about drugs. But the video is meant for parents, not children.

#### **A learning process**

Everyday has been a learning process for me and I think that getting volunteers to do any sort of voluntary work is very, very difficult. We started off with 24 volunteers and we ended up with 10 doing most of the work. Ten strong volunteers who are there to do the work, who can go to people's houses, community centres and show the video to raise awareness. All the information that we had was in English, and I mean, even today there is a lot of information here in this room about drugs, but it's all in English, and if people cannot read English, it's no good to them. So we do need some sort of information in our own languages, in Punjabi, Hindi, Gujarati, Urdu. When we did our seminars, they were advertised as Seminar for Punjabi Speaking Sikh Mothers, we were asked 'why Punjabi speaking Sikh mothers? The drugs issue is a wide problem and it is a problem for all communities'. So we decided that we would keep that open and any member of any

community was welcome. Many women from all communities attended.

The initial use of the video to raise awareness was amongst our own family and amongst our own friends. From there, we were introduced to different families, so we went to other family houses. We were on BBC news and Channel East and some people saw the familiar faces and we were approached. So we went to them and showed the video.

*“Just by talking about drugs issues they were somehow inviting the evil into their homes”.*

I mean we are not trained counsellors, this isn't a sort of service that we could help people, so the only thing we could do was pass on the names of agencies that could help them. I feel that we should have some sort of service here that when a person is desperate enough to pick up the phone and ask for help, that help is given to them immediately and not two months later or a week later. It takes a strong willed person to come to the decision that 'I need help' and help must be available straightaway'.

The other lessons that we learned was that there were services available for young children but not for mothers and grandparents and I think it is very important for women to get some sort of support from local organisations, where they can go and talk about what's happening. One other thing we noticed was, when there is a problem of drugs in the family, more often the mother knew - sometimes she did help fund

# THE VOLUNTEERS' EXPERIENCE

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the habit and it was kept away from the men of the house. When the father knew he sometimes blamed it on the mother so sometimes there was domestic violence involved - alcohol problems were also involved, all of which are related to drug issues.

The final message, which I think I learnt, and I want to share with you all was that to become a good parent, I need to become my child's best friend. If I am their best friend, they can relate to me and talk to me without having the fear of upsetting the family boundaries, I can educate - tell them of what's going on out in the world. I can tell them of all the bad things that are going on, so that when they go out there tomorrow and they are confronted with any sort of problem, they can make an informed decision and that decision will be well made.

**Nav Mahli explained how he has been involved in the SCDEP for about 18 months now ...** I grew up in Southall and I have seen the problems associated with drugs really escalate within the community since the days when I was a lot younger. There's been a shift, I would say, from use of softer drugs such as cannabis - now it's evolved into a state where the drug of choice out in Southall appears to be class A - heroin, cocaine - that kind of stuff.

When this project was set up I thought it would be very interesting to get involved with it in some way - to try to contribute. So I became involved, I became part of the Advisory Committee, and tried to offer any sort of insight I could into Southall - the street culture that exists around us. What I particularly wanted to do was to give the youth out on the street something they could relate to. Not necessarily coming from the people they feel are - trying to mother them or something or give them something that they don't understand. So because I was relatively the same sort of age - I thought I could offer them something.

One of the ways I thought I could do that was to try to deliver the message of drugs education through something they could identify with and we came up with an idea to open a radio station based in Southall. Something that would give people a message, but it would be a fun way, something interactive, something they could get involved with. So I became instrumental in setting up the radio station along with all the people who are part of SCDEP and it was quite a success.

*“there is a lot of positive energy out in the streets of Southall”.*

We had a lot of people from different agencies coming and giving advice, they gave their opinions. It was an open forum, loads of debate took place and the good thing about it was that it took quite a few youths who were involved in drugs off the street, gave them a new focus, something they could identify with where they had positive role models and it was interesting for them. It involved them with music and it just goes to show that there is a lot of positive energy out in the streets of Southall, provided there are alternatives. But currently there's hardly anything for the youth to do out there on the streets, they've not really got many choices. The lack of choice is at least part of the reason why they can become involved with drugs and solvents.

The radio station was a big success and it did take a lot of people off the streets it got them involved with music. We made many good contacts and despite being off the air we still maintain contact with everybody and we still hope to be running the project next year. So basically that was my involvement and I am still keen to be in contact.



# INTRODUCTION TO THE YOUNG PEOPLE'S PANEL

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Amolak Singh Tatter informed the conference that he has been a Youth and Community Worker for 19 years and before coming to the SCDEP had worked as a senior detached youth worker in Southall, an experience which had given him a great insight into working with young people and an ability to establish contact with those who normally would find it difficult to access existing services. Many young people had become involved in the project, because they had been supported. The project had become a point of contact and provided, for many young people, an advocacy service. Of greatest significance was that the young people had set up their own panel and through this had developed a stake in the ownership of the project. The end of the current project was "by no means an end – but a beginning ... we have cast a stone onto a lake, the ripple has begun – we must now ensure that this good work is not wasted and that the new project continues to offer hope to young people." Amolak went on to introduce four of the young people currently working on the project; Rajan, Deedar, Rupinder and Jay and asked them to tell the conference about the work of the Young People's Panel.



# THE YOUNG PEOPLE'S PANEL

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Rajan opened the presentation by explaining that: “Basically we got involved with the project when it started because friends of ours and relatives had had problems with drugs and we wanted to do something about it. The project looked good and we wanted to help. Someone close to me had a big drug problem and it was the project that helped him to get off – it pointed him in the right direction and got him help quite quickly”.

Deedar explained that the Young People's Panel had looked closely at two issues, the first relating to services in the area and the second relating to young people taking drugs. On services Rajan acknowledged existing services but also outlined some of the problems with them. For instance, he explained “there is only one bed for detox at Ealing Hospital and even for that one bed there is a waiting list of 6 – 8 weeks, which puts a lot of people off. At SAAS (Southall Alcohol Advisory Service) and Gatehouse young people may bump into relatives and so confidentiality is a big issue, especially within this community.”

However, it was also acknowledged that the main problem at the moment is lack of money “They are not funding these services enough to actually get them up and running”. But other problems exist – “the services need to be more pro-active in getting young people involved – young people working on these projects need to have their work acknowledged, be given something like the National Record of Achievement, so that they can use it in their CV and have something to show for what they have done. They could maybe develop a 'buddy system' where a non-user or ex-user could assist people who are trying to get off drugs. The best person to speak to if you want to get off drugs is an ex user” he said, he then presented the guidelines

drawn up by the young people's panel. An advisory group should be set up which would consist of people between the ages of 13 and 18 and would include people from schools, colleges, employed, unemployed, homeless, users, non users and people from all ethnic communities. The group would formulate policies to let the authorities and government know exactly what the users require. Through peer education and support, meetings and training, the young people's advisory group would help other young people with drugs problems.

Rajan went on to say a little about family support. “Basically”, he said “SAAS is the only organisation that offers support to the family and to parents of users. This is a set time scale intervention, approximately 6 weeks, once a week. A Family Anonymous group has also been established, which has only been running for a few months. This group is helpful as it gives the parents and family some understanding of drug use and the role they can play. The result of this group has been that young users have been given support, more understanding and there is less conflict between users and family. Users are not alone, neither are families, they can share issues which leads to community support and an insight into the pressures the user is facing. This service needs to be extended and other agencies should be aware of this service so they too can offer information to families”. Amolak advised that most agencies will not share any information with parents, because of confidentiality issues - “the young people are saying that agencies need to inform parents of the type of treatments their children will be receiving, the timescale of the treatment, what the treatment involves – this is important because the greatest part of the young person's life is spent at home with their family”.



“Education in schools could be improved” said Rajan, “harsher videos and literature need to be produced, showing users in withdrawal so that young people are fully aware of the picture before they are tempted to use”. Schools and colleges were also highlighted for their lack of counselling services – “those that do exist do not have counsellors competent in dealing with drug related issues.”

He went on to say that “from what we know if a young person is in possession of drugs or is using drugs in schools, they are excluded and that's the end of the story... they need to be referred to drug workers so they can get help. Also information leaflets and other resources should be available in schools, they should be more up to date and be designed so that young people can relate to them. Professional workers should visit schools- the SCDEP started some wonderful work in schools and it should be continued. Religious centres too should take responsibility for education – there could be discussions at Sunday Schools and leaders or priests could have some kind of training – they talk to parents more than children, so priests could talk to the parents and the parents could talk to the kids.”

“There should be other methods of treatment”, he said, “not just methadone, many have said detoxing as an in-patient is better for them and their families”.

The presentation ended with the young people thanking the SCDEP for enabling their voices to reach the audience today.

### Improving Services – Young People's Perspective

- A crisis intervention centre is required, either a mobile unit or drop-in centre – even a phone line that young people can use as and when they require help and guidance.
- Existing services should be given more funding to shorten waiting lists and treatment times.
- Clinics and youth centres specifically for young people, between the age of 13 and 18 years, should be suitable for the youth and not too clinical.
- Workers should speak appropriate languages and families should be encouraged to become involved in treatments.
- There should be more detached youth workers.
- There should be more street based work – young people could undertake some of this themselves.
- Mobile information and treatment centres are needed where people can get information leaflets and access treatment services when required.

### Recommendations from the young people's panel

- A young people's panel should be set up by young people for young people with support. The panel would deal with a variety of issues, not just drugs but any social issues i.e. peer pressure, bullying, issues which surround drug use.
- The council should fund a conference, organised and run by young people and schools should be encouraged to take an active part in this. Young people should be consulted by the DAT regularly.
- Services should be more culturally aware and appropriate to the needs of young people.
- A crisis intervention centre for young people and their families is needed. The community must take some responsibility and not say 'it couldn't happen to us'.
- Young people want to be heard, not silenced, we do have a say in our community and would like the opportunity to say what we want.
- The presentation ended with the young people thanking SCDEP for enabling their voices to reach the audience today.

# THE DRUG ACTION TEAM PERSPECTIVE

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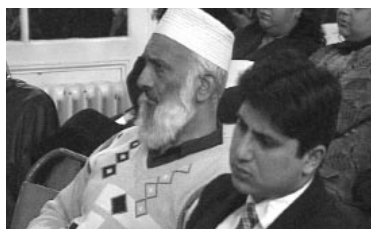
John Anderson, Chair of Ealing Drug Action Team, began his address by informing the conference of the role, responsibilities and composition of Drug Action Teams (DATS). He advised that the role is currently growing; DATs are now required to plan, commission or buy drug services. He felt that it was “crucial to the DAT to see the development of services which are community-based, focussed on the needs of users and local people”. He added, that in his opinion and for this reason the SCDEP was “so important and so exciting”. Speaking of the SCDEP, John Anderson praised its community approach and felt that its aims “to educate people and prevent drug use, to work with young people and their families and to listen to and involve in developing a local community strategy went to the heart of what social services, health and housing are about.”

***“At 3 a.m. a person in need of a fix is just that – the craving is no respecter of background”.***

He went on to welcome the creation of the new SCDEP and the approach taken and hoped that this would be the start of a close relationship between the project and the DAT's programme. “By working together in partnership,” he said, “I expect the project can go from strength to strength.” He assured the conference that the DAT would be listening to the new SCDEP and would also be developing a special plan for the treatment of young people.

John Anderson praised the SCDEP as an “excellent example of good practice” one which he hoped would be “taken as a model and extended across other communities”.

He concluded by saying “at 3 a.m. a person in need of a fix is just that - the craving is no respecter of background ... parents, young people and agencies in other areas need to learn from the mobilisation of the Southall community and use the approach”.



# INTRODUCTION TO THE SOUTHALL COMMUNITY DRUGS EDUCATION PROJECT

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Kamlajit Sahib, Acting Chair of the newly formed SCDEP, welcomed delegates to Southall for what he termed as a unique conference and one which, in his opinion, was long overdue. He took the opportunity to thank all those involved in the original SCDEP: Peter Wright and his team for assisting with the funding and particularly Kamlesh Patel and Perminder Dhillon from the Ethnicity & Health Unit who had “come to Southall and took on board the needs of drug users, their families and their carers.” He spoke of the lack of culturally sensitive drug services in Southall and the unreasonable pressure placed on the few Black drug workers that are working in the area.

The new SCDEP will endeavour to work as the old one had, he advised, and will also put together an agenda which will make recommendations for service improvements to planners and providers at local and national level - “In order to do this we need support” he said “from our local MP, from community leaders, business people, councillors and the local authority.”

Adequate funding would, of course, be vital to address the problem of drug use in Southall,” he said, “and to provide services which are appropriate for the population of whom 70% are Punjabi speakers. The work of the original SCDEP has left no doubt that there is substantial drug use in Southall and the time has come to acknowledge this and deal with it.” He said that many pieces of work have been undertaken in Southall in the past, but when the projects are over the project workers have gone away and the issues have been shelved. Although the work of the Ethnicity & Health Unit was now over, he said, he knew he could count on them for continued support and he knew that the new SCDEP had on board a number of inspiring people, who have ideas and who want to do something about the problems they face. Kamlajeet ended his address by thanking a number of individuals who had aided the SCDEP and asking the Mayor to present certificates to the young people involved in the project.

## LAUNCH OF THE NEW SOUTHALL COMMUNITY DRUGS EDUCATION PROJECT

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Councillor David Bond, Mayor of the London Borough of Ealing spoke of his pleasure in being asked to address the conference and his delight that the London Borough of Ealing had been able to assist in the funding of such a very worthwhile project. He talked of the dramatic impact of drug use - “not just devastating the lives of the users, but also the impact it has on the wider community - on people who have enough trouble in their lives making ends meet, without having to deal with the anti social aggravation caused by drug

use.” He went on to describe drugs as a “scourge” and spoke of the changing patterns of drug use over the last few decades and the young lives which had been lost or ruined in the quest to be “hip”. The Mayor then officially launched the new SCDEP telling the conference that he was happy, as Mayor, to be able to offer the support of the London Borough of Ealing to the young people involved in the SCDEP and he wished the new project all the best for the future.

# INTRODUCTION TO THE PUNJABI VIDEO

Kamlesh Patel, Director, and Perminder Dhillon, Senior Lecturer, Ethnicity & Health Unit gave a short presentation outlining the development and production of the series of videos entitled *"It couldn't happen to us"* - *An Asian Parents' Drug Awareness Video*. By way of background, Kamlesh explained that despite clear evidence since the early 1980s of the relationship between drug use and social deprivation and the correlating evidence that the majority of the UK's Black and minority ethnic population experience a high degree of social exclusion; drug services that are both culturally appropriate and accessible to Black and minority ethnic communities are, regrettably, few and far between.

Kamlesh outlined a number of ways in which drug service development has been hindered (see box) acknowledging that in some instances Black and minority ethnic communities (particularly South Asian communities) have themselves imposed barriers to service development "by a strong denial of the problems associated with the use of drugs among their communities". Kamlesh was able to advise, however, that there are signs that many services are beginning to tackle these issues, however, the focus has tended to be on young people with little acknowledgement of the needs of parents, whose lack of knowledge and fear of the issue hinders them in offering prevention advice to their children or effectively supporting their children who become users.

Kamlesh spoke of a number of factors which had arisen during his research where the actions of South Asian parents, through their lack of knowledge, had arguably exacerbated their child's habit rather than easing the situation. For instance, the practice of home detoxification without suitable medical intervention; the instances of parents sending their children 'back home' to Pakistan or Bangladesh in order to "remove them from western drug influences" only for the child to return to the UK some months later with an increased habit due to the availability and affordability of drugs 'back home'. Furthermore, low levels of literacy within some South Asian communities; excessive use of tranquillisers amongst parents themselves; and language barriers all evidence the very real need for culturally appropriate and accessible information around drugs prevention and education for South Asian parents. The series of videos, was, he felt "the first comprehensive response to addressing some of the issues outlined".

## Some barriers to service development:

- Lack of effective engagement and consultation with communities
- Lack of comprehensive needs assessment work being undertaken
- Where needs assessments are undertaken often the findings are not effectively acted upon
- Shortage of people from Black and minority ethnic communities working in services and unrealistic demands being made on the few staff that are in post.
- Lack of commitment from senior management
- Lack of creative and innovative approaches to service development and design
- Lack of understanding of the wide diversity of the communities that are encompassed in the term 'Black and minority ethnic'.

Perminder Dhillon advised that the Punjabi version of the Asian Parent's Video 'It Couldn't Happen to Us' was the third in a series of six videos. The original videos, in Urdu and Bengali, had been produced by the Home Office Northumbria Drugs Prevention Initiative. Research had shown that the needs of a diverse range of communities with different language and cultural requirements were not being addressed in drug prevention education. Further research into the drug prevention information needs of Punjabi speaking mothers undertaken by the Ethnicity & Health Unit was the catalyst for the development of the Punjabi video for Sikh parents which was produced with help and support from the Home Office and the former Health Education Authority.

The Punjabi video had been produced entirely in Southall with the help and participation of local individuals and organisations.

The video focuses on three aspects of drug prevention: -

1. Ascertaining the problem within the community and exploring the reasons why young people may experiment and take drugs.
2. Drugs and their effects
3. The importance of education and the role of parents.

# LAUNCH OF THE PUNJABI VIDEO

Charles Clarke, MP, Minister of State for the Home Office, spoke of how keen he had been to come to the conference “to support this event and to launch the video because I think the issue you are addressing and the way you are addressing it is so important and I want to indicate in whatever way I can the government's support for the approach you are taking.”

He went on to speak of the growing evidence of drug use amongst minority ethnic communities in Britain; how some young people are developing serious problems around heroin and crack cocaine and the importance of addressing this problem directly. “The provision of information and support to minority ethnic communities is seen as an essential part of the approach to tackling these problems” he said, “as was the broad community approach which addresses both working with families, young people, professionals, business leaders, voluntary and religious organisations. I believe the work of the SCDEP ... is a classic example of how to set about doing this in a very positive way.”

Charles Clarke went on to say how very glad the Home Office had been to work with , DPAS, Health Promotion and Kamlesh's team at the Ethnicity & Health Unit on the development and promotion of the new Punjabi video. “We believe” he said “that the video is an example of a relatively simple but absolutely invaluable means to inform and give confidence to parents and communities in understanding the issues and how they can help.” He went on to talk about the importance of open discussion and of direct responses to what is sometimes seen as an embarrassing or difficult issue and how he saw the video as an important contribution to ensuring open and proper discussion.



The video was also praised by the Minister for the manner in which it has emphasised the key role of research within the community and he went on to mention two other major initiatives currently taking place in which government departments are working with the research community. The first initiative, a national study into drugs prevention and service delivery to minority ethnic communities, commissioned by UKADCU and DPAS, has been undertaken by the Ethnicity & Health Unit and Goldsmith College, London. Although the findings have not yet been published he spoke of three points which in his opinion were already standing out from the research:-

Firstly, that agencies need to work together within the realities of racism, social exclusion and isolation and the importance of taking into account distinctive religious perspectives - “the more you understand the pressures the community is under, the more honestly and directly you can address the problems”.

Secondly, the need for greater awareness and training on drug issues in relation to new minority ethnic communities, such as the Somali community. In relation to these communities a dynamic approach is required that can change as the community develops and changes.

Thirdly, there needs to be far more representation of ethnic minority communities among Drug Action Teams, Drug Reference Groups, Managers, Planners and Commissioners of drug services.

The second initiative was the **Department of Health led community needs assessment project for Black and minority ethnic communities** around drug use, again being undertaken by the Ethnicity & Health Unit.

# LAUNCH OF THE PUNJABI VIDEO

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“The more that there is a real dialogue between communities and public services, the better the service would be to the whole community” he said.

Charles Clarke spoke of his delight with the work that has been undertaken by the Ethnicity & Health Unit and he thanked the University of Central Lancashire for giving its commitment and also thanked the individuals concerned for their involvement. “The central conclusion”, he said “that comes through all these points is to build a strong relationship between the minority ethnic communities and the different statutory and voluntary services ... give the communities themselves the strength and confidence to argue for what they need for their communities - I am delighted to see that the research is indicating that we are hoping to go down these lines.”

The Minister went on to advise of the priority the government is giving to community based initiatives and talked of a recent announcement that £220 million was going to be made available over the next three years to Crime Reduction Partnerships in an effort to disrupt local drugs markets. “We believe that local people usually know better than Whitehall or Westminster what the particular problem is in a particular locality, that is one of the virtues of the Southall initiative ... we want to give the resource and necessary support to those local communities to move the situation forward so that we have effective joint working between all agencies”. Charles Clarke encouraged those present to suggest to their local Crime Reduction Partnership ways in which this new money could be spent - “I am not in a position to say to you that's the best way of doing it, but I am in a position to say to you if you can come up with the best way of doing it, we will try and find the resource and the Chancellor's budget and the allocation helps us very significantly in this way.”

The Minister went on to talk about another scheme which he considered is showing real signs of success - The Positive Future Initiative which aims to divert vulnerable young people away from drugs and crime. The scheme which is run in partnership by the UKADCU, the Youth Justice Board and Sport for England confirms the belief that sport can play an important role in this whole approach.

***“the more you understand the pressures the community is under, the more honestly and directly you can address the problems.”.***

Before officially launching the video Charles Clarke spoke of the positive way in which the SCDEP had worked with local businesses and of how much local business can contribute to communities, supporting action in local communities, working with groups, acting as mentors and role models for young people.

The Minister concluded by emphasising the importance of the type of partnership work demonstrated by the SCDEP in its ability to strengthen the self-confidence of every community.

Before giving the delegates the opportunity to ask questions the Minister formally launched the new Punjabi version of the Asian Parents' Drug Awareness Video, which he hoped “would play a very positive and effective role in contesting this awful evil in our communities.”



# CONFERENCE SUMMARY

Kamlesh Patel summarised the key findings from the day's proceedings. Before doing so, he outlined the national picture of drug use and Black and minority ethnic communities and highlighted three key issues:-

- Firstly, that Black and minority ethnic communities are just as prone to problematic drug use as the white community and that drug use is now a significant issue within these communities;
- Secondly, that particular Black and minority ethnic communities have distinct patterns of drug use and that many do not access services until they reach crisis point; and
- Thirdly, drug services often unwittingly discriminate against Black and minority ethnic drug users and their families.

Kamlesh went on to note that despite being under-represented within primary care services, many communities are disproportionately over-represented within the Criminal Justice System, in-patient psychiatric services, local authority care and school exclusion statistics. Furthermore, these communities suffer from high levels of poverty, deprivation, educational disadvantage, discrimination within the labour force and disproportionately experience higher levels of unemployment and poor health than the indigenous community. Kamlesh also highlighted the diversity within the communities and the growing population numbers ... all of which, he said, "pose fundamental challenges to mainstream service providers and indicate the need for far reaching changes within drug prevention, education and treatment services ... which if they are to be effective must be clearly set within a context of addressing institutional racism and located within the framework provided by the national drugs strategy".

Kamlesh went on to look at the Southall picture which he felt clearly reflected the national picture - a young and growing minority ethnic population, high unemployment rates, limited opportunities, one of the largest refugee

communities in London, a majority, not a minority population. Whilst he commented that in Southall there existed the usual myths and comments of denial associated with illegal drug use and Asian communities, it was heartening to see that the foundation for addressing this issue had been laid by the SCDEP.

## Key Messages:

- Identifying Need
- Partnerships
- Engagement & Sustainability

Reminding the delegates of the inspiring presentations which had been delivered throughout the day, Kamlesh spoke of three main themes which had been recurrent. Firstly, **identifying need** was seen as crucial and the important message of the day appeared to be that successful needs assessment is something done by, with and between communities - not something done to them. Secondly, **developing partnerships** appeared to be essential for long-term sustainable action. Kamlesh offered a definition of partnerships "partnerships are about having shared values, shared goals and most importantly a shared vision - based on sound principles of equality". Finally, **engagement and sustainability**, the clear goals for which to aim, Kamlesh noted that in the SCDEP the community members were not only listened to but were trained and supported in the early stages providing them with the confidence and knowledge-base needed in order to take the work forward.

In summary Kamlesh noted that none of the identified areas were mutually exclusive and appealed for the adoption of a holistic, multi dimensional approach to service development in this important area. It is not enough, he said, "to provide training programmes, or to employ one or two token Black staff, or to produce an equality of opportunity policy, or to provide a special pot of money to tackle what are, in the final analysis, fundamental components of an effective drug service". Kamlesh ended his summary by reinforcing the messages of the day - calling for true involvement of communities, the adoption of a clear strategic programme and the long-term mainstream funding to undertake that programme - "together in partnership" he said "involving people, capacity building, sharing experiences, skills and resources, having a shared vision and shared values - we can begin to develop something that is sustainable."



# CHAIRMAN'S CLOSING REMARKS

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Eileen Martin, Dean of the Faculty of Health, University of Central Lancashire in her capacity of Chair spoke of the importance of the day for Southall "It's a time when you have been able to share the aims of your project with a wider audience" she said. The Dean then reminded the delegates of the 'energising' message given to the project by the Minister when he had recognised it as an example of best practice and she hoped that the new project would be able to build and expand on what had been begun by the Ethnicity & Health Unit and share that good practice with others. It was encouraging, she said, "to hear from the floor that business communities out there are willing to support you". In closing, the Chair commented favourably on the new video; congratulated all the volunteers and the young people in particular and thanked all those who had contributed to the day.

# APPENDIX 1

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## SYNOPSIS OF THE SOUTHALL COMMUNITY DRUGS EDUCATION PROJECT

*Southall Community Drugs Education Project  
Delivered by the Ethnicity & Health Unit, Faculty  
of Health, University of Central Lancashire for  
Ealing Borough Council*

### **What has the project achieved?**

The project has worked with South Asian families and with young people and organisations from all communities in Southall in order to educate everyone about drug issues.

To date over three hundred Southall residents have received drug prevention education via project volunteers, staff and members of the advisory committee. The project has worked with over two hundred young people and with over thirty diverse organisations on a variety of issues.

The Southall Community Dugs Education Project has already attracted substantial interest because of the unique way it has engaged the communities. Its work has been covered by national television, namely the BBC and Channel East. The project staff, volunteers and young people have taken part in various television documentaries and debates, as well as radio programmes. Some of these radio programmes were local stations set up in Southall and supported by the project. The project has also had wide newspaper coverage.

### **Why was the project necessary?**

From our previous work in Southall we knew that there was drug use in the area and that residents and community organisations were concerned about it. Many said they didn't know enough about drugs and

how to deal with the situation. This was particularly so for communities who spoke Punjabi and other South Asian languages. Our research had found that there was little information about drugs in languages other than in English, even though Southall's population comprised of 70% minority ethnic communities; three quarters of these were Punjabi speakers of Indian origin.

In recognition of this fact, Ealing Council had proposed to deliver a community education project funded by the Single Regeneration Partnership. The Ethnicity & Health Unit was successful in tendering to undertake this work.

### **Who has the project been working with?**

The project has been working with families, young people, and representatives of community organisations.

### **Families**

Twenty-four local volunteers, all from South Asian communities, were trained in drug prevention issues. They have conducted sessions on drugs awareness with over three hundred residents of Southall, using the video 'It couldn't happen to us'. Most of these residents were from South Asian communities. The project has also worked with some Somali communities.

# APPENDIX 1

As part of these sessions, the volunteers gathered information about drug services and they found that people wanted:

- Regular drug prevention education for all Asian communities.
- Conciliation services between young people and their families.
- Services for families and carers of drug users, which are appropriate and meet the specific needs of different communities.
- Specific services for young people dependant on alcohol and illegal drugs.
- Service providers and policy-makers to pay adequate attention to the needs of Asian communities around drug issues.

## Young people

The Southall Drugs Education Project involved young people in order to engage them in drug prevention work and to work with them to develop a Drugs Strategy for Southall. Activities organised included:

- School pupils in Southall designing a logo for the project.
- The establishment of a young people's panel that met regularly to discuss how to raise awareness of drugs and to develop a drugs strategy. Members of the panel were from all minority ethnic communities in Southall and included users of drugs services.
- Young people informing adults, who were active in the project, about issues relating to drug use, and providing ideas of the best ways to get drug awareness and prevention information across to young people.
- Young people making a video about issues in Southall that concerned them.
- Young people from Southall planning this conference.

## Community organisations

We consulted representatives of twenty-four different organisations in Southall, including religious organisations, community groups, and organisations working with young people. We asked them about their knowledge of drug issues and if they would like to know more; what they thought the issues were surrounding drug use in Southall; if they would like to attend a training course; and if they wanted to be involved in this project and help develop a drugs strategy for the borough. We found that:

- The community representatives were very concerned about drug use in Southall, particularly amongst young people.
- Very few community organisations were trying to deal with the issues surrounding drug use, often because they didn't know how to do so.
- Most community representatives were willing to be involved in the project and wanted to know more about drugs.
- Most had no training around drugs, but they were eager to attend a training course and/or be involved in delivering training to others.

The Ethnicity & Health Unit has been successful in attracting more funding to this work. This has enabled the Unit to produce a drug prevention information video in Punjabi for Sikh parents. This complements the resources that the Ethnicity & Health Unit distributes for Urdu, Bengali, Gujarati and Mirpuri Punjabi speaking parents.

The project has also worked with local people who have been involved in the advisory group for the project. These individuals are now involved in setting up a new charitable trust. This new organisation will continue the work that has been initiated and developed by the Ethnicity & Health Unit, Faculty of Health, University of Central Lancashire.