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# Non-opiate and cannabis drug use in minority ethnic groups

## Appendices

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### Appendix A. Scoping review

#### *Methodology*

This study used a scoping review approach. Scoping reviews map the body of literature on a topic and present an overview of potentially large and diverse bodies of literature.<sup>1</sup> This allowed for data collation, review and synthesis to be carried out in the most efficient way. We aligned our methodology for the scoping review with the recommendations of Arksey and O'Malley,<sup>2</sup> which includes: identifying the research question; searching for relevant studies; selecting studies; charting the data and collating, summarizing, and reporting the results.

This approach involved a systematic search of both academic and grey literature. Literature was identified in the following ways:

- Through **Scopus** (an academic database). Complex search strings were developed through reference to the inclusion and exclusion criteria at Appendix Table A2 and are set out at Appendix Table A1 below.
- On the recommendations of professional stakeholders interviewed as part of this research (see Appendix C).
- **Grey literature searches**<sup>3</sup> were conducted using a list of relevant websites. These websites were identified in a number of ways including suggestions from the Department of Health and Social Care (DHSC), our own desk-based research, and suggestions from stakeholders interviewed as part of this research. The research team used a set of core search terms to find documents on these websites. The list of websites is provided below at Appendix Table A3.

Where studies were found to be particularly relevant, citation tracking was conducted to identify further relevant papers. This involved looking through the list of references in the chosen paper and/or viewing all the papers that cite the chosen paper.

Academic and grey literature were screened for inclusion at two stages: title and abstract, and full text. The PRISMA diagram below at Appendix Figure A1 illustrates the search and screening processes undertaken, the

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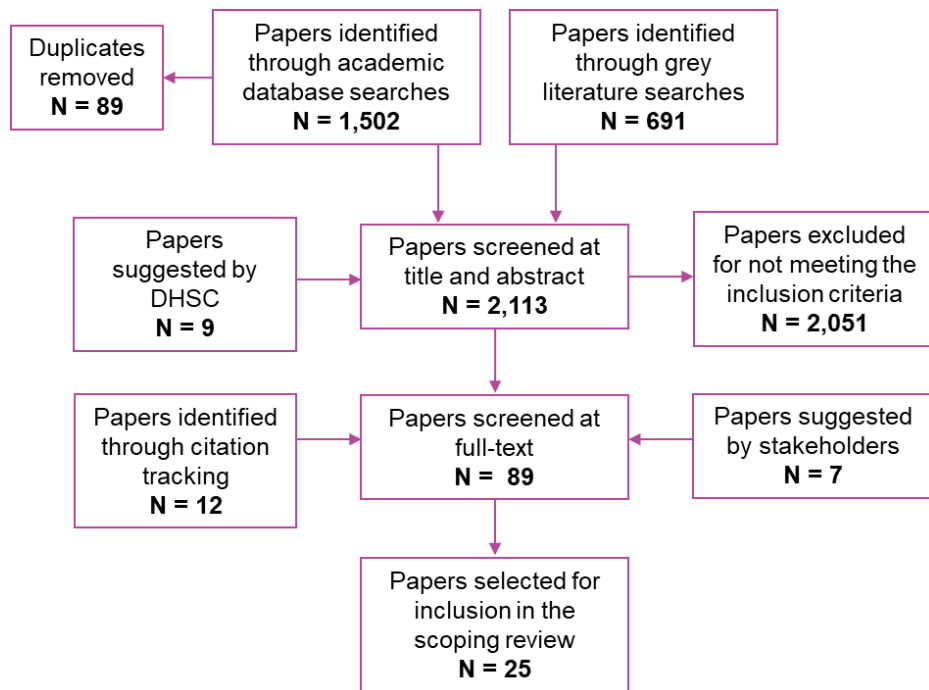
<sup>1</sup> Arksey & O'Malley, 2005.

<sup>2</sup> Arksey & O'Malley, 2005.

<sup>3</sup> Searches for literature not published in academic journals.

total number of studies identified from each process, and the total included and excluded. Overall, 25 papers met the inclusion criteria and were included for data extraction across both academic and grey literature. Of the 25 papers included, 17 came from grey literature sources while 8 were academic papers. The term 'papers' is used here to refer to academic articles, grey literature reports and articles, and healthcare/treatment service best practice guidance documents.

**Figure A1: PRISMA diagram**



A data extraction framework was developed to carry out a narrative synthesis of findings that addressed the research questions and could feed into the design of work strands two and three – secondary data analysis of the APMS and CSEW, and interviews with people with experience of drug use. Members of the research team read the papers closely and extracted relevant information into the corresponding cells of the extraction framework. Data was organised into key descriptive and conceptual themes including drug use prevalence by ethnic group and barriers and facilitators to treatment access. The extraction sheet was piloted by three researchers each extracting a different paper to ensure that it successfully captured data and any required adjustments were made. Following data extraction, the key findings for each research question were synthesised and any data relevant for secondary data analysis and interviews with people with drug use experience was collated.

## Appendix Table A1: Search strings

Complex search strings for SCOPUS searches
( TITLE-ABS-KEY ( ethnic* OR race ) AND TITLE-ABS-KEY ( harmful AND drug AND use ) OR TITLE-ABS-KEY ( drug AND dependency ) )
( TITLE-ABS-KEY ( ethnic* OR race ) AND TITLE-ABS-KEY ( drug AND use ) AND TITLE-ABS-KEY ( frequency ) OR TITLE-ABS-KEY ( drug AND type ) OR TITLE-ABS-KEY ( prevalence ) )
( TITLE-ABS-KEY ( ethnic* OR race ) AND TITLE-ABS-KEY ( cannabis ) OR TITLE-ABS-KEY ( non-opiate ) )
( TITLE-ABS-KEY ( ethnic* OR race ) AND TITLE-ABS-KEY ( drug AND treatment AND barriers ) OR TITLE-ABS-KEY ( drug AND treatment AND access ) )

## Appendix Table A2: Inclusion and exclusion criteria

Criterion	Inclusion criteria	Exclusion criteria
Content	<ul style="list-style-type: none"> <li>Research which explores levels of drug use in different ethnic minority groups, barriers/facilitators to accessing, completing and engaging in appropriate treatment and support, and effective strategies or methods of engaging with these groups (this may include culturally appropriate approach).</li> </ul>	<ul style="list-style-type: none"> <li>Literature which is not relevant to the research questions; research that only focuses on the general population, and/ or only on opiate drugs and alcohol.</li> </ul>
Evidence type	<ul style="list-style-type: none"> <li>All types of evaluative studies (where available): systematic literature reviews (including scoping reviews, rapid evidence assessments, meta-analyses, narrative analyses), randomised controlled trials, quasi-experimental studies (including cohort and pragmatic trials, case and observational studies).</li> <li>Grey literature (those publications or policies not published in peer reviewed journals).</li> </ul>	<ul style="list-style-type: none"> <li>Protocols, opinion pieces, popular media (e.g., blogs, social media feeds and/ or newspaper articles).</li> </ul>
Methods	<ul style="list-style-type: none"> <li>All paradigms (i.e., quantitative, qualitative, mixed methods).</li> <li>Prioritising papers that adopt an intersectional approach.</li> </ul>	<ul style="list-style-type: none"> <li>Where methods are unclear, do not respond to the research questions and/ or are of low-quality (excluding grey literature).</li> </ul>
Year	<ul style="list-style-type: none"> <li>January 2009 – December 2022.</li> </ul>	<ul style="list-style-type: none"> <li>Standalone research over 13 years old.</li> </ul>
Geography	<ul style="list-style-type: none"> <li>Prioritising UK-only evidence, but drawing on comparative studies that also include the UK if relevant to research questions.</li> </ul>	<ul style="list-style-type: none"> <li>Those papers/ grey literature that only report findings outside of the UK.</li> </ul>
Language	<ul style="list-style-type: none"> <li>English.</li> </ul>	<ul style="list-style-type: none"> <li>Those papers/ grey literature not in English.</li> </ul>

## Appendix Table A3: Websites searched for grey literature

Websites searched	
<ul style="list-style-type: none"> <li>NHS England</li> <li>NHS Addictions Provider Alliance</li> <li>NHS Digital</li> <li>NICE</li> <li>Gov.uk</li> <li>UK Drug Policy Commission</li> <li>Release</li> </ul>	<ul style="list-style-type: none"> <li>Nuffield Trust</li> <li>The King's Fund</li> <li>Joseph Rowntree Foundation</li> <li>BAC-IN</li> <li>European Monitoring Centre for Drugs and Drug Addiction</li> </ul>

## Appendix Table A4: Papers included in the scoping review

Paper references
Unpublished. 2022. <i>Culturally appropriate alcohol services: Improving treatment for people from ethnically and culturally diverse backgrounds.</i>
BAC-IN. 2019. <i>Culture, Connection and Belonging: A study of addiction and recovery in Nottingham's BAME community.</i> Available: <a href="https://www.bac-in.org/_files/ugd/d4e610_c11ea7ccd6cb42f59ec524564cec581b.pdf">https://www.bac-in.org/_files/ugd/d4e610_c11ea7ccd6cb42f59ec524564cec581b.pdf</a>
BAC-IN. 2021. <i>Out sight, out of mind: A Black, Asian, &amp; Minority Ethnic case for reform to ensure no one is left behind in their search for recovery.</i> Available: <a href="https://www.bac-in.org/_files/ugd/d4e610_05d97079157547f1aa45ceea102ce46f.pdf">https://www.bac-in.org/_files/ugd/d4e610_05d97079157547f1aa45ceea102ce46f.pdf</a>
Beddoes, D., Sheikh, S., Khanna, M. & Pralat, R. 2010. <i>The Impact of drugs on different minority groups: a review of the UK literature. Part 1: ethnic groups.</i> London: The UK Drug Policy Commission. Available: <a href="https://www.drugsandalcohol.ie/13468/1/UKDPC_Ethnic_groups.pdf">https://www.drugsandalcohol.ie/13468/1/UKDPC_Ethnic_groups.pdf</a>
Burton, J., Hadid, D. & Denness, H. 2017. <i>Health Needs Assessment of the Black and Minority Ethnic Populations within Nottingham City.</i> Nottingham City Council & the Nottingham City Clinical Commissioning Group.
Cabinet Office. 2017. <i>Race Disparity Audit: Summary Findings from the Ethnicity Facts and Figures website.</i> Available: <a href="https://www.ethnicity-facts-figures.service.gov.uk/static/race-disparity-audit-summary-findings.pdf">https://www.ethnicity-facts-figures.service.gov.uk/static/race-disparity-audit-summary-findings.pdf</a>
Carter, JL., Strang, J., Frissa, S., Kayes, RD., Hatch, SL. & Hotopf, M. 2013. Comparisons of polydrug use at national and inner city levels in England: associations with demographic and socioeconomic factors. <i>Annals of Epidemiology</i> , 636-645.
Commission on Race and Ethnic Disparities. 2021. <i>Commission on Race and Ethnic Disparities: The Report.</i> Available: <a href="https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974507/20210331_CRED_Report_FINAL_Web_Accessible.pdf">https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974507/20210331_CRED_Report_FINAL_Web_Accessible.pdf</a>
De Andrade, M. 2014. <i>BME feasibility and ethnographic study on perceptions of health.</i> NHS Greater Glasgow and Clyde. Available: <a href="http://temp38.clrs-hosting.co.uk/wp-content/uploads/BME-Report-Ethnographic-Study-of-Southside-of-Glasgow-July-2014.pdf">http://temp38.clrs-hosting.co.uk/wp-content/uploads/BME-Report-Ethnographic-Study-of-Southside-of-Glasgow-July-2014.pdf</a>
Demant, D., Carroll, JA., Oviedo-Trespalacios, O., Ferris, J., Maier, L. J., Barratt, M. J., & Winstock, A. R. 2018. Do people with intersecting identities report more high risk alcohol use and lifetime substance use? <i>International Journal of Public Health</i> , 63, 621-630.
Dogra, N., Svirydzenka, N., Dugard, P., Singh, SP. & Vostanis, P. 2013. Characteristics and rates of mental health problems among Indian and White adolescents in two English cities. <i>The British Journal of Psychiatry</i> , 203, 44-50.
European Monitoring Centre for Drugs and Drug Addiction. 2013. <i>Drug prevention interventions targeting minority ethnic populations: issues raised by 33 case studies.</i> Luxembourg: Publications Office of the European Union.
Fernandez, J. 2015. Evaluating the service provision for ethnic minorities in Islington in the treatment of substance misuse. <i>Drugs and Alcohol Today</i> , 15(2), 82-92.

Fountain, J. 2009. *Issues surrounding drug use and drug services among the South Asian communities in England*. National Treatment Agency for Substance Misuse.

Gray, PM. & Ralphs, R. 2019. Confidentiality and cultural competence? The realities of engaging young British Pakistanis and Bangladeshis into substance use services. *Drugs: Education, Prevention, and Policy*, 26 (2), 133-139.

Health and Social Care Information Centre. 2014. *Statistics on Drug Misuse: England 2014*. Available: <https://files.digital.nhs.uk/publicationimport/pub15xxx/pub15943/drug-misu-eng-2014-rep.pdf>

Home Office. 2014. *Drug Misuse: Findings from the 2013/14 Crime Survey for England and Wales*. Available: <https://www.gov.uk/government/publications/drug-misuse-findings-from-the-2013-to-2014-csew>

Hurcombe, R., Bayley M. & Goodman, A. 2010. *Ethnicity and Alcohol: A review of the UK literature*. Joseph Rowntree Foundation. Available: [https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/ethnicity-alcohol-literature-review-full\\_0.pdf](https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/ethnicity-alcohol-literature-review-full_0.pdf)

Ismail, N. 2012. *Prevalence of Drug Use Among Black and Minority Ethnic (BME) Communities in Bristol*. Bristol City Council.

Melendez-Torres, GJ., Bourne, A., Reid, D., Hickson, F., Bonnell, C. & Weatherburn, P. 2018. Typology of drug use in United Kingdom men who have sex with men and associations with socio-sexual characteristics. *International Journal of Drug Policy*, 55, 159-164.

Penney, J., Dargan, PI., Padmore, J., Wood, DM. & Norman, IJ. 2016. Epidemiology of adolescent substance use in London schools. *QJM: An International Journal of Medicine*, 405-409.

The UK Drug Policy Commission. 2010. *The Impact of drugs on different minority groups: ethnicity and drug treatment*. London: The UK Drug Policy Commission. Available: [https://www.drugsandalcohol.ie/13471/1/UKDPC\\_treatment\\_ethnicity\\_report.pdf](https://www.drugsandalcohol.ie/13471/1/UKDPC_treatment_ethnicity_report.pdf)

UK Drug Policy Commission. 2012. *A fresh approach to drugs: the final report of the UK Drug Policy Commission*. London: UK Drug Policy Commission. Available: <https://www.drugsandalcohol.ie/18580/1/a-fresh-approach-to-drugs-the-final-report-of-the-uk-drug-policy-commission.pdf>

Williams, L., Ralphs R., & Gray, P. 2016. The Normalization of Cannabis Use Among Bangladeshi and Pakistani Youth: A New Frontier for the Normalization Thesis? *Substance Use and Misuse*, 1-9.

With You. 2021. *A system designed for women? Understanding the barriers women face in accessing drug treatment and support services*. Available: [https://storage.googleapis.com/wearewithyou-production-media/media/documents/A\\_System\\_designed\\_for\\_women.pdf?Expires=1694777811&GoogleAccessId=wearwithyou-production-media%40website-v2-248907.iam.gserviceaccount.com&Signature=IPk7HCIXqKUnUWGc4NnC9QRGM2A6UsE3mbkRcdZ%2BujRah4QpWu%2FGwYhleTJwFOyK19HwXcknxil6%2BeoeSSFVQhCn%2FUpriqHTHmEmrZ3rbemyOwlmdxKwdqgRdbPQzNXHA1h3loLZYmonup4Jtob0GrN0iVAUKsQfui%2Ff1QrKI5sctRUIM4sNgqsiwlouJqad%2BCtDW M295rY3vqh9QPaz2iW%2B%2BNszGifWNO%2B76QcKufa1%2BOuqYDkUnU0LvgRQwcJR700%2BJ44r60RSTnHIYOxOxa9rB%2BrxNqum4Y1A2zKMKEpyFxnqBh52hPzLgiYP1e0vWInSUF4cAo7VCb7vkoZ7Q%3D%3D](https://storage.googleapis.com/wearewithyou-production-media/media/documents/A_System_designed_for_women.pdf?Expires=1694777811&GoogleAccessId=wearwithyou-production-media%40website-v2-248907.iam.gserviceaccount.com&Signature=IPk7HCIXqKUnUWGc4NnC9QRGM2A6UsE3mbkRcdZ%2BujRah4QpWu%2FGwYhleTJwFOyK19HwXcknxil6%2BeoeSSFVQhCn%2FUpriqHTHmEmrZ3rbemyOwlmdxKwdqgRdbPQzNXHA1h3loLZYmonup4Jtob0GrN0iVAUKsQfui%2Ff1QrKI5sctRUIM4sNgqsiwlouJqad%2BCtDW M295rY3vqh9QPaz2iW%2B%2BNszGifWNO%2B76QcKufa1%2BOuqYDkUnU0LvgRQwcJR700%2BJ44r60RSTnHIYOxOxa9rB%2BrxNqum4Y1A2zKMKEpyFxnqBh52hPzLgiYP1e0vWInSUF4cAo7VCb7vkoZ7Q%3D%3D)

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## Appendix B. Secondary data analysis

### Datasets used

#### 1. The Adult Psychiatric Morbidity Survey

The APMS is a cross-sectional, national mental health survey, conducted every seven years since 1993. Due to their consistent methods and same core questionnaire content, the APMS 2007 and 2014 datasets can be combined into one large data set to allow for more precise estimates. The APMS datasets include weights that take account of selection probabilities and non-response. This ensures that results are representative of the population aged 16 years and over. When using the combined 2007 and 2014 dataset, there is a weighting variable that re-calibrates the combined data to the ONS 2014 mid-year population estimates for age by sex and region.

In the APMS, 48 individuals were removed from the sample for having used heroin, methadone, crack cocaine and/or steroids in the past year. Individuals with missing ethnicity were also removed (n=77), leaving a total sample of 14,824.

Key measures were:

- **Drug use:** Respondents were asked whether they had used any of the following drugs in the past 12 months: Cannabis, Amphetamines, Cocaine, Crack, Ecstasy, Heroin, Acid, Ketamine, Mephedrone, Magic mushrooms, Tranquilizers, Amyl Nitrates, Anabolic Solvents and Glue. A binary drug use variable was derived in which an individual was said to have used drugs in the past year if they responded positively to at least one of the above.
- **Drug dependence:** Dependence scores were assessed for cannabis, amphetamine, cocaine, ecstasy, tranquilizers, and glue. Scores were determined based on responses to the following: daily use for 2 weeks or more; sense of need or dependence; inability to abstain; increased tolerance and/or withdrawal symptoms. See [here](#) (p82). It should be noted that daily use of cannabis over a two-week period has been questioned as a reliable marker of dependence.
- **Mental Health disorders:** The revised Clinical Interval Schedule (CIS-R) assessed for the past week prevalence of the following International Classification of Diseases, Tenth Revision (ICD-10) diagnoses: depression, phobia, panic disorder, obsessive compulsive disorder (OCD), mixed anxiety and depression, and generalized anxiety disorder. The APMS includes a binary variable indicating whether an individual meets criterion for a diagnosis of at least one of the above. Individuals meeting criteria for a probable psychotic disorder were also included in this binary mental health variable (see [here](#)).

We have included links to the APMS 2014 survey documentation above, for which the main information can be found [here](#). 2007 APMS information can be found [here](#).

#### 2. The Crime Survey for England and Wales

The CSEW 2019-2020 dataset<sup>4</sup> has a sample of 33,734. Respondents from Wales were removed from the sample (n=2,489). Individuals with missing ethnicity were also removed from the sample (n=94). Those who refused to complete the questions on drug use (n=1,443) or for whom data was missing on the drug use

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<sup>4</sup> Office for National Statistics, *ONS SRS Metadata Catalogue, dataset, Crime Survey for England and Wales*. Released 26 October 2021, DOI: 10.57906/bs66-9627

questions (n=4,421) were also removed from the sample. However, individuals from ethnic minority communities were significantly more likely to refuse to answer the drug use module compared to the White British population. Finally, individuals who had used Opiates, Crack Cocaine and/or Steroids in the past year were removed (n=43), leaving n=25,244 for analysis.

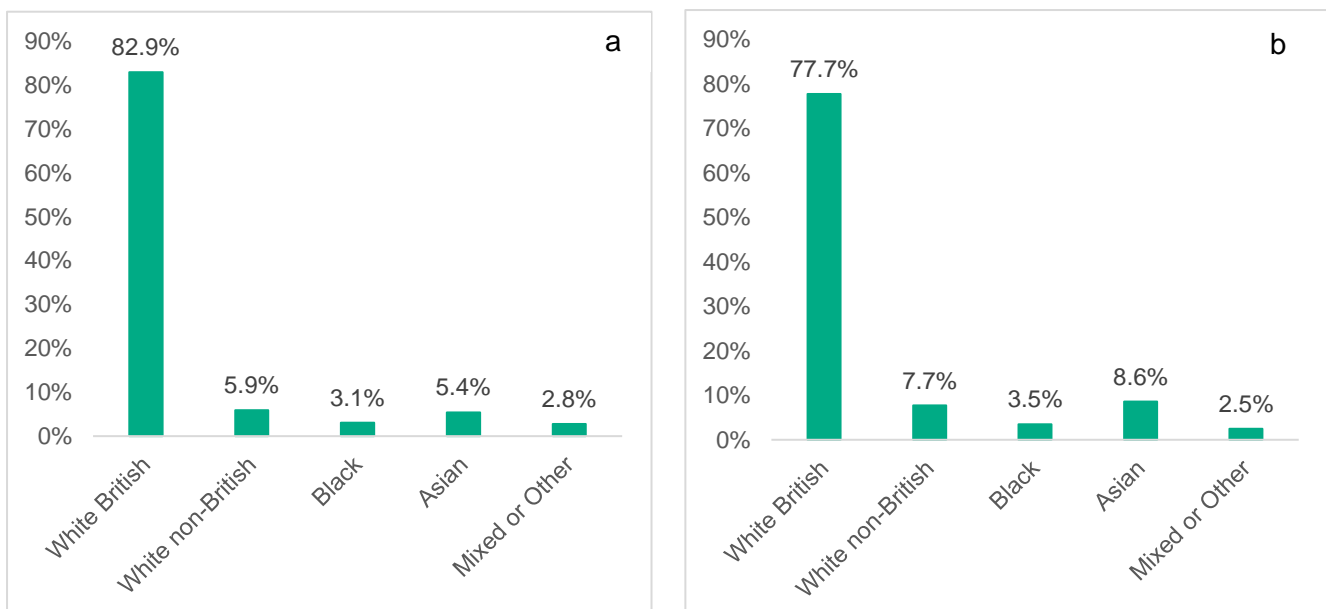
Key measures were:

- **Drug use:** Respondents were asked whether they had used any of the following drugs in the past 12 months: amphetamines, methamphetamine, cannabis, cocaine, MDMA/ecstasy, LSD/acid, magic mushrooms, tranquillisers, mephedrone, pills or powders, smoked anything when the respondent did not know what it was and anything else that the respondent knew, or thought was a drug. A binary drug use variable was derived in which an individual was said to have used drugs in the past year if they responded positively to at least one of the above.
- **Frequency of drug use:** The CSEW 2019/20 asked how often during the past year has an individual taken drugs of any type. Response options were:
  - Weekly use (every day; 3-5 days a week; once or twice a week)
  - Monthly use (2 or 3 times a month; Once a month)
  - Yearly use (once every couple of months; Once or twice this year)
  - Don't know
  - Don't want to answer

More information on the CSEW survey can be found [here](#).

## Results

### Appendix Figure B1: Prevalence of ethnicity



Source a) APMS 2007/14 combined. Base: All respondents (n=14,824).

Source b) CSEW 2019/20. Base: All respondents (n=25,244).

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**Appendix Table B1: Odds of not completing the self-completion module on drug use, by ethnicity**

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<b>Ethnicity</b>	<b>Yes, completed n (%)</b>	<b>No, didn't complete n (%)</b>	<b>OR</b>	<b>95% CI</b>
White British	19,270 (95.94)	816 (4.06)	ref	ref
White non-British	2,107 (90.77)	214 (9.23)	<b>2.4</b>	<b>2.00-2.87</b>
Black	940 (94.51)	55 (5.49)	<b>1.37</b>	<b>1.01-1.85</b>
Asian	2,374 (92.29)	198 (7.71)	<b>1.97</b>	<b>1.62-2.40</b>
Mixed or Other	706 (93.22)	51 (6.78)	<b>1.72</b>	<b>1.23-2.39</b>

Source: CSEW 2019/20. Base n=26,730

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**Appendix Table B2: Prevalence of past year drug use in minority ethnic groups compared to the White British population in the CSEW 2019/20**

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<b>Drug use in the past year, by ethnicity</b>	<b>No drug use in the past year n (%)</b>	<b>Any drug use in the past year n (%)</b>	<b>Odds ratio</b>	<b>95% CI</b>
White British	17,359 (92.29)	1,450 (7.71)	reference	reference
White non-British	1,849 (91.19)	179 (8.81)	1.16	0.93-1.43
Black	866 (95.03)	45 (4.97)	<b>0.63</b>	<b>0.40-0.97</b>
Asian	2,234 (97.15)	65 (2.85)	<b>0.35</b>	<b>0.25-0.50</b>
Mixed or Other	577 (84.78)	104 (15.22)	<b>2.15</b>	<b>1.59-2.89</b>

Source: CSEW 2019/20. Base n=24,728



### Appendix Table B3: Frequency of drug use

It is important to consider that there could be ethnic differences in the frequency of using drugs. Small case numbers when exploring frequency of drug use by ethnicity mean we are unable to understand this reliably in the current analysis. Interestingly, approximately 18% of individuals who had used drugs in the past year either did not know or did not want to answer how frequently they had used drugs in the past year.

Frequency	N	%
Every day	82	5.64
3-5 days a week	66	4.54
Once or twice a week	72	4.97
2 or 3 times a month	98	6.75
Once a month	67	4.61
Once every couple of months	193	13.35
Once or twice this year	608	42.03
Don't know	155	10.69
Don't want to answer	107	7.41

Source: CSEW 2019/20. Base n=1,446.

### Appendix Table B4: Prevalence of cocaine use in past year, by ethnicity

Ethnicity	No cocaine use in past year n(%)	Any cocaine use in past year n(%)	Odds ratio	95% CI
White British	11,644 (97.90)	250 (2.10)	Reference	Reference
White non-British	815 (98.03)	[16] (1.97)	0.94	(0.50-1.76)
Black	432 (97.84)	[10] (2.16)	1.03	(0.40-2.64)
Asian	746 (98.98)	[8] (1.02)	0.48	(0.15-1.51)
Mixed or Other	367 (97.21)	[11] (2.79)	1.34	(0.59-3.02)

Source: APMS 2007/14 combined. Base n=14,298. Note: [X] indicates caution due to small numbers.

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**Appendix Table B5: Prevalence of ecstasy use in the past year, by ethnicity**

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Ethnicity	No ecstasy use in past year n (%)	Any ecstasy use in past year n (%)	Odds ratio	95% CI
White British	11,766 (98.82)	140 (1.18)	Reference	Reference
White non-British	814 (97.69)	[19] (2.31)	<b>1.98</b>	<b>(1.05-3.74)</b>
Black	433 (98.22)	[8] (1.78)	1.52	(0.60-3.85)
Asian	748 (99.34)	[5] (0.66)	0.56	(0.12-2.52)
Mixed or Other	368 (97.45)	[10] (2.55)	2.19	(0.89-5.39)

Source: APMS 2007/14 combined. Base n=14,311. Note: [X] indicates caution due to small numbers.

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**Appendix Table B6: Prevalence of past year cannabis use, by ethnicity**

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Ethnicity	No cannabis use in past year n (%)	Any cannabis use in past year n (%)	Odds ratio	95% CI
White British	11,033 (93.53)	763 (6.47)	Reference	Reference
White non-British	723 (88.08)	98 (11.92)	<b>1.96</b>	<b>(1.42-2.70)</b>
Black	376 (86.46)	59 (13.54)	<b>2.26</b>	<b>(1.52-3.38)</b>
Asian	720 (96.01)	30 (3.99)	0.61	(0.34-1.07)
Mixed or Other	330 (87.77)	46 (12.23)	<b>2.01</b>	<b>(1.29-3.14)</b>

Source: APMS 2007/14 combined. Base: n=14,178

**Appendix Table B7: Prevalence of past year cannabis use, by ethnicity in the CSEW 2019/20**

Ethnicity	No cannabis use in past year n (%)	Cannabis use in past year n (%)	Odds ratio	95% CI
White British	17,792 (93.76)	1,185 (6.24)	Reference	Reference
White non-British	1,902 (92.51)	154 (7.49)	1.22	0.96-1.54
Black	876 (95.53)	41 (4.47)	0.7	0.44-1.11
Asian	2,270 (97.50)	58 (2.50)	<b>0.38</b>	<b>0.27-0.55</b>
Mixed or Other	581 (85.30)	100 (14.70)	<b>2.59</b>	<b>1.91-3.51</b>

Source: CSEW 2019/20. Base n=24,959.

**Appendix Table B8: Prevalence of any drug dependence, by ethnicity**

Ethnicity	No experience of drug dependence n (%)	Experienced drug dependence n (%)	Odds ratio	95% CI
White British	11468 (97.31)	316 (2.69)	reference	reference
White non-British	791 (96.54)	[28] (3.46)	1.29	(0.74-2.29)
Black	401 (91.99)	35 (8.01)	<b>3.16</b>	<b>(1.87-5.33)</b>
Asian	728 (97.15)	[21] (2.85)	1.06	(0.54-2.09)
Mixed or Other	359 (95.60)	[17] (4.40)	<b>1.67</b>	(0.83-3.33)

Source: APMS 2007/14 combined. Base: n=14,164. Note: [X] indicates caution due to small numbers.

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**Appendix Table B9: Proportion with missing income by ethnicity**

<b>Ethnicity</b>	<b>n</b>	<b>%</b>
White British	2,849	23.18
White non-British	253	29.07
Black	164	35.78
Asian	293	36.68
Mixed or other	133	32.59

Source: APMS 2007/14 combined. Base: individuals with missing income data, N=3,692

**Appendix Table B10: Final model (Table 3) with coefficients for all variables**

		Odds ratio	Std. error	t-score	p-value	95% CI	
<b>Ethnicity</b>	<b>Ref: White British</b>						
	White non-British	1.71	0.34	2.72	0.01	1.16	2.52
	Black	1.49	0.37	1.60	0.11	0.92	2.43
	Asian	0.39	0.15	-2.53	0.01	0.19	0.81
	Mixed or other	1.46	0.38	1.47	0.14	0.88	2.43
<b>Education</b>	<b>Ref: No qualifications</b>						
	Foreign/other	0.85	0.34	-0.41	0.68	0.39	1.87
	GCSE	0.94	0.15	-0.37	0.71	0.70	1.28
	A level	1.10	0.18	0.55	0.58	0.79	1.52
	teaching, HND, nursing	0.90	0.20	-0.47	0.64	0.59	1.38
	degree	1.19	0.21	0.96	0.34	0.84	1.68
<b>Employment</b>	<b>Ref: in employment</b>						
	unemployed	0.88	0.22	-0.50	0.62	0.54	1.44
	economically inactive	0.86	0.11	-1.20	0.23	0.67	1.10
<b>English as a first language</b>	<b>Ref: English not as first language</b>	2.19	0.50	3.47	0.00	1.41	3.42
<b>Income</b>	<b>Ref: highest quintile &gt;= £52,499</b>						
<b>4th quintile</b>	>=£31,666 < £52,499	0.77	0.11	-1.87	0.06	0.58	1.01
<b>3rd quintile</b>	>= £20,279 <£31,666	0.84	0.13	-1.11	0.27	0.61	1.15
<b>2nd quintile</b>	>= £12,999 < £20,279	0.90	0.15	-0.62	0.54	0.65	1.25
<b>Lowest quintile</b>	<£12,999	0.95	0.16	-0.29	0.77	0.68	1.33
<b>Index of Multiple Deprivation</b>	<b>Ref: Least deprived</b>						
	2nd least deprived	1.05	0.18	0.30	0.76	0.76	1.46
	Middle imd quintile	1.58	0.26	2.81	0.01	1.15	2.18
	2nd most deprived	1.75	0.30	3.31	0.00	1.26	2.43
	Most deprived	2.07	0.35	4.33	0.00	1.49	2.88
<b>Sex</b>	<b>Ref: Male</b>	0.47	0.04	-8.06	0.00	0.39	0.57
<b>Mental Health</b>	<b>Ref: No mental health disorder</b>	2.19	0.23	7.63	0.00	1.79	2.68
<b>Age</b>	<b>Ref: 16-29</b>						
	30-49	0.33	0.03	-10.55	0.00	0.27	0.41
	50-69	0.10	0.01	-15.46	0.00	0.07	0.13
	70+	0.03	0.01	-10.06	0.00	0.01	0.05
<b>_cons</b>		0.11	0.04	-6.92	0.00	0.06	0.21

Source: APMS 2007/14 combined. Base: all individuals with no missing data on any of the included variables n=11,171

**Appendix Table B11: Prevalence of at least one mental disorder, by past year drug use and stratified by ethnicity**

<b>Ethnicity</b>	<b>Mental health condition, no drug use n (%)</b>	<b>Mental health condition, drug use n (%)</b>	<b>Odds ratio</b>	<b>95% CI</b>
White British	1,621 (14.71)	211 (28.25)	<b>2.28</b>	<b>(1.90 - 2.74)</b>
White non-British	100 (13.88)	[18] (22.10)	1.74	0.89-3.42)
Black	71 (18.56)	[24] (48.53)	<b>4.14</b>	<b>(1.90-9.00)</b>
Asian	121 (16.65)	[5] (17.24)	1.03	(0.26-4.13)
Mixed or Other	63 (19)	[10] (24.47)	1.36	(0.56-3.29)

Source: APMS 2007/14 combined. Base sizes differ for each analysis. Note: [X] indicates caution due to small numbers.

**Appendix Table B12: Prevalence of having received any mental health care in the last year for a mental health or emotional problem in individuals who have not used drugs, by ethnicity**

<b>Ethnicity</b>	<b>No healthcare n (%)</b>	<b>Healthcare n (%)</b>	<b>Odds ratio</b>	<b>95% CI</b>
White British	9,808 (88.88)	1,226 (11.06)	reference	reference
White non-British	665 (91.89)	59 (8.11)	<b>0.71</b>	<b>(0.53 - 0.95)</b>
Black	351 (92.70)	[28] (7.30)	<b>0.63</b>	<b>(0.42 - 0.96)</b>
Asian	667 (91.40)	63 (8.60)	0.75	(0.54- 1.05)
Mixed or Other	294 (88.93)	37 (11.07)	0.99	(0.67 - 1.48)

Source: APMS 2007/14 combined. Base n=13,198. Note: [X] indicates caution due to small numbers.

**Appendix Table B13: Prevalence of having received any mental health care in the last year for a mental health or emotional problem, in individuals who *have* used drugs, by ethnicity**

<b>Ethnicity</b>	<b>No healthcare n (%)</b>	<b>Healthcare n (%)</b>	<b>Odds ratio</b>	<b>95% CI</b>
White British	587 (78.54)	160 (21.46)	reference	reference
White non-British	72 (86.61)	[11] (13.39)	0.57	(0.25-1.30)
Black	39 (80.98)	[9] (19.02)	0.86	(0.36-2.07)
Asian	21 (79.78)	[5] (20.22)	0.93	(0.26-3.33)
Mixed or Other	32 (81.65)	[7] (18.35)	0.82	(0.34-2.00)

Source: APMS 2007/14 combined. Base n= 945. Note: [X] indicates caution due to small numbers.

**Appendix Table B14: Prevalence of having received any mental health care in the last year for a mental health or emotional problem, by drug use and stratified by ethnicity**

<b>Ethnicity</b>	<b>Healthcare, no drug use n (%)</b>	<b>Healthcare, drug use n (%)</b>	<b>Odds ratio</b>	<b>95% CI</b>
White British	1,218 (11.06)	160 (21.46)	<b>2.18</b>	<b>(1.80-2.64)</b>
White non-British	57 (7.92)	[11] (13.39)	1.75	(0.74-4.14)
Black	28 (7.30)	[9] (19.02)	<b>2.98</b>	<b>(1.14-7.76)</b>
Asian	61 (8.39)	[5] (20.22)	2.69	(0.72-9.98)
Mixed or Other	37 (11.10)	[7] (18.35)	1.81	(0.69-4.71)

Source: APMS 2007/14 combined. Base sizes differ for each analysis. Note: [X] indicates caution due to small numbers.

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## Appendix C. Interviews

### *Sampling and recruitment*

In selecting stakeholders to invite to interview a mapping exercise of relevant organisations and individuals was conducted. Those identified as relevant were then contacted directly via email with an invite to participate. We contacted 55 organisations in total.

The recruitment approach for people with experience of problematic drug use was informed by the scoping review and the secondary data analysis. We adopted a multi-modal approach to maximise recruitment of people with problematic drug use:

- Contacting key gatekeepers within community and voluntary organisations providing drug treatment, asking them to share details of our study with their service users;
- Inviting people with experience of drug use to participate via social media;
- Sharing information about the study with NatCen staff and their networks.

### *Data collection*

A topic guide was developed to aid the stakeholder interviews that was specifically designed to allow an open and participant-led discussion while covering the key areas of interest. Themes explored in the topic guide for stakeholders (included in this Appendix) included engagement with people with problem drug use, cultural and socio-economic influences on drug use, risk factors, effective prevention, harm reduction and guidance for recovery, unmet needs from different ethnic and social-cultural backgrounds, and improvements to services.

The topic guide for people with experience of drug use was informed by the findings that emerged from the scoping review and interviews with stakeholders, along with the Theoretical Domains Framework (TDF) and intersectionality approach.<sup>5,6</sup> Topics covered included reasons for drug use, unmet needs and demands for services, accessing services and support, barriers to engaging with treatment, how different social identity categories influence support and treatment services, and features of effective services.

### *Analysis methods*

Where participants gave their permission, interviews were recorded and transcribed to support detailed analysis. Interview data was managed and analysed using the framework approach developed by NatCen. In this approach, data is organised using matrices that enable thematic analysis both within and between cases, allowing descriptive and explanatory analysis to be undertaken. We have also used a deductive approach, which applies existing theoretical frameworks (based on the TDF and intersectionality theory) to the analysis of the interviews with people with experience of problematic drug use. We ensured the dependability of data coding by having researchers first coding the interview transcripts and senior members of staff reviewing the resulting codes.

- Development of the TDF involved synthesising 33 theories of behaviour change into 14 domains in order to identify and describe factors that impact behaviour and behaviour change.

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<sup>5</sup> Atkins et al., 2017.

<sup>6</sup> Etherington et al., 2020.



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- An intersectional approach helped us capture the multidimensionality of people's lives and understand how various contextual factors such as race, gender identity and ethnicity, within different cultural and geographical settings, can influence drug use and access to support or help seeking behaviour.

We summarised the data from each case (i.e., each interviewee) into the relevant cell, before further coding data relating to specific themes so that they can be viewed together. This allows the full range of perspectives and views described by participants to be systematically mapped, and accounts of different participants, or groups of participants, can be compared and contrasted.

### **Research tools**

Participant information sheets given to stakeholders and people with experience of problematic drug use and summarised versions of the topic guides used in interviews with stakeholders and people with experience of problematic drug use are provided below.

### **Participant Information Sheet: Stakeholders**

#### **Background**

The National Centre for Social Research (NatCen), in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM), has been commissioned by the Department of Health and Social Care (DHSC) to explore differences in drug use patterns between ethnic minority groups in England. **This will inform recommendations to improve the treatments and recovery system for problem drug use in the UK, in line with the 10-year Government plan to combat illegal drugs.**

**An evidence gap exists around differences in drug use patterns between ethnic minority groups in England, including around what factors may explain any differences, and whether there are differences between ethnic minority groups in accessing treatment, services and support for problematic drug use.**

Problematic drug use can have serious and long-term consequences for physical and mental health, and so understanding such disparities and the factors associated with them is necessary to inform policy and interventions addressing health inequalities.

#### **What is the research about?**

This research aims to address evidence gaps regarding prevalence, prevention, and barriers to treatment of drug use in ethnic minority groups, and to develop knowledge and understanding of differences in drug use and dependencies between ethnic minority groups in the UK. **This knowledge will then allow us to make specific recommendations in order to reduce further uptake of problematic substances in certain identified ethnic minority groups and make specific recommendations to improve engagement in/access to treatment for problematic substances among these groups.** To do this, we are conducting a scoping review of the existing literature on drug use in different ethnic minority communities, secondary data analysis of existing survey data regarding drug use prevalence, interviews with stakeholders involved in the design or delivery of treatment and support services, and interviews with people from ethnic minority communities experiencing problem drug use.

#### **What is my involvement?**

You/your organisation has been identified as being involved in the design or delivery of treatment or support services for those experiencing problem drug use. We would like to invite you to take part in an interview to discuss your experience, or to pass on details of this project to those in your organisation/network who may be interested in participating. **These interviews will enable us to gain insights on the current state of treatment**

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**and support services and to map national and regional variations with a focus on the differences between ethnic minority groups.**

Interviews will last approximately 45 minutes and will take place over the phone or using Microsoft Teams and can be arranged at a time and date convenient for you. With your permission, the interview will be audio recorded using secure and encrypted software named Amolto, so that there is a detailed and accurate record of what was discussed.

**Key interview topics will include:**

- Experiences of engaging with people with problem drug use;
- Cultural and socio-economic influences on drug use and access to treatment/treatment experience;
- Risk factors and effective prevention, harm reduction and guidance for recovery;
- Unmet needs; and
- Improvements to service provision.

**Is the discussion confidential?**

NatCen will manage your personal data – with DHSC and LSHTM acting as the data controller – which will be stored securely and in strict confidence in accordance with the UK General Data Protection Regulation (GDPR).

The information you provide will be brought together with other data and used to write a report for DHSC. We will not identify you in any reports, presentations or workshops of the project findings. Furthermore, your participation and interview content will not be discussed with anybody from your organisation. Your personal details and the interview data collected will be stored securely and deleted as soon as possible after the completion of the project, due in July 2023.

**Do I have to take part?**

Your participation is entirely voluntary and if you agree to participate you are free to change your mind at any point prior to, during, or after the interview. During the interview discussion you are also free to not answer any questions you would prefer not to.

**How can I take part?**

Please respond to the email that this document was attached to with your availability. We will ask you a short set of questions about you and your role before inviting you to participate in an interview, as well as answering any questions you have, in order to understand your role a little better.

**More information**

If you would like to know more about how the information you provide will be processed, please see the privacy notice on our website at this [link](#).

For more information please also contact the project team at: [Recruitment-DHSCresearch@natcen.ac.uk](mailto:Recruitment-DHSCresearch@natcen.ac.uk)

**[Participant information sheet: people with experience of problematic drug use](#)**

**What is the research about?**

The National Centre for Social Research (NatCen), in collaboration with the London School of Hygiene and Tropical Medicine (LSHTM), has been commissioned by the Department of Health and Social Care (DHSC) to

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explore differences in drug use patterns between ethnic minority groups in England. **This will inform recommendations to improve the treatment and recovery system for problem drug use in the UK.**

This research will explore differences in drug use prevalence, prevention, and barriers to treatment of drug use in ethnic minority groups in the UK. This will allow us to make recommendations to help reduce uptake of drug use and drug dependency in certain ethnic minority groups and make recommendations to improve access to treatment and support for these groups. We are interested in understanding the experiences of people from ethnic minority backgrounds who have experienced problem drug use.

### **What will taking part involve?**

Taking part will involve participating in an interview at a time convenient for you between **April and July 2023**. The interview will last **up to 90 minutes** and will be conducted by a NatCen researcher. The interview will take place either by telephone or video call, whichever you prefer. If you would like to be interviewed face-to-face we can try and arrange this at a location near you, but this might not always be possible.

You will receive a **£25 Love2Shop voucher** as a thank you for taking part. Love2Shop vouchers can be used at many high-street shops and can also be exchanged for gift cards for specific shops (such as Asda, M&S and Sainsbury's). The voucher will be sent to you after completing the interview.

### **What will the interview be about?**

In the interview we will ask you about your experiences of using drugs, and any experiences you might have had accessing treatment services to help with your drug use. We are interested in your experiences with drug use, in particular non-opiate drugs (such as amphetamines, cocaine, ecstasy, unprescribed tranquilisers or solvents) and cannabis. We are also interested in exploring your cultural background and any aspects of your identity that you think has impacted your experiences with drug use, as well as your views around accessing support. Sharing this will help us get a real understanding of how different experiences link with each other and how treatment and support services can be improved.

### **In the interview we will ask you about:**

- Your own drug use, including the types of drugs and frequency of use;
- Your experiences of engaging with drug use services;
- Things you think make it easier or more difficult to access drug treatment services;
- The impact you think cultural factors and ethnicity has on drug taking and treatment experience;
- Your own unmet needs and unmet needs of other people;
- Recommendations to improve support for people experiencing problem drug use.

There are **no right or wrong answers**, and you don't need to prepare anything in advance, we just want to hear about your views and experiences. We know it might be hard to share some of these experiences. You don't need to answer anything you do not want to.

### **Is the discussion confidential?**

We will not pass on your name to DHSC or anyone else. **Everything you say in the interview is confidential**, in line with General Data Protection Regulation (GDPR) 2018. This means we will not tell anyone, including DHSC, what you personally have said or that you have taken part in the study.

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**The only exception is if you talk about something which we believe puts you or another person at risk of significant harm.** In that case, we will have to tell someone else at our workplace who will decide if we need to tell anyone else. We will always try to discuss this with you first.

With your permission, we will audio-record the interview so that nothing you say is forgotten. The recording will be kept securely so that no-one apart from the research team at NatCen can listen to it and it will be deleted after 12 months of the study being completed.

We will write a report about the relationship between ethnicity and drug use and some findings from these interviews will be included in this. However, we will not name anyone, and it will not be possible to identify any participants in the report.

### **Do I have to take part?**

**You do not have to take part, taking part is purely voluntary** and you can change your mind at any time. If you do agree to an interview, you can choose not to answer questions or talk about any experiences that you do not want to discuss.

If you change your mind and no longer want to take part in the interview, please let us know as soon as possible by emailing [Recruitment-DHSCresearch@natcen.ac.uk](mailto:Recruitment-DHSCresearch@natcen.ac.uk)

### **How can I take part?**

If you would like to take part, please respond to the email that this document was attached to and we will get in touch to arrange a short phone call. During this call we will ask you a short set of questions about your background and experiences of drug use before inviting you to participate in an interview. You will also have the opportunity to ask any questions about the research.

### **More information about the research**

If you would like to know more about how the information you provide will be processed, please see the privacy notice on our website at this [link](#).

For more information please contact the project by emailing [Recruitment-DHSCresearch@natcen.ac.uk](mailto:Recruitment-DHSCresearch@natcen.ac.uk)

### **[Topic guide for stakeholders](#)**

#### **Introductions and background**

- Name of organisation and kinds of services/treatment they offer
- Their role in organisation's work

#### **Experiences of engaging with people with problem drug use**

- How they would describe who typically accesses their services
- Briefly, how they define "problem drug use"
- Main reasons for problem drug use
- Differences in drug dependency and misuse in ethnic minority groups or any ethnic minority group(s) with a higher prevalence of drug use/ dependency based on their experience.

#### **Initial experience of engaging with people with problem drug use**

- 
- How are people with regular or long-term use of non-opiates and cannabis first put in contact with their service
  - What is the service/ treatment offer
  - How individuals engage with treatment/ support services in the first instance

### **Design and delivery of support and treatment services**

- Design/ delivery/ commissioning of treatment/ support service
- Whether the needs of specific ethnic groups are considered in the commissioning, design and delivery of treatment/support services.
- Features of services that are most effective in facilitating access, engagement and retention and/or completion of treatment.
- Whether some services are tailored/ responsive to individual needs
- How they might define positive support/ treatment outcomes and the rationale behind it

### **Barriers and facilitators**

- What are the perceived barriers to accessing treatment/support
- What are the perceived barriers to engaging with and completing treatment
- What were the perceived facilitators to accessing treatment/support
- What were the perceived facilitators to engaging with and completing treatment

### **Reflections**

- Recommendations for a culturally appropriate approach to the design and delivery of support/ treatment services
- Recommendations for improvement (other than culturally appropriate approach)
- Overall reflections on treatment and support services provided for people with problem drug use

### **Closing the interview**

- Final closing comments
- Reassure participant about anonymity in our reports, in light of limits to anonymity – check if there was anything in the discussion that they would prefer wasn't quoted.
- Check in with the participant how they found the interview.
- Check if the participant has any suggestions in terms of relevant literature or on innovative practices.
- Thank participant for their time.

## **Topic guide for people with experience of problematic drug use**

### **Introductions and background**

- About them

### **Experiences of drug taking**

- Any experiences with drug use (past and present)

### **Experience of engaging in drug use support and treatment services**

- Access to drug use support or treatment services

### **Barriers and facilitators**

- What are the barriers to **accessing** treatment/support

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- What are the perceived barriers to **engaging with and completing** treatment
  - *If not already covered*, whether / how barriers differ between different groups.
  - Facilitators to **accessing** treatment / support
  - What were the perceived facilitators to **engaging with and completing** treatment
  - *If not already covered*, whether / how facilitators differ between different groups.

### **Recommendations and reflections**

- Reflections on their own experiences
- Recommendations for a culturally appropriate approach to the design and delivery of support / treatment services
- Recommendations for improvement (other than culturally appropriate approach)

### **Closing the interview**

- Final closing comments
- Reassure participant about anonymity in our reports, in light of limits to anonymity – check if there was anything in the discussion that they would prefer wasn't quoted.
- Check in with the participant how they found the interview.
- Aftercare leaflet (sent to all participants) and voucher will be sent via email.
- Thank participant for their time.

### **Aftercare leaflet given to participants**

Thank you for taking part in an interview with us about your experience of using drugs and your experiences of accessing treatment or support services. We are very grateful for your participation, which will help address evidence gaps regarding differences in drug use patterns between ethnic minority groups in England, including around what factors may explain any differences, and whether there are differences between ethnic minority groups in accessing treatment, services and support for problematic drug use. We hope that your experience of taking part was positive.

For some participants, discussing their experiences may be upsetting or distressing. We want to ensure that you have the contact details of organisations who you can talk to and who can help you. We provide a copy of this leaflet to all participants to ensure that everyone has the resources to seek help and support if needed.

While we have provided some useful links to national drug support providers, please also know that you can discuss how best to be supported with your GP or local authority who can point you to local services.

### **Support for drug use**

**Narcotics Anonymous-** Support service for anyone with a drug problem seeking help.

- **Helpline:** 03009991212 (10am-midnight)
- **Website:** <https://ukna.org/>

**Release-** A national centre of expertise on drugs and drugs law providing free and confidential specialist advice to the public and professionals.

- **Helpline:** 08454500215 (Mon-Fri 11am – 1pm and 2pm-4pm)

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- **Website:** [www.release.org.uk](http://www.release.org.uk)

**Drugline-** A freephone crisis and support line providing support, information and help including information on local services.

- **Helpline:** 08081606606

**Change grow live (CGL)-** Provider of local drug and alcohol services.

- **Email:** [info@turning-point.co.uk](mailto:info@turning-point.co.uk)
- **Infoline:** 020 7481 7600
- **Website:** [www.turning-point.co.uk](http://www.turning-point.co.uk)

**Turning Point-** Provider of local drug and alcohol services.

- **Email:** [info@turning-point.co.uk](mailto:info@turning-point.co.uk)
- **Infoline:** 020 7481 7600
- **Website:** [www.turning-point.co.uk](http://www.turning-point.co.uk)

**Cocaine Anonymous UK-** Help and support for anyone who wants to stop using cocaine.

- **Infoline:** 08006120225
- **Email:** [helpline@cauk.org.uk](mailto:helpline@cauk.org.uk)
- **Website:** [cauk.org.uk](http://cauk.org.uk)

**Marijuana Anonymous-** Help and support for anyone who wants to stop using marijuana.

- **Infoline:** 03001240373
- **Email:** [helpline@marijuana-anonymous.org.uk](mailto:helpline@marijuana-anonymous.org.uk)
- **Website:** [marijuana-anonymous.co.uk](http://marijuana-anonymous.co.uk)

### **Self-help support**

**Talk to Frank-** Information about drug use and its effects

- **Helpline:** 03001236600 (24/7)
- **Text helpline:** 82111 (text a question)
- **Email:** [frank@talktofrank.com](mailto:frank@talktofrank.com)
- **Website:** <https://www.talktofrank.com>

**Breaking Free-** An online recovery support programme you can access 24/7.

- **Website:** <https://www.breakingfreeonline.com>

**CGL drug advice quiz-** Online quiz that'll give advice about drugs and what to do next.

- **Website:** <https://www.changegrowlive.org/advice-info/alcohol-drugs/drug-use-quiz-self-assessment>

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**We are with you (formerly known as Addaction)**- Online info, advice and helpful tools to help you stop using drugs and alcohol.

- **Website:** <https://www.wearewithyou.org.uk/help-and-advice/>

### **Personal and emotional support**

The organisations below can provide you with personal and emotional support:

**Samaritans** – Free and confidential emotional support if you need to talk

- **Helpline:** 116 123 (24 hours)
- **Email:** [jo@samaritans.org](mailto:jo@samaritans.org)
- **Website:** <https://www.samaritans.org/>

**Mind** – A mental health charity with a wealth of information on mental health conditions and services

- **Infoline:** 0300 123 3393 (Mon-Fri 9am-6pm)
- **Website (national Mind):** <https://www.mind.org.uk/>
- **Website (to find local Mind):** <https://www.mind.org.uk/information-support/local-minds/>

### **Financial support**

The following organisation can provide you with information about financial issues:

**Citizens Advice** – Advice on debt, benefits, employment, housing, discrimination

- **Telephone:** 0800 144 8848 (Mon-Fri 9am–5pm)
- **Website:** <https://www.citizensadvice.org.uk/>

**NatCen Social Research** is an independent social research institute. We design, conduct, and analyse research studies in the fields of social and public policy. You can find out more about NatCen on <https://www.natcen.ac.uk/>.

For any queries on this research please contact the NatCen research team at [Recruitment-DHSCresearch@natcen.ac.uk](mailto:Recruitment-DHSCresearch@natcen.ac.uk) or call **0207 549 7042**.



## Appendix D: Wider reference list (literature outside scoping review)

### Paper references

Arksey, H., and O'Malley, L. 2005. *Scoping studies: towards a methodological framework*. International Journal of Social Research Methodology, 8:1, 19-32, DOI: [10.1080/1364557032000119616](https://doi.org/10.1080/1364557032000119616)

Atkins, L., Francis, J., Islam, R. et al. 2017. *A guide to using the Theoretical Domains Framework of behaviour change to investigate implementation problems*. Implementation Sci 12, 77.

Black, C. 2021. *Review of drugs part two: prevention, treatment, and recovery*. Available at: <https://www.gov.uk/government/publications/review-of-drugs-phase-two-report/review-of-drugs-part-two-prevention-treatment-and-recovery#:~:text=What%20this%20review%20set%20out,from%20the%20criminal%20justice%20system>.

Crenshaw, K. W. 2013. *Mapping the margins: Intersectionality, identity politics, and violence against women of color*. In *The public nature of private violence* (pp. 93-118). Routledge.

Etherington, C., Braganca Rodrigues, I., Giangregorio, L., et al. 2020. *Applying an intersectionality lens to the theoretical domains framework: a tool for thinking about how intersecting social identities and structures of power influence behaviour*. BMC Medical Research Methodology, 20: 169. DOI: [10.1186/s12874-020-01056-1](https://doi.org/10.1186/s12874-020-01056-1)

House of Commons Home Affairs Committee. 2023. *Drugs (Third report of session)*. Available at: <https://committees.parliament.uk/publications/41147/documents/203039/default/>

Ritchie, J., Lewis, J., Nicholls, C.M. and Ormston, R. 2013. *Qualitative research practice: A guide for social science students and researchers*. Sage.

Ross, A. 2020. *Drug Users as Stakeholders in Drug Policy: Questions of Legitimacy and the Silencing of the Happy Drug User*, in Buxton, J., Margo, G. and Burger, L. (Eds.) *The Impact of Global Drug Policy on Women: Shifting the Needle*, Emerald Publishing Limited, Bingley, pp. 237-246. DOI: [10.1108/978-1-83982-882-920200033](https://doi.org/10.1108/978-1-83982-882-920200033)

