



**Roundtable Discussion Event:**  
**Substance Use and Recovery in Ethnic Minority  
Communities in Scotland**  
**Summary Report**

Wednesday 8<sup>th</sup> October 2025, 11am – 1:30pm  
CEMVO Scotland, 95-107 Lancefield Street Glasgow, G3 8HZ

October 2025



## About CEMVO Scotland

CEMVO Scotland is a national intermediary organisation and strategic partner of the Scottish Government Equality Unit. Our aim is to build the capacity and sustainability of the ethnic minority (EM) voluntary sector and its communities. Since being established in 2003, we have developed a database network of over 600 ethnic minority voluntary sector organisations throughout Scotland to which we deliver a wide range of programmes that provide capacity building support to the sector.

As a national organisation, we continually engage with the EM voluntary sector and its communities, which enable us to gather intelligence about the needs and issues affecting the sector. This helps our organisation to deliver tailored support to the sector, and to work strategically with public, statutory, and government agencies to tackle a range of prevalent issues such as race equality, social inclusion, capacity building and civic participation.

One of our core programmes at CEMVO Scotland is Race for Human Rights. The aim of this programme is to help public service providers increasingly embed race equality and human rights in their strategic planning and day-to-day functions. This will be achieved by adopting an anti-racist and human rights-based approach.

This is a summary report of the **Roundtable Discussion Event: Substance Use and Recovery in Ethnic Minority Communities in Scotland**, presented by the Race for Human Rights team.

## Introduction

*A roundtable discussion hosted by CEMVO Scotland in partnership with Scottish Families Affected by Alcohol & Drugs (SFAD), Scottish Health Action on Alcohol Problems (SHAAP) and Scottish Recovery Consortium (SRC).*



This session was purposefully organised for representatives from ethnic minority communities and organisations to build relationships and engage in focused discussions prior to the event on 13 November 2025: **Cultivating Cultural Recovery Pathways for Black and Asian Communities in Scotland.**

The event on 13 November 2025 aims to bring together the key people, from academics, policymakers, third and public sector representatives, health practitioners, and those with lived experiences and their networks, who can drive forward racial equity for ethnic minority communities affected by drugs and alcohol. Organisers include **Scottish Families Affected by Alcohol & Drugs (SFAD)**, **Scottish Health Action on Alcohol Problems (SHAAP)** and **Scottish Recovery Consortium (SRC)**. **CEMVO Scotland** was invited to support this event.

Racialised health inequalities have a wide-ranging impact on health and life outcomes for ethnic minority people in the UK. For example, Black women are three times more likely than white women to die in pregnancy or childbirth in the UK<sup>1</sup>. South Asian people in the UK are almost twice as likely to develop coronary heart disease than white Europeans<sup>2</sup>. In the context of alcohol and drug use and recovery services, research has found that some ethnic minority communities experience high rates of substance use,

<sup>1</sup> MBRRACE-UK (2024) [MBRRACE-UK Maternal MAIN Report 2024 V2.0 ONLINE.pdf](#)

<sup>2</sup> British Heart Foundation (2024) [South Asians almost twice as likely to develop coronary heart disease than White Europeans - BHF](#)

face additional harms and lack access to addiction treatment services<sup>3</sup>. More research and data are urgently needed to help us understand a clearer picture of how structural inequalities are impacting ethnic minority people accessing and receiving appropriate support services. In the Scottish context, discussions took place in 2024 at a Racial Equity Learning Network Event hosted by Corra Foundation<sup>4</sup>.

In response to the upcoming event mentioned above, CEMVO Scotland and partners have taken steps to ensure that the voices of ethnic minorities are amplified, included, and better represented. Organisations at the roundtable were invited to speak about the issues, challenges, and possible solutions for ethnic minority people affected by drugs and alcohol. It aimed to highlight the gaps and actions needed in recovery services to tackle structural racism that creates barriers and racialised health inequalities.

We want to emphasise that equitable representation is crucial. On this occasion, we invited organisational and community representatives through our Glasgow-based [Capacity Building Programme](#), of which 9 attended. To deliver meaningful change from policy to action, we recommend wider engagement with ethnic minority communities across Scotland to ensure it is equitable, inclusive, and representative.

## Key themes emerged

*Our roundtable discussions identified challenges, barriers, and what is needed for inclusive recovery pathways for ethnic minority people. We summarise participants' contributions through key themes.*

### **Culture and Religion**

- In Muslim communities, alcohol and drugs are taboo as it is against their religion. There is an assumption that support isn't needed and issues are often brushed under the carpet. Although people are aware that alcohol use is a problem for some, people who need it don't seek help due to the stigma.
- Mainstream services are not culturally sensitive, and this lack of understanding puts ethnic minority people off seeking support.
- In the Hindu community there is some drinking, in situations of stress or at social gatherings.
- In parts of the Christian African community, there are 'functional alcoholics'. People 'self-medicate' using alcohol to deal with stress – this is normalised and people don't question it. Agreed that this also happens in the Hindu community.

### **Stigma**

- Participants shared that EM communities can be reserved and face multi-layered stigma when it comes to drug and alcohol abuse.

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<sup>3</sup> Alcohol Change UK (2019) [Understanding recovery from a family perspective](#) ; UK Addiction Treatment Centres [Black communities among most vulnerable to addiction, with lowest support | UKAT blog](#)

<sup>4</sup> Corra Foundation (2024) [Racial-Equity-Event-Insights-.pdf](#)

- Often it is easier for people to talk to someone outwith their community. They prefer anonymity due to fear of being stigmatised by their own communities.
- No one talks about drug use, although participants knew it was definitely happening in their communities.
- For some participants, this was the first time they were having a conversation about this topic.
- There is a feeling of guilt and shame if you are struggling with alcohol use.

### **Building trust and relationships**

- Participants shared their experience that people in EM communities are not open to talking about alcohol and drugs; volunteers and workers often need to build closer relationships over time to gain more information from individuals before being able to help.
- EM organisations and communities prioritise giving people a safe environment to talk about their issues, like providing compassionate support as a friend. What comes after would be any necessary signposting or support.

### **Exploitation and vulnerability**

- Young people from New Scots/fresh arrivals backgrounds are being groomed to join gangs and exploited by gangs to smuggle drugs.
- These are often vulnerable migrants who suffer from a range of circumstances, including social isolation, of single-parent households, being in poverty due to no recourse to public funds, and are likely to be young men who are exploited.
- For many new arrivals, this is the first time they experience mental health/addiction issues after escaping civil war, fleeing persecution, etc.
- New Scots are sometimes not able to fend for themselves when they arrive UK, alongside structural barriers they face in public services.

### **Mental health and root causes**

- Undiagnosed mental and physical health issues among young New Scots due to stigma, lack of awareness, and dealing with various issues, including fears of being deported. By the time they are diagnosed, they have often developed into a severe mental illness.
- Alcohol use linked to coping with poor mental health e.g. loneliness, depression, stress, issues at work.

### **Gender and age**

- There is a perception that the younger generation is more open to the topic.
- Drug use is thought to be more common amongst boys/men, women and girls more likely to be drinking alcohol.

## Anecdotes from participants:

“There was a Muslim from our community who went to their GP to ask for help with their alcohol use, but the white doctor was culturally insensitive and made comments about their religion.”

“There used to be an ethnic minority-led organisation that provided addiction support to ethnic minority people. But people didn’t want to go there ‘cause they were worried about people in their communities finding out. This can easily happen.”

“I know someone who used to drink so much that eventually he ended up critically in hospital. He was saved just in time, and it was only after that that he finally opened up about his alcohol problems.”

“Among the young New Scots we work with, we’ve seen cases where it’s from a small panic attack to more severe illnesses, such as schizophrenia. Parents/carers find this out too late, and they are then sent into care. In some cases, they’re traumatised after being sent back to their countries and subject to abuse.”

## Human Rights and Recovery Services

*We asked participants what they knew about human rights and the ways in which they can help develop appropriate recovery services for ethnic minority communities.*

Participants were aware of human rights in some contexts, including leisure, culture, and access to housing. They agreed that human rights need to be further embedded so everyone is treated equally with dignity and can have their voices heard.

Some participants mentioned that human rights are not fulfilled in policy implementation, for example the allocation of housing is often unsuitable with people experiencing isolation, facing racism from neighbours, placed in rural areas or in housing with poor ventilation. Policies affecting asylum seekers also do not uphold their human rights, for example the ban on working and the experience of asylum seeking process as a whole. These issues contribute to the root causes of substance use.

Some participants were not sure what human rights are, how they apply to daily life and how they relate to substance use and recovery services. They thought that this reflected a wider lack of understanding among their communities. It was suggested that white British communities tend to be more aware of what their rights and entitlements are, while EM people often feel that they don’t have the same rights as others. There are additional barriers to speaking up and claiming rights such as fear that it could adversely affect their visa application, language barriers, experiences of trauma and a lack of information about human rights.

To change this, participants said that ethnic minority communities need to be empowered so they are more confident to name and claim their rights. Ethnic minority organisers and community leaders should be involved in human rights capacity building so they can inform communities about their rights.

## Support and Actions Needed

*We further asked participants what support they would like to see from mainstream organisations to help their community address drug and alcohol addiction.*

Participants agreed that services must become more responsive and culturally competent to serve ethnic minority communities so that individuals do not have to explain themselves and fight to be understood. They need to understand that there are many backgrounds, cultures and religions from which different needs may arise. Within 'Africa', 'East Asian' or 'South Asian' communities there will be a diversity of contexts, these groups should not be homogenised. Mainstream organisations should work with ethnic minority organisations to deliver services and engage with communities. They should also increase the diversity of their workforces and value the skills that ethnic minority practitioners bring.

Participants also highlighted the need for initiatives to increase understanding about substance use in communities. These should include:

- capacity building for workers in ethnic minority organisations
- outreach and awareness sessions (e.g. in education, places of worship, community events)
- sharing lived experience stories of ethnic minority people to start conversations and tackle stigma

When designing services, organisations should be mindful of the high level of stigma surrounding substance use. For example, when events are advertised more generic wording should be used, as phrases like 'drug and alcohol use' may deter people. Language that focuses on mental health and wellbeing could be used instead. People who have recently moved to Scotland should be equipped with information about what support is available. General wellbeing activities should be provided to tackle the root causes of substance use in ethnic minority communities.

Participants identified gaps in service provision and knowledge among communities about services. Some participants mentioned that other than the GP, people would not know where to turn for support. There needs to be culturally competent alternatives, with options in locations that are easily accessible e.g. near to where people live. There should be options for one-on-one support, as groups aren't always appropriate due to stigma and desire for confidentiality. Organisations should build relationships with trusted leaders in ethnic minority communities who can start conversations and recommend services.

Finally, multiple participants emphasised the need for targeted action rather than repeated conversations that do not lead to impact for communities.

“We’ve sat around tables like this so many times – what lacks is connecting the dots. The connection between policy and practice – there’s always a gap there. Lots of talk, over consultation but don’t see the action.”

## Conclusion

We are incredibly grateful to the participants who attended the roundtable discussions for their time and valuable contributions. We would also like to thank our partners who helped to make this event happen: Scottish Families Affected by Alcohol and Drugs (SFAD), Scottish Health Action on Alcohol Problems (SHAAP), and Scottish Recovery Consortium (SRC).

CEMVO Scotland aims to gather insights and evidence to influence policy and change, and to ensure that ethnic minority communities are involved in issues that matter to them. We recognise that this engagement will not be enough to effect meaningful change, but that continuous cross-sector involvement with communities affected will be needed. The above evidence calls for collective responsibility across all sectors and communities to translate policy into action.

## List of organisations

**Boots and Beards**

**Baba Yangu Foundation**

**Active Life Club**

**Jhankar Beats**

**One Community Scotland**

**Zam’Munda**

**\*Community Representatives**

**Scottish Families Affected by Alcohol and Drugs**

**Scottish Recovery Consortium**

**Scottish Health Action on Alcohol Problems**

**CEMVO Scotland**

**\*Some participants came as independent leaders, experts and representatives of their wider community, rather than representing an organisation.**