

In its *Models of Care* guidelines the English National Treatment Agency identifies **culturally competent services** as an essential ingredient of effective drug treatment. The same concept was stressed in a recent report on services for ethnic minorities published by the Drugs Prevention Advisory Service. While there are **theoretical reasons** for believing such approaches should improve outcomes for minority clients,<sup>1</sup> there is also the argument that illegal drug users have almost by definition moved away from norms derived from religion or heritage. A **rare attempt** to operationalise the concept and to test it on substance users has recorded disappointing results.<sup>2</sup> Interviews with leaders of a representative sample of US outpatient treatment agencies were used to test the prediction that cultural competence would improve outcomes by improving take-up of health and psychosocial services. The results were "in contrast to what would be expected theoretically". Just six out of 20 possible ways culturally competent practices might affect service take-up were statistically significant, and one of these was in the wrong direction. There was no evidence that agencies characterised by several such practices had higher take-up or that these practices had greater impact in agencies with a high proportion of minority clients. The results gave some backing to single race therapy groups but none at all to offering clients a same-race counsellor. The latter confirms findings from **other research** ▶ *Links*.

**1** Brach C. et al. "Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model." *Medical Care Research and Review*: 2000, (suppl. 1), p. 181–217.

**2** Campbell C. et al. "Culturally competent treatment practices and ancillary service use in outpatient substance abuse treatment." *Journal of Substance Abuse Treatment*: 2002, 22, p. 109–119.