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# At home with diversity

## Race, rehab and drugs

**Of all the sparse provision for Black and minority ethnic drug users, that provided by residential rehab has probably been the least satisfactory. But with quality standards on the way, rehab will need to learn that diversity begins at home.**

The Macpherson Report on the Stephen Lawrence case and especially its highlighting of institutional racism (see box) has sharply brought the issue of race inequality and discrimination into focus.

### Past failures, current problems

National policy, notable in the recent past only for its failure to mention the issue in key documents such as *Tackling Drugs Together* (1995-1998) is increasingly putting race and drug use on the agenda.

Even so, *Tackling Drugs to Build a Better Britain* (1998) makes only one explicit reference to race and drug misuse. However this document does at least accept that Black drug misusers under-use the current range of treatment services. Those involved in the purchasing and provision of services are encouraged to give consideration to race equality, accessibility and practice.

The current drug strategy recognises the consistent evidence that Black and minority ethnic drug misusers regard much of the existing treatment services as run by, and for, white people, that

### Macpherson on racism:

*... conduct or words or practices which disadvantage or advantage people because of their colour, culture, or ethnic origin. In its more subtle form it is as damaging as in its overt form*

(Macpherson, p.20)

### And on institutional racism:

*The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people*

(ibid, p.28)

THE STEPHEN LAWRENCE INQUIRY

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### Maya Project

This residential service based in London, is women only, aimed at those from Black and minority ethnic groups. Children can be accommodated until the age of twelve. The project offers complementary therapies, keyworking, health education and relapse awareness. The service philosophy takes into account the economic status within which drug misuse occurs. Menus are checked by staff but clients cook as part of a rota to ensure that the cultural needs of the group are met. All the current paid staff are from Black and minority ethnic groups.<sup>5</sup>



Residential services, possibly more than other drug services, have developed as culturally white and Eurocentric

drug workers require training on race and equality issues. It highlights the need for better targeting and design of services to capture this client group. Consideration is also given to the development of specialist, race-specific services as a method of targeting Black and minority ethnic drug misusers and of harnessing the skills within these communities to tackle drug problems.

Of the 100 residential services in England and Wales, four reported that they specifically prioritised services for minority ethnic drug users, none are run exclusively by and for Black or any other minority ethnic group.<sup>1</sup>

There is a plethora of documentation relating to the situation whereby the needs of the Black and minority ethnic communities have either been ignored or, where recognition of the issue has existed, it has not necessarily led to major improvements in service delivery.

Reading the evidence one would have to conclude that the state of play is far from satisfactory.<sup>2</sup>

### The birth of QuADS

September 1999 sees the beginning of Quality Standards for Alcohol and Drug Treatment Services (QuADS).<sup>3</sup> This year's DAT template will recommend that all treatment services are reviewed against these standards.

Services are expected to comply with them, in line with the national drug strategy, by 2002. Many services have a great deal of work to do to meet the required standard for treatment of Black and minority ethnic drug misusers.

Residential services will be expected to have a written policy on equal opportunities, and policies on anti-discriminatory practice with measurements and procedures for implementation. Policy and practice should cover employees, management committees, volunteers, service users and carers.

Organisations should provide training to overcome internal racism and to develop staff and management so they are skilled and competent to

work with Black and minority ethnic service users.

Both policy and practice within a residential setting should meet diverse needs; for example there should be knowledge of non-Christian religious observances, translation services provided and dietary requirements considered. The cultural environment of the residential setting may need changing, the staff group should have diverse representation at all levels.

It is unlikely that a service will be able to employ staff in a completely representative manner – a study in Haringey found that 193 different languages were spoken in the borough. But, it would be possible for residential services to operate a pool of sessional workers from Black and minority ethnic communities.<sup>4</sup>

Residential services, possibly more than other drug services, have developed in a way that has been culturally white and Eurocentric: many residential services are Christian-based, which in itself may act to exclude some Black and minority ethnic drug misusers.

Residential services often operate on a national basis, where local need considerations are not a high priority for their work. Therefore, it may be necessary to have a coordinated

approach at national level, to ensure that the needs of the Black and minority ethnic communities do not get neglected.

Culturally specific counselling and intervention models need to be developed, involving the family and community where appropriate. Models exist in other social and health care areas for this type of work from which drug services can adopt and adapt.

#### Between a rock . . .

Crack cocaine use has been stereotypically linked with Black African and Caribbean men, and associated with violence and aggression – this has become one of the most destructive stereotypes within the race and drugs debate. In fact, the *British Crime Survey* (1996), not only confirms that crack use runs at a very low level but that self reported usage was one percent for White, African/Caribbean and Pakistani/Bangladeshi respondents.

Yet some evidence suggests that African/Caribbean service users are more likely to report crack as their primary drug, or to be using a combination of crack and heroin more than any other group.<sup>6</sup> The issue is more to do with exaggeration than denial.

In developing a strategy for responding to stimulant misuse, the operation of waiting lists may need to be reviewed, counselling offered, outreach developed and staff training in relapse management provided.

Confidentiality policies and practices are crucial to developing relationships between service user and provider. It is imperative that those groups who feel they are under

constant surveillance are informed of the confidentiality policy, and for the service to operate within the policy.

It has been frequently noted that there is no methadone equivalent for cocaine or crack misusers. But, some evidence suggests that a short course of tranquillisers and acupuncture may be helpful.<sup>7</sup>

Drug services do not operate outside society. The political, economic and social constructs within which the Black and minority ethnic communities operate may well impact on drug use and misuse. Services need to recognise this and place themselves within this wider contextual framework.

Both crack use and heroin use have been linked to deprivation, which disproportionately impacts on Black and minority ethnic groups in terms of employment, housing and income.<sup>8</sup>

The experience of the Black and minority ethnic communities is likely to be one of being controlled, criminalised and medicalised. Black African and Caribbean men and women in particular are over-represented in the criminal justice and mental health systems. Issues of income, housing and legal advice may come to form an element in effective drug treatment and care services.<sup>9</sup>

#### Diversity, inclusion and under-standing

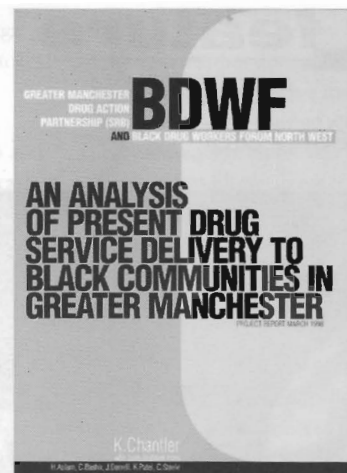
*'It is incumbent upon every institution to examine their policies and practices to guard against disadvantaging any section of our communities'*

(Macpherson, p.321)

Many residential services have a long way to go to meet the needs of a diverse client group. And, there are examples of good practice in the field, which should be disseminated and built upon.

Funders should be asking residential services for information about access, retention and outcome for Black and minority ethnic drug misusers. The Substance Misuse Advisory Service have developed commissioning standards to assist this work.

Services should use QuADS to comprehensively evaluate all aspects of the organisation's practice, then use this information to develop in an informed manner so that they are able to meet the needs of Black and minority ethnic drug misusers ■

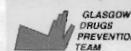


#### An analysis of present drug service delivery to Black communities in Greater Manchester.

Chantler K. et al. Published by Greater Manchester Drug Action Partnership (SRB) and Black Drug Workers Forum North West. This is a report on research carried out by the publishers from September 1997 to February 1998. It evaluated policies and practice and their ability to meet the needs of Black drug users. Identified the level and appropriateness of services offered to Black drug users. Identified gaps in the service and examples of good practice. Recommendations are made to advance anti-discriminatory work within drugs services.

#### ETHNIC MINORITY DRUG USE IN GLASGOW

PART TWO: SPECIAL PROBLEMS EXPERIENCED AND POSSIBLE GAPS IN SERVICE PROVISION



#### Ethnic minority drug use in Glasgow. Part two: special problems experienced and possible gaps in service provision.

Khan F. and Ditton J. Published by Glasgow Drugs Prevention Team.

Earlier research by the publishers established drug use among young people from ethnic minority backgrounds, and that few report to drug agencies. This second part explores the possibility that these young people perceive additional barriers to seeking help. It has many quotes from members of ethnic minority groups discussing a wide variety of drugs issues. Barriers to services are explained, and recommendations made to ways that appropriate drugs services might be made more attractive to ethnic minority drug users.

1. Residential Drug Services SCODA: 1997.
2. Khan, K. *Race, Drugs, Europe* City University: 1997.
3. *Quality in Alcohol and Drug Services* Alcohol Concern and SCODA: 1999.
4. Abdulrahim, D. et al. *Ethnicity and Drug User* North East Thames Regional Health Authority: 1994.
5. Residential Drug Services SCODA: 1997.
6. Perera, J. et al. *Assessing the Needs of Black Drug Users in North Westminster* The Centre for Research on Drugs and Health Behaviour: 1993.
7. Bottomley, T. *Crack Cocaine – Tailoring Services to User Need* Addiction Research (5) p.223-234.
8. Abdulrahim, D. et al. *Ethnicity and Drug User* North East Thames Regional Health Authority: 1994.
9. Johnson, M. and Carroll, M. *Dealing With Diversity* University of Warwick: 1995.