

Beyond 'the black worker'

Quick-fix 'solutions' to make services attractive to ethnic minorities ignore the diversity of the non-white

RESEARCH NOW appears to be validating the long-felt perception by many drug services that there is a problem 'out there' among non-white drug users – and that services as they stand are in some way unable to provide for their needs. However, drug services should beware of holding too simplistic an idea of the 'needs' of the non-white drug using population, and as a result providing an automatic but relatively ineffective response.

The most common response is to suggest services employ more non-white personnel. While undoubtedly desirable at the level of equal opportunities objectives, this may not be the blanket answer it is often asserted to be.

Take the hypothetical case of a street agency in a multi-cultural area where the population consists of a high proportion of 'Asians', say around 10 per cent. Add to that people of Afro-Caribbean origin at around 4 per cent and a fast growing Vietnamese and Chinese population. Would appointing a 'black' worker have the desired impact of attracting a *representative* selection of non-white clientele? I think not.

Moreover, if we assume that as these populations 'integrate' (or whatever disingenuous term is used to signify the merging of cultures) they become increasingly vulnerable to drug use, then the pattern of non-white needs will vary over time. The effect will be to render a particular 'black' worker more or less useful as the situation changes.

Neither can the problem of how a particular 'black' worker corresponds to the various target groups be resolved simply through recourse to outreach workers. However sensitive and successful the workers, inevitably some groups will remain out of their reach. To fund a whole set of workers of different ethnic origins is a luxury unlikely to be realised.

Further complications arise when we consider differences *within* cultural/ethnic groupings and between the self-perceptions of clients. An individual's 'ethnicity' – their lifestyle and self-perceptions in ethnic terms – may relate more or less closely to their 'ethnic origin'. In turn this will alter how they experience the world, including health care provision. Arguing that negative experiences of health care provision prevent non-white drug users seeking help can only be part of the story for some of the people.

The agenda underlying this argument is that provision of non-white workers would automatically enhance non-white experience of service

provision – and that it is racism or the expectation of racism which makes services unattractive. This too is only a part of the story.

People who are relatively confident, knowledgeable and articulate are much more capable of exploiting the health services than those who are not, and so have more chance of positive experiences. For instance, middle class women – whether white or not – make better use of preventive resources such as breast and cervical screening. Experience within categories, be they race, gender or class, varies considerably. The reasons why non-white drug users attend drug services so sparsely are not simply reducible to racism or racist structures.

One issue which comes up time and again, however, is visibility – in this case, the visibility of the agency. Those who use drugs are often either unaware of the services available, unaware of how they can help, or believe them to be for 'junkies' or others, but not for themselves.

"The assumption is that while white people differ, all non-white people can be lumped together"

Combine this with a drug using population less involved with the 'user networks' which used to provide information about services; with possible cultural, or even language barriers; and with the fact that 'problems' may be differently defined and thus experienced. In this context, low take-up rates begin to have greater meaning.

Problems of 'visibility' also apply to potential clients. As with the white drug users, evidence suggests that some members of the non-white drug using population find it more difficult than others to be 'visible' users and to be seen to have a problem. This may differ between cultures, but most clearly appears to affect women.

DRUG SERVICES need to be sensitive to the heterogeneous needs of a heterogeneous drug using population. They also have to attend to the perennial problem of not being visible and/or being misunderstood. Neither challenge is susceptible to 'quick-fix solutions based implicitly on the assumption that while white people differ, all non-white people can be lumped together. ■

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