Establishing drug services that can provide a bespoke service for any drug user who walks through the door seeking help sounds like a relatively modest ambition.

But according to David Thomas of the National Drugs and Race Equality Coalition (NDAREC), many drugs services are falling far short of the mark when it comes to delivering individualised care and support for ethnic minorities.

NDAREC was launched in March of this year and counts the Federation of Black Drug and Alcohol Workers, Manchester’s Drugs and Race Unit, the Black Health Agency and the University of Central Lancashire among its members. Thomas says the organisation was born out of frustration with existing policies and practices with regard to race equality in the drugs and alcohol field. The coalition aims to provide leadership for and a critique of race equality within national drug and alcohol strategies.

“We reached a tipping point when we were coming to the end of the old drugs strategy. Originally there was nothing in the new drugs strategy about equality and diversity and we had to argue strongly for these elements to be included. There is a legislative duty on statutory agencies to outlaw discrimination and to promote equality. Yet at the highest level there seemed to be a lack of competence and confidence in this area,” he says.

He expresses concern that over the last decade the government commitment to achieving this equality has been patchy, with one minister being committed to it then being moved sideways in a government reshuffle and the work on equality and diversity suddenly grinding to a halt.

“The leadership needed to drive through change hasn’t been there,” says Thomas. “And this lack of leadership impacts on local provision.”

“We are trying to bring about much better and much more strategic outcomes and to ask serious questions of government and other partners about where race and equality sit in the planning process for drugs services.”

Among the issues NDAREC is grappling with are preconceptions about alcohol use in BME communities, khat use in the Somali, Yemeni and Eritrean communities and the disproportionate impact of crack and cannabis on BME communities.

“Khat isn’t yet categorised in the Misuse of Drugs Act and because it isn’t in mainstream use it’s ignored even though it’s decimating certain communities. We are lobbying for a lot of changes around its use. The ACMD did a study in 2005 and made a raft of recommendations covering everything from service provision to the legal position of the drug. Absolutely none of these recommendations have been implemented.”

Alcohol use among Muslim communities is another issue which Thomas says requires a different approach to the one currently adopted. “Because alcohol use is forbidden in Muslim communities there is an assumption that it isn’t a problem. To an extent communities have colluded with the idea that alcohol isn’t a problem. Commissioners of treatment services need to be a bit more creative when it
lies to look at how we can reduce illicit drug use in different communities. For example among communities using khat there is widespread unemployment, social exclusion and a lack of the skills needed to secure work.

‘IT’S EASY FOR THE AUTHORITIES TO BUY INTO THE NOTION THAT BME DRUG USERS DON’T INJECT BUT WE KNOW THAT’S DEFINITELY NOT THE CASE.’

While Thomas doesn’t advocate having only BME drugs workers for BME clients he says that the fact that the workforce in the field is predominantly white and male has led to a lack of competence amongst some white workers when they come to dealing with non-white clients.

“How do you get the bulk of the workforce, which will always be from white communities, skilled up so that they can work with people from a variety of different backgrounds? There still a huge gap there and bridging it is an ongoing challenge.”

BME drug users are not the only ones to face discrimination. BME drugs workers may be disadvantaged when it comes to recruitment because jobs are often advertised only in mainstream media rather than in community publications. BME drug and alcohol workers often feel isolated and lack culturally appropriate support. This has huge implications for retention of staff.

Thomas says that NDAREC is a new organisation and there is still a lot of work to be done in terms of bringing about change.

“At the moment BME users are expected to fit into drug and alcohol services when in fact it should be the other way round. Services should be led by the needs of users.”

Diane Taylor is a freelance journalist
http://www.ndarec.org.uk/

‘DRUG USERS OFTEN WANT SOMEONE OF THEIR OWN KIND’

Jennifer, drugs worker and former crack user, south London

Jennifer’s route into crack addiction was an unusual one. She was brought up in a family of Caribbean origin in south London. Her father was very strict – there was no drug use in the family and very little alcohol use.

“I had a very good upbringing, my parents worked hard with my mum working two jobs. Both my parents tried to do their best for me but from childhood I felt a loneliness and emptiness that I could never explain,” she says.

She struggled at school with dyslexia for which she received no support and wonders if the sense of loneliness and isolation she felt was linked to the dyslexia.

Jennifer had her six children young, with her first pregnancy at 15 and her final one at 25. When she socialised as a teenager and in her 20s lots of people around her were smoking cannabis and drinking alcohol, but neither held any interest for her and she didn’t indulge.

Jennifer had a good job working as a nurse and care assistant in a private hospital. “I loved every minute of that job. I loved it with a passion because it gave me a feeling of giving something back.”

Then in her late-30s something unexpected happened. Some of her friends were having an occasional crack pipe at weekends. She shared pipes with them but smoked very little over the next five years, never using during the week and never feeling that the drug was getting in the way of her leading a normal life. Then insidiously things changed.

THERE’S A LOT OF SHAME AMONGST CARIBBEAN PEOPLE ABOUT CRACK USE

“I started fancying a pipe every evening and then every afternoon. Suddenly my habit had escalated.” Very quickly things fell apart. She stopped going to work because she could no longer motivate herself to get out of the house and go. Her children went into voluntary care because she was no longer in a fit state to look after them. “My eldest daughter became the mother. It was her who kept the family together. I stopped cooking, I stopped doing the chores, I stopped doing everything.”

She says that as a black woman there was enormous stigma about the fact that she was smoking crack. “There’s a lot of shame among Caribbean people about crack use. It’s not something that is acceptable in the community.”

Jennifer has eight grandchildren and she had been present at the birth of the first seven. When the call came from her youngest daughter to say that the eighth one was on its way, Jennifer was sitting in a crack house. She couldn’t motivate herself to get up, leave the crack house and race down to the hospital so she stayed put and missed the birth.

“That was a turning point for me,” she says. “Afterwards, I couldn’t believe that I’d missed the birth. I was sitting in a crack house two days later and suddenly this sensation came over me that I couldn’t be bothered to ask for any more crack and no longer wanted the stuff. I got up and walked out of that crack house and I’ve never looked back.”

Despite the lack of crack specific treatment services available to her and other black women, Jennifer gradually she started rebuilding her life. She began doing voluntary work in a charity shop and at Spires, a charity that provides support for homeless people, drug users and sex workers. She has a black manager and says that in her current environment she has not encountered any racism or other forms of discrimination. “I know that I’m cushioned here, but that black drugs workers do have problems out there. There are not enough black workers for a start. Drug users often want someone of their own kind who they can relate to when they seek out help.”