



Cleverly-written diversity policies will not connect black crack users with services. We need to look at fundamental culture change to make services relevant, says **Chris Robin**.

Beyond the crack

In the past the term 'diversity' was rarely heard. There was however, regular mention of the inadequacies of services in meeting the needs of possibly the largest minority population – people of African Caribbean descent. Today the term 'diversity' is understood to refer to all cultural groups and aspects of their difference including sexuality and gender identity, religion, age, education and status. What then has become of that defining group that spearheaded the movement that drew attention to 'difference'?

Many people from African Caribbean descent currently feel that their needs have been forgotten. Those that are drug users are more likely to be offered help in the context of the prison system. Black people are overly represented in mental health institutions and are still more likely to be stopped and searched, be refused bail and receive a custodial sentence than their white, or other, counterparts.

The concept of 'diversity' suggests that these inequalities are identified and addressed. Is this the case or does the term simply support the legal frameworks provided by the Sexual Discrimination Act, the Disability Discrimination Act and the Race Relations Act?

These pieces of legislation have been designed in part to ensure that public services and professional bodies no longer fail marginalised people. Those organisations are required by law to ensure that all policies and strategies incorporate their intent to address issues of diversity so as not to exclude any

person because of their difference. The reality however, is often that the established culture of the organisation pervades by being perpetuated through its workforce. This allows the black client, whether in the service in a voluntarily or compulsory capacity, to conclude that services are not designed to understand or meet their basic needs.

This is exemplified in the case of the black crack cocaine user who is most likely to have initial contact with drug services through either the mental health or criminal justice systems.

To change this trend we must look not only at cleverly written policies, at training workers in diversity or lobbying senior managers. We must take a critical look at how services have been established and how their culture is perpetuated. We must ask who is not accessing services and ask them why. We must be prepared to challenge the status quo. We must explore the research and ask why so little has taken place within the black community. We must look for answers to why black crack users are not accessing services and we must effect change now! In doing so, we might consider the following questions:

- Do we meet 'difference' in an open and honest way with a commitment to meeting the needs of that person in a real way, or do we meet 'diversity' as a paper exercise with a tick box answer that enables us to cover our backs?
- In the 20 or 30 years that drug services have existed, are they still primarily geared towards white opiate or polydrug users, thereby denying

the existence of the black crack cocaine user?

- Why does our society demonise 'crack' when it is in fact a smokeable form of cocaine – a drug that has for many years been acceptable in white middle class and entertainment circles? (A drug test that is positive for crack is still identified as 'cocaine'!)
- Why do we continue to view working with crack users as 'difficult'? Are the needs of crack users different? Of course they are – inasmuch as the needs of every individual client are different, irrespective of their difference. If we keep working in the same old way, we will continue to make the same mistakes.

The way forward has to be for us to take action to change the experience of the black crack cocaine user. Simply creating policies, training workers in 'diversity' or adjusting our services to work with polydrug users, does not do this. Nor is it done by predominately providing drug services to black people once they are already caught up in the criminal justice or mental health systems. For this we need to consult and engage with the black community and involve them in the development of services that are specifically designed for black drug users in order to provide them with real choices in their lives.

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