Bleak vista: the view from what is commonly known as 'suicide bridge' in Archway, north London, scene of one of Hamid's suicide attempts

# Damaged goods

When **Diane Taylor** was forced to intervene to help an Iranian asylum seeker in the throes of heroin addiction and on the brink of suicide, she was shocked at his treatment at the hands of our health system.

"Hello, it's the police here". I jumped at the flat, female voice on the other end of the phone. A whole range of terrible scenarios raced through my mind.

"It's about Hamid. He asked us to call you. He's been found in the street behaving very strangely, we think he's taken an overdose," continued the police officer.

My heart sank but the news was not a shock. Sadly, Hamid had made several suicide attempts before, his chosen modus operandi often an overdose.

"We'll take him to A&E and then he'll probably be admitted to a psychiatric unit," said the police officer matter-of-factly. Hamid came on the phone. He sounded slurred and sleepy.

"Please, don't leave me, I haven't got anyone in the world," he cried.

I first got to know Hamid in 2007 through my work as a volunteer at a drop in for destitute asylum seekers. All the people accessing the drop in are very vulnerable – many have fled torture in their home countries. They have claimed asylum here but their cases have been rejected and they have 'chosen' to live in the twilight world of destitution, fearing that if they're forced back home they'll be persecuted again or even killed. They are banned from working and in most cases have no access to benefits or other forms of support.

During my first conversation with him, Hamid told me he was sleeping on a park bench in Highgate, north London, had no money and no immigration lawyer to launch a fresh asylum claim for him. He was desperate and distraught. Later he told me that he was using crack and heroin to self-medicate after a period of prolonged detention and torture in Iran for opposing the regime. Hamid was beaten and raped during this period of

ABBIE TRAYLER-SMITH / PANOS PICTURES

incarceration. His brother was hanged for opposing the regime. When Hamid managed to escape from jail he knew he had to get out of Iran fast if he wanted to avoid the same fate.

"Taking crack and heroin made me feel better. It made me forget everything that had happened to me in Iran," said Hamid.

We found him a lawyer and social services agreed to provide him with some accommodation because he was so vulnerable. He obtained a methadone script from his local Drug Action Team but this was soon terminated after he was caught double scripting. As a result Hamid began buying methadone and heroin on the street. He had bought a large amount on the day the police officer called me.

She promised she would update me about Hamid's progress but I heard nothing. The next day I contacted the switchboard at the local psychiatric unit at St Ann's Hospital in Tottenham, north east London. They confirmed that Hamid had been admitted as a patient. But when I spoke to the nurse on his ward he told me that Hamid had slipped out when no one was looking. The nurse seemed absolutely unperturbed about this state of affairs.

"But he's a patient at high risk of suicide. Aren't you concerned about him?" I asked.

"He's a voluntary patient so he can go if he wants to," came the response.

Although the ward had Hamid's mobile number and address, no attempt had been made to track him down. I called Hamid and it took a long time for him to pick up the phone. When he eventually did he told me he'd taken another overdose. I called the hospital back and the nurse said he would send police and ambulance round to Hamid's flat. For the second time in two days Hamid was taken to A&E and then admitted to St Ann's.

Two days later I visited him in hospital and was horrified by what I found. Following his admission to St Ann's, Hamid, who had been buying 100 mls of methadone on the street each day as well as heroin, had been given no methadone and so was in the full throes of withdrawal: groaning, crying, sweating and shaking. This was the reason why he had left the ward after his first admission – he desperately needed to score.

"My head is feeling very bad. I feel cold, I have pains in my stomach and my legs," he said. When I asked the nurse why Hamid had not been given any methadone he said it was because this had not been specified in his care plan and it would "do him good to come off drugs". Hamid could discuss the matter with a doctor in two days time when he was next due to see him.

Hamid and I were shown into a room called the 'quiet room' to talk. I noticed immediately that the room was infested with ants. Once again I complained to the nurse.

He replied: "What do you want me to do about it? I'm not from infection control. Anyway ants are part of the ecological balance of nature."

I repeatedly asked to speak to the doctor on call so that some methadone could be prescribed for Hamid. Eventually, grumbling, the nurse said he would have to take a urine sample from Hamid so that an accurate dose of methadone could be titrated before he called the doctor, otherwise he (the nurse) would 'look stupid'. It appears that no urine test was carried out when Hamid was first admitted to the ward.

Hamid was rocking and swaying during my visit, unable to say much apart from wailing, "I feel very bad, very bad."

Hamid was placed on a locked ward and like him many of the patients did not have English as a first language. I saw no other visitors while I was there. In environments like this one there are rarely outsiders to witness unsatisfactory behaviour and incidents.

Eventually the on call doctor prescribed some methadone for Hamid and I lodged an official complaint with the trust that runs the hospital – Barnet, Enfield and Haringey Mental Health NHS Trust.

Hamid's experience is unlikely to be unique. Asylum seekers with drug problems are particularly poorly served when it comes to accessing services. A spokeswoman for the NTA said that they did not have any guidance for DATs on the issue of asylum seekers and drug use.

Very little research has been carried out in this area. Drug charity the Mentor Foundation published a review of current knowledge of drug prevention for young asylum seekers and refugees in December 2005. This research stated that there are a number of obstacles inhibiting this group from accessing drug services including language barriers, a lack of awareness of the services available, a fear of the authorities and the stigma associated with drugs within asylum and refugee communities. Social and economic exclusion along with racism are among the risk factors for drug use. The presence of mental illness, something that is prevalent in this community as a result of the multiple traumas experienced, is also a risk factor.

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While there are no reliable statistics about the extent of drug use in asylum seeker and refugee communities, the numbers appear to be fairly small. There is evidence of specific drug use in some communities, such as Khat use in Somalian communities and heroin use amongst young asylum seekers from Sierra Leone who were given heroin to encourage them to fight fearlessly.

Fiona McKeown, acting borough director for Haringey for Barnet, Enfield and Haringey Mental Health NHS Trust, confirmed that Hamid's case was being investigated.

"We will thoroughly investigate any complaints about patient care or the environment. We should treat all service users with dignity and respect and if we fail to do so we will take actions to address this and look to learn the lessons for the future," she said.

Her statement added that it was hospital policy for methadone or opiate-dependent patients to be referred to a dual diagnosis worker on admission. A full assessment should be carried out taking into account the needs of the individual so that they are prescribed accordingly. She was unable to confirm whether or not this had happened in Hamid's case.

Hamid is now out of hospital and has had his methadone script reinstated from the local DAT. His immigration solicitor has lodged a fresh asylum claim for him and believes that his case is strong. He remains in limbo waiting for a decision from the Home Office.

"What happened to me in St Ann's hospital was very, very bad," he says. "I hope it doesn't happen to anyone else. All I can do now is wait to hear from the Home Office. If they decide to send me back to Iran my life will be over. I miss everything about Iran but if the government doesn't change and I'm sent back there is no chance for me, I'll just be hanged. If the British government allow me to stay here I can make a new start, get a job and can think about giving up using drugs. I hope I will have some good news from the Home Office soon."

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