

The UK is home to a rising number of immigrant communities. But what happens when they arrive with, or develop, a drug problem? Can our drug services respond? **Gibby Zobel** uncovers Portuguese speedballers, Farsi-speaking opium smokers and teenage Nepalese heroin users.



HIDDEN HABITS

What do we know about Portugal? Cristiano Ronaldo and the resort where Madeleine McCann went missing. Maybe 'fado', the miserabilist national music? Let's face it, most of us know nothing of our near neighbours.

Iranians? Nuclear capability. Nepal? Snow-capped mountains and knife-wielding Ghurkas. Such stereotypes are enough of a hurdle for Britain's immigrant communities. But for those who come with, or find themselves with, a drug problem, it becomes nigh on impossible. On top of the language barrier and the culture clashes, come worries of deportation and being put on imagined government black-lists.

And for drug workers in this country it can be difficult too. Simple cultural differences must be learnt - if you tap a Nepalese child on the shoulder, for example, this can cause offence as it is believed that this is the resting place of the gods, Shiva and Bishnu. Immigrant communities have individual needs. But there are issues that cross over between all.



PORTUGUESE SPEEDBALLERS

Although the Portuguese first began to gather in the Portobello Road area of west London in the 1960s, the big flow of UK-bound migrants from Portugal happened in the mid-90s, after the country's accession to the EU in 1986. The majority headed to south London, where it was cheaper. There is a proliferation of Portuguese restaurants, bars and delis – a riot of red and green, the national colours – in the Stockwell area of London, infamous for the shooting of Jean Charles de Menezes on the Tube. The babble of Portuguese dialects eclipses English on any casual walk in the area.

"At first the Portuguese seemed a stable bunch of drug users," says Mick Collins of SLAM, a well established drug service based in Stockwell. "But then we discovered a world within their community which was completely chaotic." A high proportion of them were 'speedballing' (injecting heroin and crack simultaneously), a form of drug use which increases the likelihood of injury, needle-sharing and cross-infection.

Rita, one of two Portuguese drug workers at SLAM, takes up the story: "Eight years ago we ended up doing a lot of outreach work with the Portuguese at huge squats and shooting galleries. There was a disused factory and an old laundrette where they all gathered to take drugs and sleep. It was mostly people in their mid-30s – extremely chaotic street homeless," she says.

Gradually the service began to realise that treatment alone was not going to make an impact. "We knew we needed housing solutions so it became a more comprehensive service," says Collins. "Now the most sophisticated system we have in place is for the Portuguese. We got five years funding from the Single Regeneration Budget, so we had time to plan it through."

Luiz, the other Portuguese drug worker at SLAM, says: "If they are stable users we encourage them to learn English but it is not easy – many of them are illiterate in their own native language. People would come in, but because of the language barrier it was almost impossible to get them into detox."

Many had arrived and lost or sold their passports. Without a passport they had no access to benefits. "We had to fight for years to get a proper service with the Portuguese consulate to issue new ID and we persuaded the Job Centres to take them on temporary documents," he says.

In Portugal 'castanha' (the street name for heroin) is easily found. Less common is 'po' (street for powder cocaine), but it exists. Rita says it is only when they arrive in London do they discover 'branca' (street for crack). And they don't even have a Portuguese word for their mix of choice, the speedball.

"They used to come from the urban centres of Lisbon and Porto, now they come from the countryside, where there are no treatment centres," says Rita. "They have small town pressures from places I've never heard of," says Rita. Surprisingly, 80 per cent of Portuguese service users in the area are not actually from mainland Portugal, but from small villages on the island of Madeira.

"Inpatient detox just doesn't happen because the clients can't speak English. There is nowhere to refer them. Of course they can do community detox but it is not ideal," says Rita.

"It is the same with psychiatric care. Normally this is ten sessions, but even if we can arrange an interpreter, it can be uncomfortable to have a third person in the room. Two things need to happen. The clients must be supported to learn English to access these services and there needs to be more funding available for interpreters," she says.

"To survive, many would do what we call 'mini-cabbing', basically middle men in street deals. Hanging around tube stations, going to score and then taking a little for themselves – kind of 'buy two bags get one free'," says Luiz.

Over time, practical steps in helping with housing, language and identity issues have been a lifeline for the service's users.

Ricardo, 41, from Lisbon, came to the UK for the first time in 1991. "I lost my job in Portugal as a carpenter and followed my brother to England. I was using heroin and cocaine and I just had to get away," he tells *Druglink*. He remained clean for eight years, working his way up to become the manager of a 65-bed hotel in Kensington.

"But I started using again in 1999. I was working as a floor manager in a factory. I met a friend from Portugal in Stockwell and he said 'there's some nice brown here' and I hadn't had it for all those years. Then it became every day, and then I lost my job, I couldn't do it when I was sick."

"I got desperate, I was fed up with everything. From one day to another I didn't have any money to pay the bills. I sold my house and went back to Portugal." When Ricardo returned in 2007, still addicted, he ended up living on the streets for four months. SLAM got him into a hostel and he began treatment.

"This service is essential. It has everything you need, anything, they will find a way to help you out. They paid for me to get an ID with the Portuguese consulate. Now I have been in the hostel for a month and a half and am settling down. I want to do something because I cannot stay here forever," he says.

The Portuguese community is largest in south London but is not limited to south east England. There is a well-established community in Norfolk, which arose from migrants looking for agricultural work.

Mark Ash, service manager of Norwich's Matthew Project, says their experiences mirror those in London. "It is mainly heroin and some heroin-crack use, and they come over here with drug problems. In terms of trends we see that they often manage to use and hold down jobs. Many of the jobs are within Portuguese businesses, so maybe there is a different ethic," he says.

Back in London, Rita says SLAM's client base of around 80 in treatment is only likely to increase. "We are expecting another surge this winter. They start coming when the seasonal work in Portugal dries up," she says.

www.slam.nhs.uk



FARSI OPIUM SMOKERS

Yasmin began using opium at the age of 16 after arriving in the UK from Iran as a child. She continued using opium and other drugs for 20 years.

"I had fear and shame about my addiction. I couldn't go to my family. There is a moral issue to having an addiction – that you are a weak person, you need to be punished. It was always in secret, always in hiding. I was shamed about what I saw as my disease," she says.

Now in recovery for eight years, she has set up an unprecedented service for the UK's Farsi-speaking community – most of whom are Iranian. Farsi is an Indo-European language derived from the ancient Persian people. It is mainly spoken in Iran, Afghanistan and Tajikistan, but also by minorities in Uzbekistan, Turkmenistan, Azerbaijan, Armenia, Georgia and southern Russia.

And for the first time, thanks to her diligent research, she has painted a picture of the community's drug use. They are almost all males who smoke 'taryak', or opium, which costs around £10 a gram. The bulk of the community is concentrated in Barnet, a suburban borough in north London.

"I started researching to see if anything had been done on drug use in the Farsi community and I quickly discovered that there hadn't been. Iranians do not like to give personal information. So I decided I would give something back in order to gather this information," she explains.

In February 2007, Yasmin set up the charity Farsi Addiction Recovery Support and began to run a free and confidential phone line.

"The majority of Iranians don't know where to go for treatment. But the biggest problem is fear. They are scared of being put on a government 'black-list', a very Iranian thing. Ninety per cent are afraid of losing benefits and being deported." She says Iran has acknowledged its drug problem and is slowly providing services for addicts.

But one of the main problems is lack of data. The Home Office has no figures of the number of Iranians in the UK and no data about where they live, let alone providing services for drug users. In June this year, FARS produced the first detailed

report, *Evidence of Substance misuse amongst Farsi speaking community members in the UK*.

"There are very few studies carried on the needs of this BME community and substance misuse. Unfortunately the National Offender Management Service (NOMS) categorisation system prevents specific recognition of the Farsi speaking communities such as Iranians, Afghans and Kurds. This in turn makes it difficult for UK drug authorities or drug service providers to acknowledge the particular problems and needs of this BME community affected by substance misuse," acknowledges the report.

The research, which the report admits is "fragmented and has its drawbacks" is based on over 200 calls to the helpline. Of those who gave their age, the most common is the 30 to 39-year-old category. The drug of choice is overwhelmingly opium (101), followed by heroin (24).

"Smoking opium has a long history in Iran and is more socially-accepted and recognised. [There is a] false belief that it is less harmful than heroin and does not develop into an addiction. There is a cultural aspect, where using heroin or injecting drugs makes one an 'addict' and it is more stigmatised," the report concludes.

The charity provides limited support in referral to drug services, attending and providing translation for two sessions in the London area.

Ahmad, from Barnet, accessed the service after seeing an advert placed by the charity in *Bazar Hafteh*, a free Iranian magazine.

Ahmad had left Iran for "political reasons" two years ago, leaving his wife and children behind. He arrived already with an opium problem. He cannot speak English.

"Thank God I found the service as I had no idea of what treatment entails here nor how to go about finding a drug service in my area. My lack of English language would have made it impossible for me to access drug services anyway. But the fact that the service is in Farsi, free and confidential gave me the courage to call and ask for help," he explains.

www.farsservices.co.uk



NEPALESE HEROIN USERS

Ever since the Nepalese Gurkhas and their families began to come to the UK they have been congregating, quite naturally, around the army bases of Aldershot in Hampshire – ‘the home of the British army’ – and, to a lesser extent, Sandhurst in Berkshire.

More Nepalese families began arriving in the UK after 1997, with the handover of Hong Kong to the Chinese. The Gurkha regiment’s main base shifted to the UK. And in 2004, the passing of a new law allowed retiring Gurkhas automatic permission to remain in the UK if they had left after 1997.

There are now 14,500 Nepalese spread across the south east region, with the highest concentration in the Rushmoor district in the north east corner of Hampshire.

“Suddenly, instead of having a transient community of single soldiers, it became static with an extended and new established community,” says John Winter, of Hampshire DAAT.

And the community is set to increase further after Gurkhas last month won an immigration test case at the High Court in London with the backing of Joanna Lumley, whose father was a Gurkha. The judgement ruled that those who retired before the 1997 cut-off

would also be allowed to remain, removing, in Lumley’s words “a national shame that has stained us all.” Thousands of Nepalese families are expected to arrive in the UK as a result.

But in October, as the community took ten days out to celebrate its largest annual festival, Dashian, drug workers and community leaders were beginning to tackle an emerging problem.

“It started about 18 months ago,” says Ian Matthews, service manager for Acorn, a tier 3 drug and alcohol service for Hampshire and Surrey. “It’s mainly young men attending with opiate use – heroin or street methadone. Those whose English skills are not so good come in with family members.”

“Two years ago we had no contact with Nepalese users whatsoever. Now they are the single biggest BME community on our records. It was a big surprise.”

Matthews, who says there has been no detailed research into drug use in the Nepalese community,

says strong family ties mean those with drug problems rarely drift towards rough sleeping.

Julia Graham works for Rushmoor Borough Council, the ward with the highest concentration of Nepalese in the UK. “We have pockets of deprivation where housing prices are cheaper, where the Nepalese are buying properties. There is a myth that they are housing priorities and that all Nepalese receive benefits. But it’s not true, they prefer to work,” says Graham.

Inspector Richard Stowe, of North-East Hants police, has also seen the community grow. “Education levels are not good, they are under-employed and under-educated. They tend to hang around on the streets and they are easily identifiable because of their physical appearance, as opposed to Poles for example. There is friction with local white youths.”

“But we have a problem involving Nepalese youths. Many of the teenage Nepalese have problems with drugs. The Gurkhas are comparatively well paid so their families have a good disposable income in Nepal, so they are often addicted when they get here,” he says.

Nepal has a big problem with young drug use. Of 150,000 known problem drug users in Nepal, 105,000 are school-age children. “A few youths are starting to be known by the criminal justice system. There are cultural problems in understanding ‘cautions’. We are on a huge learning curve,” says Wilson.

Cultural misconceptions mean rumours run rife. Gurkha soldiers use an 18-inch long curved knife known as a ‘kukri’, a sacred weapon that if drawn, must draw blood.

“There are rumours that the Nepalese youth go around carrying knives because of the Gurkha legend. In fact it is actually against their culture. They would rather stand and fight,” according to Winter.

Ian Matthews of Acorn acknowledges there is a long way to go. “We are still learning. We have to be careful, for example, in issuing medication. Because of the tribal names there are some people who have exactly the same name.

“We are scratching the surface in terms of research. We need more networking and education and leaflets translated. But then many Nepalese women are illiterate. We need to build up trust with the community and it will take time. It’s a sensitive and delicate issue, they are a very proud community.”



Relief: Actress Joanna Lumley and a Gurkha celebrate outside the High Court