

Gerry Rice, Joanne M. Smith, Terry Thomas

Talking the talk: the drug worker and 'anti-language'

The colloquial language used by drug users is very much taken for granted by drug workers. Those working with drug users have also taken up this language and use it with just as much familiarity as drug users themselves. But is there more to this than the understandable need to empathise with a marginalised group?

The use of language by any marginalised group to maintain its internal solidarity and act as a form of 'linguistic resistance' to the outside world has been recognised in a number of settings, particularly among those involved in some form of illicit behaviour.

Drug slang has become commonplace: words like 'spliffs', 'joints', 'skunk', 'scripts', 'brown', 'hot-knifing', 'cooking', 'wraps' and so on, some of which have even passed into everyday usage beyond the confines of the drug scene. The language may vary by region and new words may come and go, but what the drug-using world has created is its own form of 'speech community' or 'anti-language' only fully comprehensible to those involved in that world.¹

What is of particular interest, however, is the degree to which this 'anti-language' has been adopted and used by the drug-workers themselves. Clearly there is a need to understand the users if only to 'interpret' what they are saying in order to work

alongside them, and some workers may be former users themselves. But why have all workers seemingly taken on the language so fulsomely when simply talking among themselves?

One of the present authors with no direct experience of drug work, was recently asked to edit the proceedings of a conference of drug workers. The papers and discussions were sprinkled with a language making it almost impenetrable to such an outsider. At the very least it seemed a glossary of terms was going to be necessary before any lay person could understand what was going on.

It is perhaps easy to understand why the drug-using culture needs its own language. We have already referred to their need for solidarity as a group who often have to operate outside the law and are placed beyond the pale by a hostile media, among others. In this sense the drug user even acquires an identity from the 'anti-language'.² But why have the *workers* so readily taken it on?

A simple answer is that no other group of practitioners works with

people who make up such a large sub-culture that has developed its own language. People with mental health or physical problems, house-breakers or child abusers do not exist as a group or need their own language, unless we have gathered them together in prisons or institutions. But is this explanation sufficient?

Drug workers may be an occupational group that is particularly susceptible to acquiring the language of the people they work with. Many social workers and welfare workers engaged in drug projects have been taken on in the voluntary sector over the last decade or so. Many have been initially unqualified and therefore untainted by the professional language they might acquire in professional education and training.

Drug workers have also not traditionally been subject to the 'dead hand' of local authority bureaucracies weighing heavily upon them, as it does on social workers in social services departments where the workers are squeezed through the sausage machine of statutory

Gerry Rice is the Principal Lecturer in Social Work at Leeds Metropolitan University, **Joanne M. Smith** is Senior Lecturer in Social Work at the University of Plymouth and **Terry Thomas** is Reader in Social Work at Leeds Metropolitan University



requirements and the 'procedural manual'.

The drug worker has never had the statutory duties of the local authority social worker in terms of, say, child protection work and implementing the Children Act 1989 or of compulsory admissions to hospitals using the Mental Health Act 1983. Freed from these conflict-producing duties, the drug worker has been able to work alongside the drug user and get on 'the same wavelength' to a far greater extent.³

Traditionally, there were clear distinctions between those calling themselves voluntary sector drug

originates far more from within their own practice and procedures than it does from the people they work with. In this way it often becomes a language of jargon to distance themselves from service users rather than help them get alongside them.

In this sense the social services departments might be seen to represent the mainstream of 'welfare society', alongside which the 'drug workers' are a marginal group of newcomers to the welfare network. Viewed like this, the position of drug workers is almost a mirror reflection of the drug-using subculture in its relation to mainstream society.

working, where each of these models is also trying to realign itself to get a better understanding of the issues.

From this perspective the language spoken takes on a greater significance. On a personal level you may only be subject to jibes about your language if it seems a bit 'odd'. On a professional level you could suffer exclusion by other groups speaking a different language. At worst that could mean the difference between funding and shutdown.

Finally, we should not underestimate the 'glamour' of working in the drug field as a possible reason for its workers to acquire the language of the users. Models fake 'heroin-chic' and rock stars take drugs. No question – drug work is sexy. No one's going to make a film like *Trainspotting* about social work with old people.

As the historian Christopher Hill reminds us,⁵ 'outlaw' groups who break oppressive and even criminal laws have always had glamour and legend attached to them whether as smugglers, pirates, poachers or highwaymen. They have captured the popular imagination and had Robin Hood or Dick Turpin type fables woven around them.⁶

For the drug worker the language of the user offers glamour by association. It is a language that has taken hold in the absence of any other predominant mode of discourse in drug agencies frequently not bound by statutory requirements and promoting policies that others have questioned.

As much as the 'anti-language' of the drug users holds them together as an out group, so too it may be helping the drug-worker community as it still seeks to find its proper niche and full acceptance in the welfare network, and be recognised as having a legitimate, professional role ■

On a professional level you could suffer exclusion by other groups speaking a different language. At worst that could mean the difference between funding and shutdown

workers who felt themselves to be the sole advocates of their client's well-being and going into bat for them against the main 'enemy', the statutory sector consultant psychiatrist heading up the local drug clinic.

In more recent years, these well-defined battle lines have become increasingly blurred as more arms of the statutory sector have started to engage with drug users, more drug workers have gained professional qualifications and new workers like Community Psychiatric Nurses have moved into the field as part of Community Drug Teams involving a mix of workers. The legacy of the early years seems then to have been passed on in terms of language, either consciously or unconsciously.

Local authority social workers, as a group of workers, may still have their own language but it is one that

Add to this awkward status, the policies of harm reduction promoted by drug work agencies, which are often not fully understood by local authorities, police officers or medical agencies wanting treatment to achieve abstinence, and you have all the ingredients for making drug workers as much of an 'outlaw group' as drug users. As Mike Collison reported in his research, police officers were:

"... particularly hostile to drug workers who were perceived as unco-operative, and 'druggies' anyway ... a common feeling amongst officers ... was that drug-treatment agencies and policies contribute to the drug problem."⁴

The attitudes of police officers may well have moved on since 1995 and would have to, if the collaborations required for arrest referral schemes and treatment and testing orders are to be successful. The pace of change in the field of working with drug users is also an important variable in itself.

In fact it might be argued that if language is a form of resistance, are drug workers trying to resist a possible incursion on their work by other agencies who are awakening to the welfare needs of drug users in a way not seen before? Workers may feel they need to defend their territory in the jockeying for position between social, medical and criminal justice models of

So how do you respond to this idea of language being used in defence of position? Is it true that this is happening? If so, does this damage the image of drug workers? Does it get in the way of multi-agency working to the detriment of the client? Can drug workers be effective advocates without 'going native'? And what about drug users? What are your views on workers who 'talk the talk'? Does this make for a better relationship or do you just feel patronised? Write to *Druglink* and tell us what you think.

1. Montgomery, M. *An Introduction to Language and Society*. Routledge, 1995.

2. Presumably there would be a falling away of this language should drugs ever be legalised.

3. At the same time, of course, social services departments have traditionally been criticised for not understanding drug-users and their problems.

4. Collison, M. *Police, Drugs and Community*. Free Association Books, 1995, p.85.

5. Hill, C. *Liberty Against the Law*. Penguin, 1996.

6. Montgomery points out that wandering groups of 16th century vagabonds had their own language known as "pelting speech". In: Montgomery, M. *An Introduction to Language and Society*. Routledge, 1995, p.96.