

'THE LAST PLACE I WOULD GO'

Black people and drug services in Britain

Asian men and black women talk about drugs and drug services

Interim report of a research project interviewing Asian men in Bradford and African-descent women in London concerning drug problems in their respective ethnic groups and their attitudes to and knowledge of local drug services. The vast majority of both groups were unaware of the main local services and many would not visit them because of anticipated racism and fears of being shamed by agency workers.

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IN BRITAIN, illegal drug use and drug problems have been associated primarily with white people. Recently, following great publicity, African-descent males have been portrayed as typical users of crack. By contrast, fewer assumptions are made about drug use and people of Asian descent.

Assumptions about black people and drugs in Britain are generally underpinned by stereotypes, over-generalisations and racist posturing, rather than by evidence, making this a risky area for research. However, our research is not concerned with the extent of drugtaking among black people. We are concerned only with forms of drug use regarded as problematic by the users themselves, and with the implications for the improvement of services.

Our research focused on Asian men in Bradford and African-Caribbean descent women in Haringey. In the 18 months available, it was impossible to cover both sexes in both areas.

Young Asian men

The term 'Asian community' includes a diversity of nationalities, cultures, languages and religions. Most of our Bradford respondents were Muslims with families in Pakistan and Kashmir.

Opinions differed about the extent of illegal drug use. Some respondents felt that young Asian people did not use drugs. Their perceptions of drugs were often intrinsically linked to something that was harmful and illegal. Others felt young Asian people are as likely to use drugs, and to use the same drugs, as young white people.

"Most Pakistanis in England come from small villages. Drug use in Pakistan is mostly associated with people from larger cities. People who have grown up here do not use drugs."

– mid-20s Asian man

"Asian people, I think they use every drug that's going. If they can get their hands on it, they'll try it for the buzz."

– 18 year-old cannabis user

Certainly some young Asian people do use drugs, with cannabis and heroin seem-

ing to be the two most favoured.

"Most of my mates smoke cannabis and I feel and they feel that it doesn't do them any harm, so we carry on using it."

– 20 year-old cannabis user

"Now, at this moment, it's heroin. Primarily it's because of unemployment. Boredom. Now that was the main reason for me to go back on to it."

– late-20s heroin user

Drug use led to problems for some drug users. Depending on the individual, even 'controlled' use could become a problem if it came to the attention of the family.

Perceptions of drug services

Many Asian respondents feared that white professionals in helping agencies would humiliate them by talking over their heads. So even when the user is aware of services, he may still not use them.

"Some people right, that can't go into a place, you know, and speak technology words. They just start saying all this shit and think they're going to get shamed up."

– 17 year-old cannabis user

"I were on powder, I'd seen your posters everywhere and I needed help. There was no way I was going to pick up the phone and ring yer. You're going to find that there's a lot of people like that."

– 23 year-old ex-heroin user

Research methods

The research involved talking to young people in various environments such as schools, youth clubs, youth training schemes and at street level, as well as agency clients. Interviews were conducted individually or in small groups, with questions on perceptions as well as personal experiences.

This article is written two-thirds of the way through our research and the emphases that we draw out here are subject to revision – comments welcome. Our final report will be published in early 1991.

The overwhelming majority of our interviewees had never heard of the Bridge Project. But there was a barrier to using services beyond simple lack of knowledge. Bad experiences of racism with a variety of generic agencies discourage Asian drug users from using drug services. Fears of being misunderstood (culturally rather than verbally) were common, as were feelings of inappropriateness and varying concepts of help. Counselling was often seen as 'just talking' and advice was seen as 'lecturing'.

For example, a heroin user may prefer to go to his GP because he knows that methadone is available – 'practical' help as opposed to counselling at a drug agency.

"I thought there would be loads of people. Officers and that. All like white shirts, ties and suits and that. I come in and there's no one about. It's good, you know like. You don't want to go to someone you think's not on the same level as us. You know, they're casual and that. So you think, yeah, this guy knows what he's talking about and that he can help us."

– 20 year-old cannabis user

Previous experience has created an image in the minds of young Asian people that services would be largely white places where they would be ignored and not understood as young Asians. Any service which aims to make itself more accessible must work on dispelling these images and be seen to do so.

African-descent women

Our other research area was Haringey on the fringes of inner London, where the local authority's Drugs Advisory Service (DASH) is the main drug service. Statistics show that black women never use DASH, despite the fact that people of African-Caribbean descent account for 12 per cent of the local population.

Alcohol seemed the most widely used drug. Most teenage black girls had used it either at home or at a social function such as a wedding. They were less likely to go to the pub, most arguing that pubs were part of the white English culture. Most knew of at least one other woman who they considered had an alcohol problem needing help.

"I needed help. There was no way I was going to pick up the phone and ring yer"

Many interviewees thought users of illegal drugs were mostly either black men or white Europeans. Women tended to view their drug habits in relation to their role within their families and their communities. Here the social rules for men and women were seen as quite different. While it seemed acceptable for men to be seen to be using

drugs such as cannabis, this was still not the case for women.

"My African or West Indian women friends do not take drugs, as far as I am aware. In the States [USA] it was considered cool to have a joint at a party and it was no big deal. But I can't say the same here. It's something seen as 'Well, yeah, my man can do it, but it's not something that I want to do in public. If I'm gonna do it I'll do it at home'."

– 33 year-old black American woman

Women over 22 years of age tended to view drugs differently, especially if they had children. Many knew of black men and white women who used cocaine, but very few knew of other black women who used this drug on a regular basis.

Only towards the end of the research did we make contact with black women users of drugs in class A of the Misuse of Drugs Act. It seems the privacy of their drug use makes them a 'hidden' group, even from women familiar with cannabis:

"I don't think they [women] have a problem with drugs, the only thing they have a problem with is men, not drugs. Since I've been living in this area, I've never known of, or seen anybody who is a heroin addict. I know women who smoke herbs, but they're not addicted, they can stop whenever they want. Drugs is more of a problem for men than it is for women, because socially they do what their friends are doing... Some women I know will go to a club, but they don't go as often as men."

– 22 year-old African-Caribbean descent woman

A minority of younger women (16-18 years-old) were more likely to have experimented with a wider range of drugs, including LSD and ecstasy, but predominantly cannabis and alcohol. None knew of others who were using either cocaine or heroin.

Perceptions of services

The vast majority of respondents had never heard of DASH. Told about it, many felt that even if other women could be persuaded they needed help, DASH would be the last place they would go.

Part of the reason is that by approaching the service women would be admitting that they were a 'drug addict', which would be unacceptable, and cause great shame. Some of these views of African-Caribbean women may well reflect the views of women generally – especially in respect of fears that children may be taken away from them. Even so, for black women the experience of exclusion is greater.

"Do you think black women don't go to the agency because there is no significant problem?"

"No I wouldn't have thought so really. It always reminds me of the argument from employers that: 'Oh well, we want to bring black people to the organisation but obviously they don't want to apply for the job!' To me, it means there is something wrong with the advice agency, rather than there is no problem in the black community."

– 29 year-old part-time youth worker ■

Interim findings and implications for services

■ Our major interim conclusion is that African-Caribbean and Asian people are less likely to approach drug services than white people, for two reasons.

The main reason is that the services are perceived as being run for and by white people; experience of racism in the context of other services and in everyday life creates expectations that an approach to drug services would be unrewarding and possibly unpleasant.

The second reason for low take-up is simply that the services are generally not well known, even among white people. *There is a general need for health and welfare services of all types to take positive action to market themselves better and create non-racist or anti-racist images of their staff and their services.*

■ More specifically in relation to men, whether African-Caribbean or Asian, services which are drug-specific would be more attractive if they backed up action to address their 'image problem' with real positive action in respect of staff. We have found (and our experience merely confirms experiences in other fields)

that having staff of the same race as the 'customers' is the only way to make the services more accessible. *Positive action in staff recruitment is desirable.*

■ For women, whatever their race, there are clearly a number of barriers to help-seeking (lack of free time, lack of childcare facilities, controlling men-folk, etc). For black or Asian women these problems are confounded by real and experienced racism.

But, for many women (of whatever race) it would be too shameful to present oneself as 'an addict', however sympathetic the drug agency might be, *so provision also needs to be made through black people's organisations, and through women's organisations, helping them to respond to drug-related problems in the context of broader advice (housing, income support, etc).*

To be able to respond to drug users, these organisations would need an element of resources to cover training and staff time, and would also need close contact with and support from outreach and other workers in agencies specialising in dealing with drug users.