

Cultural shifts

Stereotypes of Asian substance use probably assume heroin to be the main problem drug. But is this an outdated view? Max Daly speaks to those on the frontline.

Britain's Asian population has always had a reputation as the least likely ethnic group to take drugs. In the mid-1980s, when deprived urban areas in the UK were witnessing escalating heroin addiction, it appeared from those coming into services that Asian people, many also living in poverty in these cities, had remained unaffected by the epidemic.

According to a 1986 report by Lord Kamlesh Patel (who at the time worked with Asian drug users in Bradford), Asian drug users certainly existed – and some were dependent heroin users. It was just that they seemed to be 'missing' from the treatment system. One contributory factor was the heightened stigma attached to intoxication and addiction within the Asian community and the reluctance of some Asian problem drug users to seek help in white-dominated drug services.

This is also reflected in terms of recreational drug use, according to official drug use statistics from the government's annual British Crime Survey (now called the Crime Survey for England and Wales). Since the government began collecting statistics on the ethnicity of Britain's drug users in the late 2000s, white and Black people have consistently been far more likely to have taken drugs in the last year than Asian people.

However these bald statistics hide a changing dynamic in the ethnicity of drug use and addiction in Britain, and it is a development that has become apparent, at first hand, to drug services specialising in helping Asian clients. To put it simply, the perceived gap in drug use habits between Asian people and the wider population is rapidly narrowing.

In 2008-9, 10.8 per cent of the white population aged 16-59 said they had used drugs in the last year. By 2012-13, this had fallen to 8.6 per cent. However,

among non-whites, the proportion of last year drug users during the same four-year period had increased, from 5.1 per cent to 5.7 per cent.

This was not driven by a rise in drug use in the Black community, which had also seen a fall, from 7.6 per cent to 6.2 per cent, but instead by Asian drug users, up almost 50 per cent in four years from 2.6 per cent to 3.8 per cent.

The rise is largely the result, the statistics show, of an increase in the use of cannabis and stimulants such as cocaine by Asian people – despite a downturn in the use of these drugs by white and Black people.

It's a trend that has also been spotted by those working on the frontline.

"We have seen a big rise in recreational cocaine use among young men, particularly at weddings and parties," says Sohan Sahota, founder of Nottingham-based drug treatment charity Bac-In. Sahota, who set up the project in 2003 to help dependent drug users from BME backgrounds, says he thinks the rise in cocaine use has accompanied a similar rise in alcohol use among young Asian people in the UK.

Sohota says that as a result of this trend, drug treatment services like his are seeing an upturn in the number of Asians coming forward for help with problematic use of cannabis, alcohol and cocaine.

Mohammed Ashfaq, managing director of KIKIT Pathways to Recovery, a drug project based in Sparkhill in Birmingham with a large Pakistani population, has also seen a change in the profile of Asian drug users. He is seeing fewer people with heroin problems and more who have issues with other drugs.

"Cocaine use is shooting up among middle and upper class Asians. There are more young men and women in colleges

and university taking legal highs and cannabis," says Ashfaq.

So what does Ashfaq think is behind these changes? "Cocaine is seen as more socially acceptable than heroin. They use drugs because of peer pressure. It is seen by some people as being cool, a sign of being upwardly mobile. They start using it as a party drug, but some get addicted.

"The interesting thing for me is that the culture of Bollywood promotes cocaine use, as a confidence booster and dietary aid. It's not said directly, it's subtle."

Whether any Bollywood films do cast cocaine in a positive light remains open for debate, but certainly in recent years there have been a rising number of instances where stars have either ended up in rehab with a drug problem or have been rumoured by newspapers and Bollywood bloggers to be involved in drug taking and selling.

Despite the changing nature of drug use within the Asian community, and services battling for survival under swingeing cuts to provision, there are signs that drug treatment for Asian people is moving with the times.

KIKIT is setting up the UK's first Islamic 12 Step programme which will start operating from a mosque-run community centre in Sparkhill in April. Clients of the new service will all sign up to a code based on one created by Millati Islami, a US Muslim project based in Baltimore, USA. Millati Islami, which now covers several US states, has been running Islamic 12 Step sessions since 1989.

Ashfaq drew up the UK version, which he aims to roll out across Birmingham by the end of the year, with the help of the Imam at Birmingham Central Mosque to ensure it catered for all branches of Islam.

Clients starting the programme

have problems with a variety of drugs including heroin, crack, cocaine and cannabis. Despite the huge levels of stigma attached to it, alcohol misuse is also being tackled within the programme.

“Nowadays,” says Ashfaq, “heroin is seen as a far dirtier drug than alcohol among young Muslims. Heroin is for ‘scag heads’, while alcohol, although totally against our religion, is more acceptable.”

The other element that stereotypically characterises Asian drug use is the link between trafficking of heroin from Pakistan to the UK. It is true that some British Pakistanis have become embroiled in the drug trade at all levels including drug dealing, laundering and smuggling. Lord Patel says that the rise of young Asian heroin sellers since the 1980s resulted in some of them becoming addicted to the drug themselves.

However, as Ashfaq points out, the distribution of heroin has become a truly multi-cultural affair and Muslims are unfairly accused of creating addiction in white communities. “Although people selling heroin are from all over the community, a lot of people associate heroin with us,” says Ashfaq. “Some people in Birmingham associate heroin as a problem brought to British society by the Asian community. The far right exploits and exaggerates this for their own ends by saying: ‘you lot bring it over, you got our kids on it.’”

So what makes culturally specific BME drug treatment services different from a regular service? According to Sahota, they need to be able to “deal with complex problems and issues of stigma”. His says that BME angled services are vital because mainstream services are still unwelcoming places for BME drug users.

“I’ve been working in drug services for 18 years and mainstream services are still failing to accommodate BME drug users. “They need to deal with a variety of complex problems on top of the usual issues around addiction, such as self-image, status, caste, passive rebellion, cultural and religious disobedience and cultural polarisation.”

“With Asians in particular,” Sahota says, “there seems to be a stronger denial about problems related to drug abuse, due to a deep sense of pride, social stigma and cultural shame leading the users into isolation and community ostracism, making it difficult for them to seek help.”

Drugs and Diversity: Ethnic Minority Groups, a report in 2010 by the UK Drug



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Policy Commission, reflected Sahota’s description. It said that drug problems within Asian communities were almost certainly underestimated because high levels of stigma attached to drug use and directed at users and their families meant that the problem often remained a hidden one.

Lord Patel says one consequence of this is for families to package their children off to live with relatives in Pakistan or India to get treated. However, he says that the treatment regimes, particularly in Pakistan, are harsh. In addition, heroin users familiar with paying £100 a gram for heroin end up in a place where it costs 50p a gram.

He is concerned that gains made in improving drug treatment for BME service users since the Labour government set up the ring-fenced Pooled Treatment Budget could now be lost, as a result of cost cutting and disinvestment. Experts agree that it is outlying services, such as those for BME users, which are most likely to get the chop. Indeed Bac-In, for example, has had to deal with near-crippling reductions in funding in recent years, while KIKIT is also struggling to keep afloat.

“Taboo and stigma are still there, but only a little bit more than the wider population, and this is now not the main problem facing Asian drug users. All the good work on drug treatment under Labour is in danger of being reversed, and the services that suffer are peripheral services like BME services,” says Lord Patel.

■ **Max Daly** is co-author of *Narcomania: How Britain Got Hooked on Drugs*

ISLAMIC 12 STEPS

1. We admitted that we were neglectful of our higher selves and that our lives had become unmanageable.
2. We came to believe that Allah could and would restore us to sanity.
3. We made a decision to submit our will to the will of Allah.
4. We made a searching and fearless moral inventory of ourselves.
5. We admitted to Allah and to ourselves the exact nature of our wrongs.
6. Asking Allah for right guidance, we become willing and open for change, ready to have Allah remove our defects of character.
7. We humbly ask Allah to remove our shortcomings.
8. We made a list of persons we have harmed and became willing to make amends to them all.
9. We made direct amends to such people wherever possible, except when to do so would injure them or others.
10. We continued to take personal inventory and when we were wrong, promptly admitted it.
11. We sought through Salaat and Iqra to improve our understanding of Taqwa and Ihsan.
12. Having increased our level of Iman (faith) and Taqwa as a result of applying these steps, we carried this message to humanity and began practising these principles in all our affairs.