The wall breakers

Muslims often have to suppress drug problems in fear of being judged too harshly by their neighbours. A concerted effort is being made to change this in one London borough but, as Amy Taylor discovers, it is now under threat.

Islam teaches that Muslims should not judge people. But, as with any ideal, individuals’ attitudes on the ground can be very different.

The relatives of problem drug users within Muslim communities are more aware of this than most, often choosing to keep the problem ‘in house’ rather than face stigmatisation by their neighbours. But as drug and alcohol use among the Muslim community increases, more and more relatives are being forced to recognise they can’t deal with the problem without outside help.

The London Borough of Redbridge, in the north east suburbs of the capital, is the ninth most ethnically diverse borough in the UK and has a large Muslim population of around 14 per cent. After seeing a rise in drug use in its community, the Redbridge-based League of British Muslims (UK) carried out extensive research, in partnership with the borough’s DAAT, to look at how to combat the issue.

The research found a lack of knowledge among relatives of drug users on how to help them and where to turn. Their instinctive attitude often seemed to be to try to hide the issue for fear of being stigmatised, rather than look for services. In response, a Muslim-oriented helpline was established and local Imams and drug users’ families were involved.

Imam Haroon Patel, based at a mosque in Redbridge and one of the researchers behind the report, says that some parents still have outdated ideas about how to treat their children’s drug misuse – and can actually make the problem worse.

“Some parents say we are going to take them back home but that’s not going to work for everyone. Some people will end up taking a harder drug than they were on in the first place because it’s more available in the country they are sent to than where they are from originally,” he says.

Patel explains that many parents will have come over as migrant workers at a time when drugs weren’t so prevalent in UK society and as a result can find it difficult to relate to the issue.

In order to combat the knowledge gap, the research recommended the creation of a confidential drugs and alcohol helpline in appropriate languages for the community. A general helpline for people living in Redbridge already existed, run by the charity Drugsline, but Patel says it made sense to create a Muslim-specific arm to this service rather than a completely new one. Although Drugsline offers a non-denominational service, it has Jewish roots and subsequently has experience of targeting specific communities.
In July more than 50 Muslim women attended an event held by Drugsline where the group met with volunteers. Namreen Chowdry, a volunteer at the service, says the women spoke openly about drug misuse in their communities and the prejudices held against addicts.

“One woman said that her friends had told her once her son was on drugs there was no going back for him and it was a one way street. We were able to tell her, ‘no, there’s time’ and that by seeking help he can go back to being normal,” she says.

But despite its success, the council stopped its funding for Joining the Loop in October. This means there is no budget to maintain the multi-lingual volunteers in an official capacity, but the charity hopes they will remain involved and is seeking new funding.

Cannabis and heroin are the most prevalent drugs in Muslim communities in London, according to Patel. The only exception to this is the Somali community, where khat continues to dominate. The drugs being used are down to what people can obtain easily, rather than what they consciously choose to take. “It’s what’s available to them and the group that they are hanging around with,” says Patel.

The research also recommended mosques should play a key role in educating and supporting the Muslim community in terms of drugs, but that some weren’t doing enough and lacked knowledge. It put this down to some mosque leaders and Imams being fearful of getting involved in what they see as personal affairs. But it argues that instead, drugs need to be seen as a problem for the community as a whole and tackled accordingly. Patel says that this is not always the case and that more input from the community is required.

But, says Ball, knowledge levels amongst mosque leaders and Imams have improved since the research was started in 2005, and that 40 Imams attended a Drugsline event in March specifically aimed at the group.

“They were extremely receptive at the event. We keep in constant touch with them and give them any help that we can. Not only do we want the Imams to help people with their problems, but we want them to pre-empt things by talking to their congregations about drugs issues and raising this subject in the mosque,” she says.

Ball argues while statutory services try to tailor their services, this can become misguided without the assistance of voluntary services. “I think statutory services do make an effort, but I’m not quite sure they always get it right. I think that where we have the advantage is we can care more and treat people as individuals not numbers,” she says.

VITAL SUPPORT: HOW THE SERVICE HELPED TWO PEOPLE DESPERATE FOR ADVICE

A mother called about her daughter, who had problems with cocaine and alcohol. The volunteer explained to the mother that however much she loved her daughter, she was not able to “fix her”, that she needed expert help and that the daughter had to really want to help herself. The mother was encouraged to pass on the helpline number to her daughter so that when she was ready for help she had somewhere to turn. The volunteer spoke to the mother about the importance of gaining support for herself. The caller became very emotional and said she felt alone and had no one to turn to in her community because people didn’t understand and would look down on her family. The caller cried and said it was the first time she could speak about these issues without being judged. The caller agreed to give the number to her daughter and would call back herself if she felt she would like to talk some more.

A woman and her sister dropped in to Drugsline. They only spoke Bengali. They spent an hour talking with a volunteer in Bengali about her son’s cannabis and alcohol use. She was really concerned about mental illness as her father was also mentally ill. She felt her GP had had enough of her because she has trouble communicating. Her son had been violent toward her and the police were called as a result. The mother had little support aside from her sister and was at her wits’ end. She felt very isolated because people weren’t very understanding about drug addiction in her community. The volunteer talked about making boundaries for her son’s behaviour. The mother and her sister said they felt less alone now that they knew there was somewhere they could go to speak in their own language. They have been in contact a couple of times since this initial meeting.