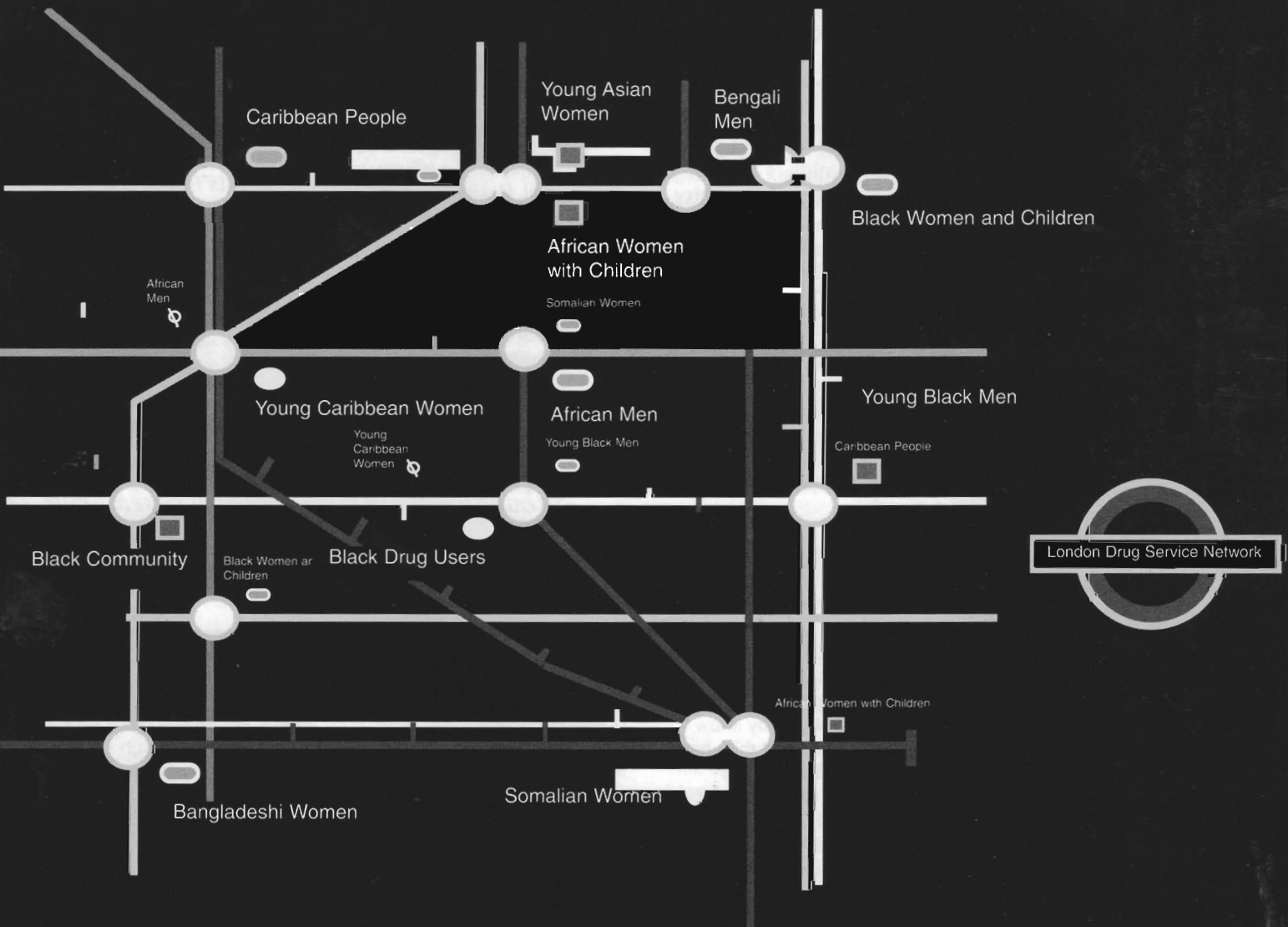


The
BLACK DRUG WORKERS FORUM

BDWF news

No.5



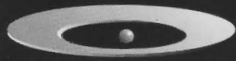
- key
- closed Monday-Sunday
 - ◻ restricted service
 - opening 1998
 - peak hours only

Tunnel Vision

The reality of working for a London drug service

Plus: Regional Update
Letters from the membership

Telling it like it is.. one



A word from the BDWF

In order for this publication to effectively reflect the diversity of development and passion amongst black professionals in the Drugs Field, it must receive input from you!

Please send us articles, letters, news and views about what's happening in your locality and what you think of the newsletter. Don't allow yourself to think what you are doing isn't of interest or use to anyone else, it is.

We all want to know what our brothers and sisters are doing in order that we can lend our support and also replicate good practice in our own areas. At the moment this publication receives no outside funding what-so-ever, so, not surprisingly, it needs all the support, critical feedback and encouragement it can get. Don't just sit on the fence and watch, take part!

If you would like to contribute to the Newsletter or make comment please contact:

Geraldine Nolan
Chair
BDWF
c/o 42B Mount Pleasant Road
London N17 6TN

Black workers who openly voice their concerns and constructively criticise their services are perceived as a threat.. Until this situation changes there will be no real progress in the delivery of drug services to the black communities. The woman in the following interview has requested anonymity.

Questions were posed by the Editor

Can you tell me what your job description is and the kind of work that you carry out?

I work in an outpatients community drug service in London. I see clients referred from GPs, Social Services, local outpatients departments and voluntary agencies in the area. I also have close links with probation departments and clients who are homeless. I have been here four years.

What would you say is the most difficult aspect of your work?

Firstly, I do not think that I am valued as a black worker. My colleagues obviously know that I am black, but they have no understanding of the reality of my life. Secondly, as a mother, I find it particularly disturbing that although we are a community based drug service, we have no facilities for women with children.

There are no bottle-warming facilities or changing mats, just a few grubby little toys, nothing that would encourage women to access our service.

We provide a methadone daily dispensing service, and it is really horrible to see young women with children mixing with clients using bad language, and I find it particularly disturbing to see

young children and babies in a smoking environment.

Do you feel that there is a commitment to providing services for women?

No I do not. The 'commitment' is on paper. There is nothing in reality to encourage women to want to use the service. The service was initially set up for white opiate users and I don't think that much has changed. I have spoken to local agencies and women drug users are out there, but they are not prepared to come to the service. They don't feel that what they tell us will be confidential. Basically we are not women-client friendly..

Do you think that the service attracts men, because they do not have childcare responsibilities?

As I said earlier the clinic was established for white, male,

didn't feel they could approach the service as they associated it with 'dirty heroin users' and did not want to be seen as 'dirty junkies'.

What do think would encourage people from the communities you have mentioned to use the service?

We need to have people from their ethnic backgrounds. I am the only black woman in my service out of a staff of 15.

Are you expected to work with clients from the black communities?

Yes, especially if there are 'issues'. There are other workers who will work with these clients, but there are problems, especially from old workers, being very insensitive to the clients' cultural

although we are a community based drug service, we have no facilities for women with children - just a few grubby little toys

opiate users and there have not been any real attempts to attract any other client groups. I have made links with the local community, but I don't feel that my employers feel that work is important. We are not even addressing the client group that is out there. The area I work in has large communities of Bengali, African, Bangladeshi, Turkish and Chinese people, but as far as I am concerned we do not see clients from those communities.

We are beginning to see 18-19 year olds, but that is coming from word of mouth not from the service actually targeting these individuals. Many young people I have spoken to have said that they

needs. We all see black and white clients, although I have noticed that my black clients are always being given a difficult time by one or two of the workers, about things like, using on top of their script, something that they do not challenge their white clients with, understanding it to be part of the process of becoming drug-free.

In the four years that I have been there, there has never been any cultural training, and I think this is really important. Purchasers say that we must address the needs of our area and try and attract clients from different cultures, but the staff need the training. I for one, as a black woman

If you would like to be interviewed for the Newsletter, contact the Chair.
Next editions out in January and March 1997

Woman's reality of working for a London drug service

am not saying that I know how to deal with all black communities, and I need my own training in working with groups such as Bengalis.

Just because I am black does not mean that I know everything. I have brought this up on many occasions at meetings, but no-one is interested.

Why do you think that is?

Basically, I think that their own personal agendas are more important.

Funders and purchasers are clear about the need to respond to the whole community with specific monies set aside and are often unaware that this is not happening. What do you feel about this?

I feel very angry. When I first started in this post, part of my job description was to network with services in the local area, but I got a lot of opposition from workers in my organisation, who felt it was not important and wanted to know why I was networking with certain agencies.

But this was specifically why I was put in post, a specific Black Woman's post, working with that client group, but I have never been given any encouragement or support to do that. It has always been challenged.

But that isn't that your job description?

Yes, that is what it says, "to network with services in the local area". But I can't even get out of the building. I am questioned about why I want to go and visit particular services, especially if they are black. I would love to be able to develop services for black women and men, but I cannot do it on my own, one person cannot network the whole community.

Do you feel that your service has addressed the issue of crack use in the community?

Not apart from a small crack users group.

Do you feel these groups work?

No, groups are a cheap and easy way of dealing with clients. Not everyone wants to go to a group, especially if it is based in and for the local community, for obvious reasons. Young people, who may have had a background of borstal and prison have clearly stated that they do not want groups, because it reminds them of a prison regime, they want individual counselling and support.

exactly what they want, liaise with voluntary organisations who are doing the work, and learn from them. We have no outreach workers.

We also need to look at the image of the service, at present it is drab, unfriendly and scruffy. This is probably on the assumption that drug users live in squalor, but I know that this is not the case and there are people with drug problems from all walks of life.

Why on earth should they come to such as disgusting looking service? We need to offer better after-care, move away from the prescribing model of treatment and adopt a more holistic approach to working with the black communities.

I have been working with her ever since, but my colleagues have been questioning why I have continued contact with this woman as she is not receiving a prescription. But I have a very good relationship with her, she is drug free, and getting her life in order.

The client is very aware of the value of the support I give her and proud to be drug free. but the service cannot see the point as we are not prescribing to her.

Do you have after-care at your agency?

We did have groups, but they dwindled out. I don't think that the clients wanted to be in a group, especially after becoming drug free and for the reasons I mentioned earlier.

Is there any work being done in prison by your organisation?

No. Because of the numbers of black people that get custodial sentences this is a very important area of work. It is an area that I would like to develop, but I can't really see it happening.

My difficulty is balancing out the hours in the day against my own personal commitment as a black person.

The service is not committed and as I have said I cannot do it on my own. I have a commitment to the clients but not the service. Ultimately I have to ask whether I want to work here.

Do you get feedback about your work, in terms of the successes?

No.

What effect does that have on you?

Black women drug workers are seen as a threat in some

I would love to be able to develop services for black women and men, but I cannot do it on my own, one person cannot network the whole community

Have you passed this information on to your colleagues?

Yes, and I have then tried to get the counselling and support that the clients are asking for, but this process takes so long that in some cases I have 'lost' the client.

Bearing all that you have said in mind, what kind of service do you feel black drug users are getting from your organisation?

A poor one.

What steps do you feel your service could take in order to attract black clients?

We need to go out into the community and find out

Do you feel that there is more flexibility in the voluntary sector, in terms of responding to client needs?

Yes, statutory services often have very limited access, especially in terms of opening times, and are very much geared towards prescribing. I have one black client that I have been seeing, who at first was using crack and heroin, not knowing that she was pregnant.

I was invited to a case conference, as I am black and the social worker was 'having difficulties' in communicating with the client. When I met her I had no problems communicating. They insisted on prescribing methadone to her, even though she was very wary of this, and as soon as she gave birth she came off it.

Telling it like it is . contd

agencies simply because they challenge the lack of appropriate services.

My health has been affected, my self-esteem lowered, and I do not feel valued as a worker. The job is very stressful and there are also white workers who are stressed in their jobs, and they come to

with childcare responsibilities. I would like to thank the Black Drug Workers Forum for the support they have given me, I wish them all the best in their own jobs and the future.

Hopefully together we can change the negative attitudes of services and

There are several workers who I would be very reluctant to see if I had a drug problem. In fact, as a black person I would not come to my service at all.

me for support, which adds extra stress to my life.

I have had some supervision from outside the agency which has helped and there are black workers in the field who have been very supportive and without them I would have left the job long ago.

Where do you see yourself going from here?

I would like to stay in the drugs field, but I just feel that in my service I am being held back. In terms of my own training, I am constantly being pushed to the back of the queue and have to watch new workers go on training courses that I have waited 3 years for. The usual excuse is that the service would be short-staffed.

It seems from what you are saying that you are basically working with racists.

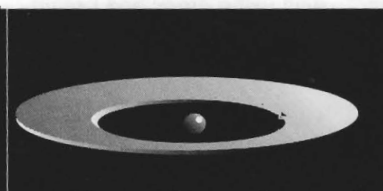
Yes, but these workers also have attitudes around sexuality, class and so on. There are several workers who I would be very reluctant to see if I had a drug problem. In fact, as a black person I would not come to my service at all.

Although this job is difficult I have a commitment to black drug users, especially women

begin to provide an appropriate service for our communities.

I would like to thank you for this interview. All I can say is that you have a job description, with clear areas of responsibility, stick to it, doing no more and no less and do not allow the incompetence of your agency to detract from what you want to achieve.

Editor



If you are having difficulties recruiting quality Black workers or producing 'Black centric' material give us a call and let us take the headache out of your work.

Call: Geraldine Nolan 0181-801-9266

regional update

The BDWF is developing its Regional membership to include groups and organisations who either have a black workers support group and wish to affiliate with or have a broader remit than drugs and would like to become associate members.

The 3 states of regional existence:-

groups who exist with a broader remit than the singular one of a drug service

those who have been formed specifically for workers in the drugs field

those yet to be formed specifically from workers in the drugs field

Through Regional Forums we can:-

- * disseminate information
- * centralise problem areas that need review and action
- * improve organisational consistency and constituency
- * allow greater input into planning and development
- * generate a sense of collective activity and ownership of ideas

Black workers are still a minority and are likely to remain so within this field for some time. It is our duty to offer consultancy when and where new initiatives are

proposed, that affect the black community as well as new black workers.

The National Forum has a wealth of experience. With regional forums we will be able to source information concerning new services and positions 'before the fact'. The strength of the Forum is only equal to its membership and organisational skills. The larger the membership the greater the potential, the more focused the membership, the better the ability to influence.

If your groups falls into one of the above categories and would like details and an information pack contact:

Conrad Spencer
BDWF Regional
c/o 42 Mount Pleasant Rd
London N17 6TN

letters

from the membership

Dear Editor,

Congratulations on a brilliant newsletter. It's refreshing to see a publication that allows black workers to have a voice to expose the realities of working in the drugs field. For too long services have neglected our communities. Now we have a voice we can share our experiences, become stronger and unified in our commitment to providing the quality of drug services that we have a right to.

*Yvette Langlais
Enfield
Middx*

Many thanks to all those who have sent letters of support and encouragement. your comments are valuable and help us to produce the kind of Newsletter that you will find informative and thought provoking. We will be printing as many letters as space allows. Keep those letters coming.

Editor