



the druglink profile

TINA WILLIAMS, victim of an abusive marriage, was struggling to bring up three kids in a poverty-blighted town. She cleaned toilets at night and sold vegetables during the day to make ends meet. Then life got worse.

By **Harry Shapiro**

Pushing the panic button

THERE was a time when you couldn't go to a drug treatment conference without this woman standing up during question time and berating anybody on the platform who held any position of power, about the parlous state of drug treatment services. She complained bitterly about the lack of service provision in the north east, she attacked the existing services for their lack of sympathy and inflexibility and demanded action from the hapless worthy on the stage. Invariably she sat down to rapturous applause from some; stony silence from others.

The story of Tina Williams, Director of PANIC – Parents and Addicts Against Narcotics in the Community, mirrors that of many women brought up in working-class poverty. Born in Stockton, in the north east of England in the 1950s, she married very young, gave birth to three children and took regular beatings from her husband, later diagnosed as manic-depressive. "Even my mum said you've just got to put up with it and if I rang the police they just ignored it," she remembers. There was hardly enough food for the table and Tina split her time between trying to look after her children, clean toilets and work in the local fruit and vegetable market.

But when she was 25, Tina's tale took a very different turn. She joined the Labour Party where somebody suggested she should go to university. The clincher was the grant – not that much, but more than she was earning scrubbing urinals. Three years later she got a degree and from there she became a local councillor, worked in the local housing department and became a full time trade union official. Then in 1994, after all her remarkable success in re-inventing herself as a politician and trade union activist with a well-paid job, her world collapsed.

Her son, by then living away from home, told her he was addicted to heroin. "I didn't know about heroin addicts, we didn't have any in Stockton," she says, "even when he told me I didn't grasp it." Then her daughter, very bright but diagnosed as mentally ill,

started using heroin to deal with her mental health problems. In between, Tina's husband died, she had a nervous break-down and gave up her job to focus all her attentions on helping her children. "I thought to myself, 'I can either just sit here and go under because of the day to day heartache. Or I can climb back and try to change some of these things, not only for them, but for all.'"

But trying to find help for her son and daughter was another matter. "My son wanted me to go with him to the local treatment service, but they wouldn't let me in. I thought, 'what's that all about? What have they got to hide?'" Then he started telling me about his treatment: 'Mum, I am not getting enough methadone'. They were giving him 25ml. I tried explaining to the doctor, but he said that was the amount. So my son struggled and struggled and I tried getting him into rehab and he was refused time and again because they said he wasn't a priority. So who was priority? My son had no veins to use."

Tina says that even harder to stomach than the lack of proper treatment was the attitude of the local drug treatment workers. "They were downright hostile. If they weren't blaming him for wanting more than 25ml of methadone a day, they were blaming me for being an overbearing mother."

She faced the same hostility from mental health services as she tried to find help for her daughter. "Drugs helped her cope with it," says Tina. "She could actually get on with her life and she had a smile on her face, but they wouldn't treat her because they had this old fashioned idea that they wanted to punish her for using drugs."

Tina started to talk to other mothers in the area and realised that many of them were in the same boat – completely at a loss about what to do while at the same time trying to grapple with unsympathetic statutory drug services. "So in 1999 we set up PANIC because this wasn't just about the users, this was affecting the whole community: mums and dads, brothers and sisters, grandparents, aunts and uncles.





People power:
Tina set up PANIC
to give the
community a
voice on drug
issues

Quickly you see that just in Stockton, thousands of people are involved, not just a few users.

"First of all we set up a helpline because in my hours of need, I tried all over. The national numbers were too remote and then I rang PADA (Parents Against Drug Abuse) in Liverpool. Although they couldn't offer me direct treatment, it was easier to talk to another mother who had been in my place. I wasn't on my own and that made a big difference." Then PANIC got on the grant-giving merry-go-round to try and drum up some finances to put the organisation on a more formal footing. "The first grant we got was £15,000 from DrugScope, so now we could employ some staff and pay for the phones and advertise our services as well".

Tina also made sure that PANIC secured maximum local publicity through local press and radio. She also met with all the local politicians. "At those group meetings, people were literally in tears when they heard the stories. There was no way I was going to hide, no way I was going to accept blame and shame and stigma because I knew I did everything I could."

According to Tina, however, the meetings involving the services were a very different matter. "They didn't want us in, they said we were just unprofessional busybodies. The statutory drug services and social services were all in it together. If it hadn't been for my

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trade union and political background, I would have gone under. I used to come home from meetings crying that nobody liked me." PANIC then secured a £20,000 a year SRB (Single Regeneration Budget) grant which pays for the premises they currently occupy. The group now offers advocacy, advice, counselling, family support, educational and training opportunities, alternative therapies and harm minimisation.

Have treatment services improved at all? "We have a specialist addiction GP prescribing a proper level of methadone and he's got over 600 people on his books. And I think the NTA (National Treatment Agency) has made a difference" [Tina is now on the NTA Board]. If I go back two years, my son was prescribed 25ml of methadone, the waiting list was six months, he was dying and the services were answerable to nobody. Now my son is still alive, we have the NTA and there is accountability where there was none before."

But Tina knows well enough, that the drugs problems faced by Stockton and similar areas are not going to be solved by healthy doses of methadone on demand. "What happens to the drug user who comes out of prison with no job and nowhere to live? Housing and employment. These are the real issues, not just the addiction. Drug users are not stupid. It's no good telling them to go and get a seasonal job in a turkey factory because fundamentally you are saying: 'that's all you're worth; you are going to have six weeks work and then you're back here again'. That's why it is so important that modern apprenticeships will be coming in. I reckon over three years I could achieve a 75 per cent success rate with the chaotic users that we see. I'm not sure how much money that would take, but it would be a lot less than locking them into the criminal justice system. It's all about making people feel they are valued, you want to bring them on so they feel part of society and are given the chance to be good citizens. Having a job, taking responsibility, getting a home and a family. That's what having a stake in society is all about". ■