



Working lives: Rehan Tariq, senior drug worker in Luton

Rehan Tariq is a senior drug worker with Luton PCT shared care drug service. As part of our occasional 'working lives' series, he shares his experience as an Asian working in the community he grew up in.

After attending university and completing my master's degree in petroleum geoscience, I worked in the Middle East as a seismologist, on a well-paid contract with a comfortable lifestyle attached. After 18 months I began feeling unfulfilled and realised that this was not the life I wanted to live.

As a practising Muslim, I felt there was more to life than financial rewards. Family life and the local community were important to me. As the first person in my family to have

the opportunity to get a good education and to go to university, I wanted a job that was fulfilling and would enable me to feel I was helping my community by giving something back.

Returning to England I was shocked to discover that a number of my old friends had got involved in the drug scene, either using or selling drugs. I wanted to be able to help, but in a constructive, non-judgemental way.

Demographically, 35 per cent of Luton's population are from Black and Minority Ethnic groups. The local

southern Asian population is predominantly made up people of Pakistani/Kashmiri and Bangladeshi origin. Historically they have not been willing to accept that there is a drug problem in their community. Mosques and Community leaders were not taking up the offer of education and advice from traditional mainstream drug services. They appear to have been in denial about the effect of illicit drug use on their communities.

In early 2000 I started work at ADIBOP (Asian Drug Information Befriending Outreach Project), which had recently been set up in a community partnership between organisations representing the Pakistani/Kashmiri and Bangladeshi communities. The aim was to provide a tier 1 service in schools and youth clubs and to signpost individuals to other services where appropriate. At that time there were not any Asian drug workers in the field locally.

In 2001 Luton teaching Primary Care Trust (tPCT), in response to the lack of treatment, started the Shared Care Drug Service (SCDS). As in many areas, GPs were reluctant to engage with the drug using population. Part of the remit of the SCDS was to support GPs who were willing to work with drug users. However, SCDS had also decided to employ its own doctors who continue to prescribe on behalf of GPs.

I was ready for a more challenging position and was appointed as a generic drug worker with a specific remit to engage clients from Southern Asian communities. The PCT recognised that these communities' needs were not being met and that having a representative from the community could be pivotal to successful retention of clients.

The team was initially made up of a midwife, a mental health nurse, a general nurse, an admin assistant and myself. The manager was keen that we did not use a predominantly medical model – measuring motivation and stopping scripts if people were using on top. We wanted to prioritise retaining clients in treatment, as well as removing waiting lists and barriers to treatment. Asian clients were often reluctant to access their GPs for treatment, as the client's perception was often that their family would find out. While GPs are bound by confidentiality, other members of the close-knit community may see them visiting the doctors and ask questions.

One of my first tasks was to prom-

ote the strict confidentiality of the service. The office, although in central Luton, was not particularly visible to passers by and gave a sense of privacy. Our mission statement was to offer a non-judgemental, client centred service, which was non-punitive, working with the client rather than imposing where we wanted them to be. Previous experience had shown that retaining clients in service and providing an easy-to-access service with no waiting lists was the key.

Chaotic drug users can be notoriously bad at keeping appointments and due to the conservative nature of existing services, are often viewed as 'not being motivated' or ready to change. Luton SCDS strategy was to be more flexible and meet the needs of the clients, by getting them into treatment and encouraging them to accept responsibility for their lifestyle choices.

Asian clients responded particularly well to this approach and we saw our figures for clients from the Southern Asian Communities steadily rise to 45 per cent. We compared this to other areas with a similar population spread to Luton, where the average take-up from Asian clients were about 4-6 per cent.

We also developed a more flexible approach to prescribing. The clients were encouraged to become more involved in their treatment and work in partnership with their keyworker. Having a wide cultural staff mix also helped the service to meet the needs of clients who do not have English as a first language. Ongoing education among the staff group helped to address confusion around inaccurate cultural and religious beliefs.

In the five years since Luton SCDS opened, I have seen my role change from service development, to becoming senior drug worker for the adult team. Our service is well integrated into the local community and we get most of our referrals by word of mouth. I get great satisfaction when I am seen as a positive role model by the Asian clients and have the respect of their families for the work that I do.

We have just advertised a job with the service and were inundated with applications from BME groups. Not only are we recruiting more workers from the communities we serve – it is now being seen as a career choice to be proud of!

How did you get into the field? Email the editor, claire@cjwellings.com