

HERE'S TO YOU SISTER, CREATING A WOMEN'S ADDICTION SERVICE: AMETHYST'S STORY

Ottawa: Amethyst Women's Addiction Centre, 1995.

by Colleen Lundy

Women have long realized that along with state legitimation, support and funding of feminist organizations, comes pressure to become mainstream and more institutionalized. The ongoing struggle of various women's groups has been to remain connected and accountable to the women's community and retain a feminist vision, while at the same time being sensitive to the goals and interests of funders and other outside influences. The current attack on the gains women have made and the withdrawal of state funding have intensified this struggle, closed the doors of some women's programs and left others fighting for survival.

More than ever, reflection on past actions and a creative rethinking of current practices is needed. Herein lies the importance of *Here's to You Sister*, an historical account of the Amethyst Women's Addiction Centre in Ottawa. The publication by Amethyst documents the history of women's addiction services in Ottawa, while touching on some of the organizational difficulties with which many women's services have been faced. It is an account of how one agency was able to move the cause of addicted women forward.

Amethyst was in the forefront of the movement to help women in 1979 when "feminists with a gentle edge" opened its doors and provided a women-centred addiction service. Over the years, the centre experienced tumultuous periods, at times shifting the project away from the feminist principles on which it was initially based. *Here's to You Sister* draws on the accounts of staff, board members, volunteers, and women

who have come to Amethyst for help. It is a story like that of many women's organizations.

For those teaching courses on addictions, organizations, and women's studies, *Here's to You Sister* is an excellent resource. I expect that other women's services will identify with many of the issues presented in the publication and will find the book invaluable. It is clearly written and includes a well-balanced weaving of relevant literature with personal experiences.

The book begins with Amethyst's founding, when a feminist approach in the area of alcohol and other drug dependence was over-shadowed by theories and programs that reflected the experiences of white, middle-class men. It was women who worked in mainstream addictions services that lobbied for funding for a women-only service. Amethyst's beginnings in an old house in a working-class district, while celebrated by women in the community, was met with resistance by many of the traditionalists in the addictions field.

The task of securing funds and maintaining a legitimate position in the addictions community are identified as factors in the move away from a feminist analysis in the 1980s. For many in the women's community, the agency was viewed as a "cautious" women's service. Fundraising was eventually successful and resulted in the purchase of a large, elegant house in an exclusive district of the city. Amethyst appeared to move more and more toward a primary identification and allegiance with the addictions community. As the decade ended, the feminist vision was blurred.

In 1990, Amethyst found itself in an organizational crisis marked by serious internal conflict. Some members referred to Amethyst as being only a "veil of a feminist agency" at that time. The strength and commitment of the women working in the agency, and, of their supporters, turned a crisis into an opportunity.

In order to gain job protection and security, workers decided to unionize, receiving their first contract in

1991. Then in 1993, former clients and concerned women in the community joined with workers in the agency to recruit a number of new board members and a new executive director. The result was that Amethyst shifted to a "hybrid" collective, a less centralized, consensus-building model. The executive director position was subsequently replaced by a management committee (board and staff members) and a coordinator who has a salary comparable to the other workers.

The account provided in the publication highlights the ongoing dilemma within Amethyst to reconcile the often conflicting expectations between the addictions community and the women's community. Several current Amethyst policies—the practice of urine testing, sole focus on abstinence with no early problem use/moderation program, and the requirement to be totally drug-free, including prescription anti-depressants—reflect the powerful influence of the traditional addictions community.

Undoubtedly, Amethyst will continue to wrestle with these challenges in the years ahead. A closer connection with the women's community and a strengthening of the collaborative process will provide a strong foundation for decision-making regarding some of the above practices. Hopefully, Amethyst will continue to be a model for other addiction services working with women. The publication of this critical self-examination is certainly a move in that direction.

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