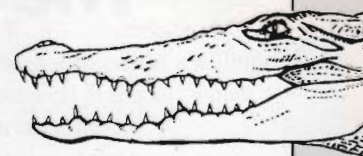


# A Smack in the Eye

Part three of a personal history of the Lifeline Project in Manchester



“ IT WAS THE emergence of AIDS in the mid-80s which allowed us to hone up the edge of our increasingly blunted sword. Almost overnight, drug users became not only distasteful, but *really dangerous*. Needle-sharing was to be prevented, *at all costs*. Drug services were to be given virtual carte-blanche. It was even acceptable to admit that some of your customers did not strive towards abstinence.

AIDS was the exercise bicycle we jumped on just in time. And we pedalled like mad to get rid of that flab. We published a widely-read policy document. We established the region's first formal needle exchange. And then we found ourselves in the comic business. *Smack in the Eye* was not just a comic. It was the point at which our trajectory once more parted company with that of our colleagues in the health service. And the further away we got, the harder we pedalled.

Without really expecting it, our fumbling fingers had dialled a forgotten number. In a dusty office, painted emperor purple and pink, a long-silent telephone jangled. A group of rather shabby hippies were shaken out of a *really, really serious* reverie. They looked at each other in surprise. There was a long pause, and then one of them gingerly picked up the handset.

“Hello, early '70s here. Furry Freak Brothers speaking.”

Suddenly, we found we had re-opened the lines of communication. Drug users began to write in to the comic with tips, complaints, suggestions. Incredibly, it seems, we'd found our way back. And it made dealing with the outrage so much easier. Oh yes, we would say, but we've got the only harm reduction literature in the country which receives fan mail. When Pink Floyd played at Maine Road, samisdat photocopies of *Smack in the Eye Issue One* were on sale up and down the queues. Breach of copyright had never been so welcome.

Many – including drug professionals – found *Smack in the Eye* outrageous and disgusting. One said we were “degenerate scum”. A member of the Advisory Council on the Misuse of Drugs formally complained to the police. As a result two officers said they were considering prosecuting me under the Obscene Publications Act. I replied that I would be overjoyed to test the publication in the courts. They left bemused. I was so convinced of the virtue of the comic that I could not conceive I would be convicted.

Probably more significant were the changes the comic brought about. *Smack in the Eye* became a focus for

our belief that Lifeline could, and should, be visibly, tangibly different from NHS services. It was also pivotal in altering drug users' views of the organisation. We began to be seen as ‘on their side’ – just as we had been in the beginning.

*Smack in the Eye* provided graphic proof of the dangerous and rocky terrain we would have to cross in our return to a more radical approach. For a brief period we had found ourselves the honoured guest; fleetingly been invited to sit at the head of the table. Now, we were to return to our former station; outside in the snow; stamping our feet to ward off the cold; our noses pressed against the window.

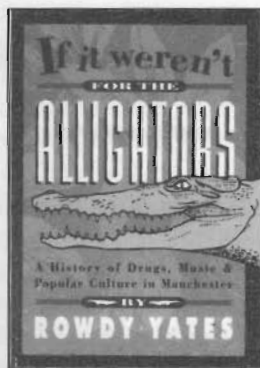
From this point on we would be required to play a very tricky game. For our customers, we would need to build on a reaffirmed identity which marked us out from the other services. For our funders and colleagues, we would need to prove that, whilst what we were doing was different, it was both valid and valuable. The problem was to look both ways without seeming two-faced.

It wasn't a game designed to make us very popular with other agencies in the field. Many of the drug services which had sprung up in the '80s in the North West had taken shape in response to our advice. And now, once more, we were

changing tack. Denying evidence which had our fingerprints all over it. We didn't leave everything behind us. But, like fugitives expecting at any minute to go down in a hail of bullets, we kept on the move and we spread out.

This was not simply the competitive urge. This was survival. By 1989, every health authority in the country knew they were expected to have a community-based drug service. But there was no onus, on *any* agency or authority, to provide an additional service such as we had come to represent. Our best hope was to continue to offer new, hopefully exciting and innovative, approaches. But this means maintaining a very volatile organisation, a goal which sits uneasily with the increasing need, within contract culture, to be more business-like; more saleable; to offer a more consistent ‘product’ which can be measured for quality.

How long we can maintain the momentum? Contract culture has already begun to bite. Dramatic changes are taking place against a background of public services decimated by cash shortages. A loyal opposition (or, perhaps, a rogue elephant) may come, increasingly, to be seen as an unaffordable luxury. ”



by

**Rowdy Yates**

*Until recently the author was the Director of the Lifeline Project in Manchester where he had worked for the past 21 years. This article has been edited from his book If it weren't for the Alligators (Lifeline, 1992).*

**Next issue: the last episode – prescribing**