



# COUNSELLING — AND DRUGS COUNSELLING

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in us not even bothering to talk to the students about drugs. Our article was not about PSE itself but about *drugs* education. By focusing on concepts such as self esteem, empowerment and decision-making skills, educators risk losing sight of the ultimate aims — to affect attitudes to drug use and drug using behaviour.

The question is *how* to affect these. Harm minimisation is an alternative perspective with the potential to reduce the negative impact of drugs on individuals and communities. There is no reason why we cannot begin to develop harm minimisation strategies nor why these cannot be applied equally to 'legal' and 'illegal' substances. Such an approach is desperately needed for us to have any real impact on drug use.

Surprisingly, some of our colleagues who adhere to a PSE/empowerment/informed-decision-making philosophy cannot see that for them harm minimisation is a much more appropriate stance than primary prevention, which allows for no such widening of choices. We should not forget that most drug use is pleasurable and exciting without causing damage.

Understandably, some say harm minimisation is not relevant to school students because most do not take drugs. However, many are experimenting with drugs now and others will do so in the future. Even if they never take drugs we need to educate them to understand those who do. There is a need to go beyond individualistic approaches targeted at potential or actual drug users.

We are not merely relying on structural changes to reduce drug problems, but we have tried to explain the need to take structural factors into account for effective drug education strategies. Hopefully Thatcherite Britain has not yet shackled our thoughts and actions to the extent that we cannot discuss politics and campaign for improvements in material circumstances.

"Beyond 'Just Say No'" did not attempt a complete blueprint. It did try to be positive and constructive by suggesting unachievable aims are dropped in favour of developing a new practice which can minimise harm. Instead of adhering to an ineffective traditional view of drugs education, we would like to endorse the optimism of Adrian King and Richie McKie. Let's be bold and move forward. □

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OVER THE PAST five years the work done in the rapidly expanding number of 'street' drugs agencies has been defined more and more closely in terms of the professional social work and 'therapy' techniques used. This definition has occurred partly as a result of the need to sell the work of such projects to the funding agencies of the various types — which increasingly include central and local government and the NHS — and partly out of the need of the workers to feel that what they were doing was 'real' social work.

In such agencies the role of counselling ("systematic guidance" as the dictionary has it — with the emphasis on following an explicit system) has become paramount, indeed, almost obligatory. One sometimes has the impression people believe that if only enough of it was available all the problems of druggtakers (among others) could be solved. Training for counsellors has become more and more closely defined and this is weighed by their understanding of these precious definitions. Counselling skills take on a somewhat mystical air: mere mortals tremble at the threshold.

These developments continue at a somewhat worrying and usually uncritical pace. Drugs agencies have always had to contend with disapproval from statutory professions, in particular, from the medical professions. Raising the name of 'counselling' has to some extent been a defence to this criticism. Counselling has become a respectable professional technique, an answer to the question, 'Well, what exactly can you do with no medical/social/etc training?'

There are, however, fundamental difficulties. Most drugs workers are involved in something which, while it may be similar to counselling, is something different from and more than counselling. It is befriending, advising and informing, as well as offering guidance. In drugs work, distinctions between these elements are more blurred than in some other areas. My own

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agency's attempts to separate counselling and other work with individuals was not successful. In most other agencies I know, workers in 'counselling sessions' attempt a whole range of types of work. I suggest that we, as drug workers, begin to more accurately describe the work we do and to give that work its own name and status.

The success of any work with clients appears to depend, not so much on the knowledge or techniques of the worker, but on their ability to form a close relationship with the drug user. This not very original conclusion is borne out in much of the research on the relative values of different therapies, on the value of trained as opposed to untrained therapists, and on the merits of volunteer workers.

Although this is a well known point, its significance has not been properly appreciated. One implication is that street agency

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advisers should be selected more on their ability to form person-to-person relationships (with drug users in particular) rather than on their counselling qualifications or knowledge. With no statutory sanctions to wield nor drug inducements to offer, the first thing drug advisers need to do is to hold on to their clients and get them coming back. It is the quality of the client-worker relationship that achieves this, not the mechanistic 'turning on' of counselling techniques.

WHILE COUNSELLING can help in establishing non-judgmental relationships, it is only one of many tool chests successful drug workers can exploit. We should, as part of our training structures, be exploring the whole gamut of relationships. In particular we should recognise those elements of counselling technique which actually distance us from our clients. Concentrating too much on whether your technique is 'right' (am I sitting the right way, asking the right kind of questions) can obstruct the more important business of forming the relationship that provides the essential basis for change. □