

# Crew 2000: peer coalition in action

*Local knowledge, local skills, local people – the way forward  
for harm reduction education?*

THE ENORMOUS SPREAD of dance-related drug phenomena took many British drug services unawares.<sup>1</sup> Agencies were slow to come up with a meaningful response to what appeared to be largely non-problematic drug use. In Edinburgh too, services were caught unawares and workers found themselves short of information on the drugs and on the dynamics of this new drug scene.

In several ways the club-dance scene is a risk-laden situation. Many of those involved are young, new to drugtaking, and know little about the drugs they use. Lothian Health Board's grant of £5000 to the Edinburgh and Lothian Drug Advisory Group gave workers with an interest in the issue the chance to explore a new, creative response – a coalition of local young people active in the club scene, supported but not led by drug workers.

## **Why a peer coalition?**

Experience of responding to the ecstasy culture elsewhere taught us some valuable lessons:<sup>2</sup>

- the number of young people using drugs today far outstrips the capacities of a traditional outreach model;
- most have already made the decision to continue to use drugs and will not stop because authority tells them to;
- these are sophisticated consumers; unless the information presented to them is credible, they will reject it;
- they are more likely to embrace health education messages congruent with their own attitudes and values.

Drug information campaigns may not prevent initiation into drug use, but they may help slow transitions to heavier or more hazardous use.<sup>3</sup> We felt that the best way to achieve this goal was to use the existing informal information networks – a peer education strategy.

Our work was based on principles drawn from the founding fathers of harm reduction, combined with theories of educational empowerment.<sup>4</sup> In *The Drugtakers*, Jock

Young argued that to minimise drug-related harm we should foster the emergence of health-enhancing values and norms in drugtaking subcultures.<sup>5</sup> This needed to be done through "positive propaganda" about drugs, as horror stories fail to mesh with the experiences of drug users and are rejected.

Young said that only the subculture of drugtaking has the authority to control its members. "[To] control an activity ... you must base your measures on facts and these facts must come from sources that are valued by the person that you wish to influence ... information aimed at controlling drug use must be phrased in terms of the values of the subculture, not in terms of the values of the outside world."

Our groupwork model was based on the Clinton Peer AIDS Education Coalition in New York – a coalition of professionals and homeless young men and women. Most of the latter are HIV positive and involved in sex work to buy crack cocaine.<sup>6</sup> Working as peer educators in their own communities had raised their self-esteem and helped

by

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In Edinburgh, drug users and local young people together-with drug workers have formed a coalition to inform their peer group about drugs and have focused initially on the local club scene. Their experience of the use of temazepam by clubgoers led to the production of a leaflet targeted on this issue. Such coalitions are a way of reaching the large number of people using drugs which professional outreach initiatives do not have the resources and/or skills to reach.

them stabilise their lives. They began to recognise that they can do work of immense value, work which most of the paid professionals could not do. Seeing themselves as having a valuable role in society was a refreshing change from feeling totally marginalised.

The structure of this group is central to its success. All members have equal status. Worker input is voluntary and unpaid and decisions are made democratically. Workers pass on their skills and expertise rather than exploiting volunteers by letting them do for nothing the work that paid professionals are unwilling or unable to do.

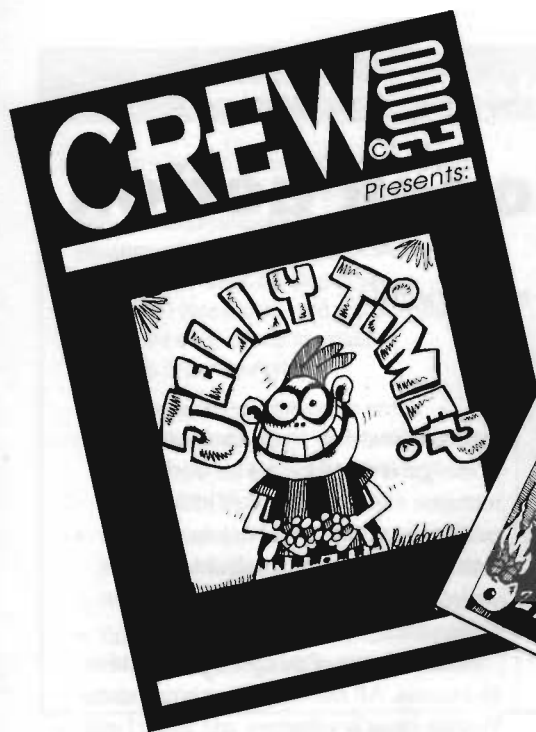
## **Forming Crew 2000**

"Crew 2000" became the name of the peer education group set up in Edinburgh, based on what we'd seen in New York. Initially, recruitment was through friendship networks. The 20 or so young people who became involved were probably a fairly typical sample of clubgoers, including clerks, students, artists, designers, DJs and the unemployed. Such a coalition embraces a much wider range of skills than would normally be available to professional drug workers.

Motives for becoming involved with the project varied. Most volunteers said they'd simply recognised the need for it. All had friends with what they believed were drug-related problems, but none felt that either they or their friends would take such problems to a drug service. Drug workers were felt to be too distant from the lives and concerns of young people in the drug scene.

After getting to know each other, the group began to tease out an agenda. At first, the process was slow. Much time was spent discussing our experiences of drugs, finding common points of reference, identifying our motives and our aspirations – invaluable for forming the trusting relationship needed for such work.

From our first meeting it was clear there was a pressing need to get some drug information out as quickly as possible.



**What are JELLIES?**  
Jellies (which are Temazepam) are one type of a drug collectively called Benzodiazepines (Downers). They are also known as "eggs", "stones" and sometimes "ratty balls" in the "homes" and in the clubs. Other drugs in the same class are Valium (Valium), Nitrazepam (Nitrazepam) and Librium.

**What are the effects of DOWNERS?**  
The main effects of these drugs are a reduction in anxiety, relaxation of muscular tension and a desire to sleep.

**What are the dangers of DOWNERS?**  
Benzodiazepines can cause dependence if taken over a period of time. When users stop taking the drug they can experience withdrawal symptoms.

There can include insomnia (sleeplessness), anxiety or panic attacks, loss of appetite, nausea, tremors and hallucinations. Abrupt withdrawal from high doses can cause epileptic type fits and mental confusion.

Overdose is possible after taking high doses, but it is much more likely if Downers are mixed with alcohol or with an Opiate drug like Methadone (Methadone) or Dihydrocodeine (Dihydrocodeine). There have already been deaths through mixing "Jellies" and alcohol. Other drugs. HEAVY SCENARIOS!!! Don't do these drugs on your own and don't leave someone else to do it on their own.

Some people take Temazepam by intravenous injection. This is a highly dangerous practice. Some people take Temazepam by intravenous injection. This is a highly dangerous practice. Some people take Temazepam by intravenous injection. This is a highly dangerous practice.

Temazepam is now produced in gelatine capsules. Hence the name "Jellies". Surprised? Surprised! These are dissolved by some users for injection. However, once in the blood stream they can re-solidify, leading to thrombosis, abscesses and possibly gangrene. SERIOUS SHIT!!! If you must use Temazepam the best way to reduce these risks is to always take Temazepam and other Downers by mouth.

**What is the law on DOWNERS?**  
Benzodiazepines are prescription only medicines and Class C controlled under the Misuse of Drugs Act. This means they can be possessed in medicinal (original) form without a prescription, but it is an offence to possess them prepared for injection or to supply them to others.

Maximum penalty for possession, if not in medicinal form - 2 years.  
Maximum penalty for supply - 5 years.

The cover and a couple of pages from *Jellytime?* Three pages of cartoons based on the distinctive local humour are followed by information on temazepam – a drug causing serious problems in the Lothian area.

We agreed to spend some of the budget on buying leaflets already available in England, despite reservations about their applicability to Scotland. Members identified venues frequented by our target population. The leaflets were divided up between the members each of whom serviced a number of locations, changing the leaflets fortnightly – a strategy also used to distribute Crew 2000's own leaflet, *Jellytime?*

Our second initiative was a club 'condom run' over Christmas 1992 aimed at raising awareness and building credibility on the club scene. Knowing that disinhibited young people are at risk of practising unsafe sex, crew members visited clubs, handing out condoms and leaflets and giving advice on safer sex. Crew 2000 also works with the media to reach a wider audience. The innovative nature of the project and the topical nature of the problem gives us a high local news value, one we continue to exploit to the full.

### Jellytime?

Clubgoers in Crew 2000 denied there was a gulf between the so-called 'club drugs' and drugs being used on the estates. Beside the staple stimulant/hallucinogen drug diet of ravers everywhere, in Scotland they also use 'downers' – particularly the benzodiazepine sleeping pill, temazepam – and they use them at the club, not just to 'come down' afterwards.

The usual dance drugs had been tackled using materials produced elsewhere, so it was decided that our first major project would be to tackle the local issue of temazepam ('jellies') on the club scene, using a *Peanut Pete* style leaflet reflecting the region's distinctive humour and culture.

Brainstorming sessions involving the whole group eventually came up with ideas and themes that a sub-group turned into the narrative used in the leaflet. Points that could not be covered in the cartoon were covered in a text section.

The group's commitment to the project is typified by the fact that the cartoonist, a bank worker, took four days off work to complete his drawings in time. *Jellytime?* was ready just two weeks after conception and can stand comparison with the best of professionally produced leaflets. Over 1000 have been sold to drug agencies outside Lothian and a further 500 have been requested by the Lothian Education Authority for schools.

Before distributing the leaflet, group members surveyed 180 young people to assess their knowledge and use of benzodiazepines. A follow-up questionnaire will evaluate the impact of the leaflet.

Reports that crack cocaine had become more available in the region led group members to research the impact of the drug on individuals and communities. Beside desk research, three members visited Merseyside to talk to workers and ex-users. Their conclusion was that harm reduction advice was problematic with crack cocaine – perhaps the only viable approach was to prevent use. They also knew that an information campaign *before* the drug was widely available could stimulate demand, so the group decided to do nothing for now but to carefully monitor developments.

Crew 2000 now has charitable status and is seeking further funding and premises.

### Peer coalitions work

In our opinion, Crew 2000 has been an unqualified success. The extent of this success was validated when two volunteers from the Crew attended the Fourth International Conference on the Reduction of Drug Related Harm earlier this year. Interest in their work and in the *Jellytime?* leaflet was high. During one of the plenaries, it was stated (not by someone directly involved!) that Crew 2000 had been the most interesting and radical initiative featured at the

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conference. Funding is being sought to replicate the Edinburgh initiative in other areas.

Working in this manner is not without its problems. Workers involved in a peer coalition must be sensitive to the needs, ambitions and desires of the group as a whole. Untold damage can be caused by workers pursuing their own personal or professional agendas. Therefore, workers getting involved in similar projects should have a clear idea of the purpose of the group.

Some workers have criticised Crew 2000 for being elitist and inaccessible to their clients. But a core principle of this type of work is to enable those *able* to control their own drug use to pass those skills on to others. Somebody attending a drug agency because of problems controlling their own use may have little to teach others. Working with these problem drug users requires a different type of peer group, with different aims and objectives.

Also, it is not enough for group members to be committed to the aims of such a project. Whether workers or volunteers, they must have something to contribute, and be mature and motivated enough to take on a task and see it through. Otherwise the group runs the risk of becoming a talking shop for a clique, and achieves nothing. It is also vital to avoid financial exploitation of group members, a point to bear in mind when seeking revenue funding for such work.

Peer coalitions can challenge the power differential between workers and drug users and radically alter the nature of drugs work – but working in this way requires a commitment to change on the part of workers and managers. Drug workers must be prepared to stop seeing themselves as the 'experts', and begin to see themselves as facilitators, with as much to learn as to teach. In this new order their role is to help drug users define and implement their own agendas, rather than those of the worker, the agency or the funder. Hopefully all sides will come to recognise that all these interests are the same. ■

#### FOR MORE INFORMATION

■ CONTACT CREW 2000, PO Box 2000, Edinburgh EH2 4RV, or phone Willie McBride on 031 332 2314.

■ JELLYTIME? Crew 2000, 1993. £3 for 10, £25 for 100.

Advice for drug users on temazepam. Available from address above.

Crew 2000 volunteers



MARK MANN

## A view from the Crew

### Two Crew 2000 volunteers describe how they got involved and why

It was a Monday night in October 1992. We were listening to music and playing indoor football at our local youth centre when a drug worker called Willie came in to give us a meeting (or some may have called it a lecture) about the drug ecstasy and other so-called 'dance scene' drugs. Some people found it boring and didn't care, others thought it was interesting. Willie told us all about the problems of the drugs and was astonished at how much some of us knew about them, things that he didn't even know.

At the end of the meeting a few of us were asked if we would like to come along to meet with a group of others about our age to pool some of our information. This group was called Crew 2000 but it was just starting off. We went along because a lot of workers, some of our friends, and ourselves, were concerned about the lack of information going out to people who take dance-scene drugs – ecstasy, speed, acid, hash, and downers.

The meeting included clubgoers, club DJs, and a few drug workers. At first there was a lot being thrown in by everybody. Main topics were dance drugs and the discussions gradually moved on to other drugs also around the dance scene such as Valium and temazepam. These were being widely used after the use of dance drugs for 'coming down'. There was a strong agreement in the group that for some people who could not afford to pay £15 for a tablet, downers were a cheap and readily available hit.

The result of this discussion was the production of Crew 2000's own and first leaflet, *Jellytime?*, which was knocked out in about two weeks. So around four weeks into really talking about the production of the leaflet, we were sitting surrounded by 10,000 *Jellytime?* leaflets filled with information on

temazepam ('jellies') and other downers.

Before distributing the leaflets we decided to talk to people on the streets and maybe they could answer a questionnaire on drugs and drug use. That would give us an idea of the level of knowledge among young people. After all, that was what we wanted to know – whether there really was cause for concern. The responses were very interesting. People were truthful, and there was a high percentage of temazepam users.

*Jellytime?* started to hit the streets fast and the response was good and still is. We are looking forward to talking again with people and trying to find these truthful people who have hopefully read *Jellytime?*, and find out if they now know certain facts they didn't know before. Any progress is good progress.

The leaflet got a lot of praise at the International Conference on the Reduction of Drug Related Harm this year in Rotterdam which two members of the Crew were able to attend. This was a very large compliment to be paid.

We now thought that a launch event of some kind was needed. Somewhere we could have a party with DJs playing and lots of information on drugs available. Somewhere to meet clubgoers and get involved with putting something back into the scene. So Crew 2000 presented "The Event", hosted by The Vaults in Edinburgh on 25 June. It was a great night with guest DJs and a great crowd.

Now we are looking forward to hearing from the public and also looking for support by way of premises, sponsorships, and communications equipment, as we now have charitable status. Look out for further material by us, because you'll be hearing a lot more in the future.

DR and TC on behalf of Crew 2000