

MAKING RESEARCH PART OF DRUG WORK

How the evaluators can become part of a drug agency's development, not just its observers.

An example is given of close cooperation between researchers evaluating a drug team and the team itself. Regular, speedy feedback of research findings helped the team refine its objectives and methods. Research surveys and outreach studies doubled as publicity/referral points for the service. Even without research staff, agencies can draw on research techniques to inform their work.

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AN EARLIER *Druglink* article outlined the ways drug agencies could best benefit from research and pointed to the value of developing a symbiotic relationship between researchers and service providers.¹ This follow-up article will illustrate this model using the case of the Riverside Evaluation Project's (REPORT) ongoing evaluation of the Community Alcohol, Drug and HIV Team operating in London's Riverside District Health Authority. In so doing we will present an example of interactive research in progress and will draw out the implications for the agency/researcher relationship.

To develop this style of operating, the first phase of our research has entailed working closely alongside the team, feeding back information as rapidly as possible, helping the new team to firm up appropriate aims, objectives and working methods.

This phase of cooperative work has been enlightening and beneficial both to the team and to REPORT. A research culture has been developed through mutual understanding, sensitivity and respect for each other's role. The evaluators have augmented the information available to the team to aid the evolution of its aims and objectives, without presuming that they should determine these. The team has been amenable to many of the suggestions from the researchers, even when these have been critical, primarily because an atmosphere of mutual respect has been nurtured through close and communicative working practices.

To understate the case, not every agency will have funds for research. Nonetheless, the example of Riverside's work highlights the advantages of building a research component into service development, both in terms of satisfying managers and funders, and in refining the agency's aims and objectives.

Gone are the days when research was seen as a burden on the functioning of agencies. The 'new realism' dictates the need for research — many funders now insist that evaluation is costed into agen-

cies' requests for new project monies. Agencies may wish to involve local researchers in preparing such bids and, where necessary, in making the case for a research component.

Nevertheless, many of the issues discussed below can be taken on board by any agency, whatever its existing level of research expertise.

Outreach ambassadors

One of REPORT's researchers regularly accompanied team members on outreach work. This had several functions. In practical terms it meant that the team member had the companion necessary for street work. It enabled the researcher to assess the team's outreach work, to meet its clients, and to contact drug users not in touch with established services.

Researchers also conducted outreach work outside the team's orbit to extend the networks of drug users contacted. In this case an 'action research' approach was adopted with researchers giving drug users leaflets about the community team and, if appropriate, referring them to a team member.

This was very much a two-way process, with team workers providing contacts they felt were appropriate for research purposes and for gaining access to new groups of users.

The researchers also acted as ambassadors for the service by answering queries about its work, operational policy and referral system. Relevant points from these outreach sessions were fed back at the team's development meetings. A paper presented to the team outlined models of outreach work found effective both in this country and in the USA, along with specific comments made by drug users during outreach work in Riverside. These comments included areas and locations drug users felt would benefit from outreach input; also many users believed that using drug users or ex-users from the local area would enhance the team's impact.

It was also possible for the outreach researchers to report back on new drug trends and patterns that might require a rethink of the service's target groups and aims and objectives. The obvious contemporary example is that of cocaine and crack, with researchers reporting activity at a number of locations.

The distinction between 'action research' and the agency's outreach work on the streets is blurred, with many overlapping activities. In the absence of research personnel, outreach workers themselves can collect information on drug trends and patterns, new locations and drug dealing/using arenas, merely by additional informal and sensitive questioning of contacts. This information can be fed back to the agency and influence aims, objectives and strategies.

Obviously, an ambassadorial and publicity function is inherent in the role of agency outreach workers, and in this sense too there is a convergence with action research techniques.

Direct feedback

Researchers conducted face-to-face interviews with a range of people in contact with the service from drug users to health visitors, some of whom were identified by the community team. The purpose was to aid the team in developing its aims and objectives by feeding back opinions on and demands for its current and future role from a variety of sources.

A number of professionals were eager for the team to carve itself a specific niche rather than duplicate the general counselling role fulfilled by other services in the area, and for the individual skills of staff members to be used to the maximum. For instance, a number felt that the team's doctor would be well placed to offer home-detoxification for relevant referrals.

Drug users, on the other hand, emphasised outreach work and opening outside normal office hours. At the regular weekly meeting all such information could rapidly be fed back to the team.

In the absence of research personnel it would, of course, be extremely difficult for agency workers to interview clients about

1. Power R. "Being researched: and how to make the most of it." *Druglink*: 1989, 4(3), p.14-15.

The full report of the study of which this article describes the methodological approach is now available. *The Riverside Community Alcohol, Drug and HIV Team: an Evaluation of Year One* is available for £7 inc. from the Centre for Research on Drugs and Health Behaviour, 86 Fulham High Street, London SW6 3LF, phone 01-846 6565.

Engaging GPs

Following a seminar held by the team when their work was described to invited local GPs, the researchers conducted a survey of all GPs in the area to gauge demand for the team's services. Leaflets on the service were included in the mailing, the exercise having a dual function. On the one hand, the team was being publicised and, on the other, valuable research information was being collected. The names and addresses of GPs who expressed a wish to work with the service were passed on to the team and comments fed back.

This survey was conducted through the post, using a stamped addressed envelope to encourage returns. After a fortnight, those who had not yet responded were reminded by phone. The costs of such a survey are moderate, the main outlay being on stamps and phone calls. However, the returns can be most valuable, leading to beneficial contacts with enthusiastic local GPs.

their opinions of the services offered. Problems arise around confidentiality, clash of roles, and objectivity. For a variety of reasons, ranging from the personal relationship with the worker to the drug user wanting to be seen to be positive about the service, the client is unlikely to present a frank and honest appraisal.

However, some limited research around non-controversial issues is still possible, such as how clients feel the service could expand its activities or which areas might best benefit from outreach initiatives.

Such restrictions do not apply to agency staff 'researching' professionals. Agencies should consider routinely contacting as wide a range of professionals as possible when setting up a new initiative. This often takes place informally, but it would be beneficial to formalise the process by interviewing a representative sample or by sending out postal questionnaires in much the same way as we did for the community team. Issues relevant to the new service would be addressed, such as how the respondents would like the service to develop and in which ways they would wish to undertake cooperative work. In Riverside we mounted a particular effort to contact GPs (see box above).

A key problem facing any service is how to record referrals and caseloads. In consultation with Riverside's community team, the North West's monitoring forms were adopted to serve as both a practice and a research instrument.

Team workers used the form as a casenote summary that could also be used to record telephone referrals, even if these

were not followed up or were referred elsewhere. This meant that 'hidden clients' were not excluded when caseloads were totalled, ensuring that most of the team's contacts with drug users could be recorded and monitored — invaluable when it comes to funding applications and accountability to management committees.

The minimal database derived from the forms also had a clear research function in that it enabled the researchers to monitor the actual caseload against the target client groups stated in the team's aims and objectives (for more on the North West's database see pages 10-12).

Advancing the dialogue

We are *not* suggesting that agency workers should or could replace researchers (or, in the case of action research, vice versa). But, even with limited resources, current practices (such as the emphasis on outreach work) mean many agencies could adopt a number of strategies employed by researchers and achieve short-term returns in the form of information on client groups and drug trends and patterns.

Without additional resources and personnel, the ambitions of such a project must be modest. It is unlikely that any in-depth data analysis would be possible, if only because few agencies have the necessary computer equipment, let alone someone with time to enter the data. It would therefore be advantageous to plug into an established monitoring system, where all the technical and analytical components are organised by a central authority.

Nevertheless, agencies can collect limited and manageable data to assist them in developing their objectives and in plotting shifting patterns and trends of drug use in their areas. In practice it would be important for one senior worker at an agency to have coordination and development of research as part of their job description.

A number of forums already exist where researchers and agency workers could come together to discuss collaboration and common strategies. To date these forums have primarily been in the context of outreach work, such as the day workshops held at the Mersey Drug Training and Information Centre and several outreach discussion groups in London. Local meetings could be held where information was pooled by contributing agencies, broadening the picture of drug patterns and trends.

WE DO NOT deny the special talents and specific goals that separate research from agency-based work with clients, nor the essential place of long-term, rigorous academic research. However, we emphasise that, in an area of tight resourcing, it is timely and valuable for skills to be shared and for a dialogue to be opened which will lead to further collaboration between drug researchers and drug workers. ■