

# MORE

## than just a number

OUTREACH DRUG WORK is often seen exclusively to involve going out into the community to meet drug users, encouraging them to make use of services, and providing education on safer drug use and safer sex. There is, however, so much more to outreach work than hanging out in pubs, cafes, bus shelters and parklands. In many cities across Britain vast resources and organisations are available for us to tap into. Direct contact with drug users is important but these community resources can be used to reach far greater numbers.

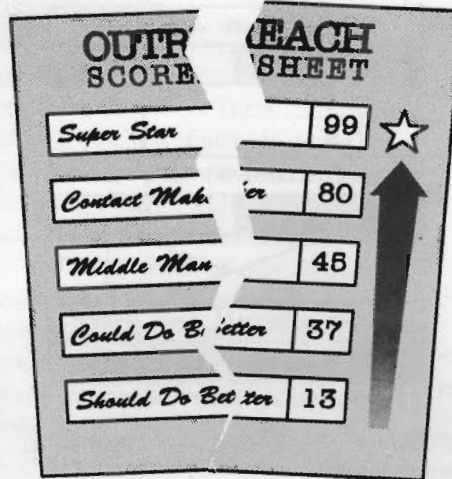
South Glamorgan Community Drug Team in Cardiff employs three outreach workers. One has a brief to work with prostitute women and the other two are outreach drugs workers. Each is also designated a 'development' worker. Together they have found that there also other ways of 'reaching' more people than you would on a rainy day on a street corner.

These are some of the outreach/development tactics employed in South Glamorgan since the outreach initiative began in 1989.

### Community education services

Community education premises across South Glamorgan have been made available to the community drug team in Cardiff to use for whatever purposes may be appropriate – a policy commended as "exceptional and applicable elsewhere" in a Drug Advisory Service review of local services. A number of community education centres have taken up this option at the discretion of the community education officer.

South Glamorgan has approximately 25 community education premises on various estates. We have tapped in to projects such as unemployed drop-in groups where attendance can be as high as 50 attenders per group and averages about 15-20. An outreach worker attends such groups and is available to the attenders for needle exchange, counselling, support, referral to other agencies and general information on safer drug use/safer sex.



**The youth service** A well attended youth club will consist of anything from 10-100 young people, all in the 'experimentation' phase of growing up. Our reasoning (though in the nature of things, it can't be proved) is that if we can reach people at the recreational stage of their drug use we may be able to steer them away from dependency and all the difficulties this brings.

The outreach worker holds drugs/HIV workshops and debates, and is available to both the youth club staff and to its members for counselling, support, etc.

by

**Phil Coles & Richard Pates**

*Phil Coles is the Outreach/Development Worker and Richard Pates is the Coordinator of the South Glamorgan Community Drug Team.*

Outreach workers can use community resources to reach far more drug users than they could directly contact. In South Glamorgan workers attend unemployed drop-in groups and youth clubs. They educate staff and residents at a hostel for the homeless where a needle exchange has been established. Training accident and emergency staff benefits drug users who attend these services. This wider role should be encouraged and supported.

*Hooking in to community resources may be the most effective outreach strategy*

**Homeless hostels** Cardiff's YMCA has 120 residents. Outreach workers train staff and educate staff and residents on drugs/HIV issues. There is also ongoing support for residents and staff, and a referral route between the YMCA and the drug clinic.

CASH (Cardiff Action on Single Homeless) is a crisis intervention shelter for single homeless people. One outcome of maintaining contact with CASH and agreeing working practices has been the establishment of a 'satellite' needle exchange/information clinic based at the shelter. Located in the 'red light' district of Cardiff, these premises also provide a more comfortable and confidential setting for the prostitutes' outreach worker to meet women and chat about relevant (or sometimes irrelevant) issues.

**Fairbridge** This organisation is a charity which provides opportunities for young people aged 14-25 to get away from their immediate environment and take up the challenge of outdoor pursuits. Fairbridge concentrates on building character, developing social skills, and improving confidence. Fairbridge have proved to be a useful referral point for young people who are unemployed and bored, who probably use drugs on a recreational basis, but do not have a 'drug problem'.

Fairbridge themselves use knowledge gained from the community drug team in their work with drug users referred to them by social services, probation, youth clubs, etc. Close links have now been established with Fairbridge and a number of young people have been referred to them by the relevant outreach worker, who also attends the Fairbridge drop-in centre on a weekly basis.

**Raves and pay parties** These events require a minimal intervention approach in the form of readable, educational material. Inspired by Lifeline's *Peanut Pete* character, the drug team organised volunteer artists to create a rave-scene-goer called *Dave the Rave*. A comic strip leaflet on

safer ecstasy use has been produced and is being distributed not only at pay parties, but also to record shops and rave clothing shops in the city centre. Such information needs to be given early at raves or pay parties or before people go to them because after the first two hours most ecstasy users are too 'out of it' to listen to the outreach worker.

A5 fliers do the same job in far more basic way. A cheap resource, they are easy to produce on a computer and can then simply be photocopied.

**Steroid users** In May 1991 the outreach workers established contact with a steroid user who in turn introduced a worker to the customers at a city-centre gymnasium. As a result, steroid users started to use the needle exchange at the clinic. To date we have about 30 attenders, most of whom also take injecting equipment for their friends. A recent survey indicated that through these attenders, and through a contact of the outreach worker who in turn supplies 20 other users, we currently reach about 60 steroid users.

**The Bizz** *The Bizz* is a factual, educational magazine inspired by *Lifeline's Smack in the Eye* but aimed at 14-25-year-old stimulant or non-opiate users, though it also covers all other drugs.

It is distributed on the street and to all other relevant agencies with which the outreach worker has contact. Initially *The Bizz* was put together by workers but now articles, poems, drawings and other contributions are being received from clinic clients and from other people from the community.

**A&E departments** Clients regularly report 'attitude problems' encountered at accident and emergency units when all they want is to be treated for something like an abscess. Recently we became involved in post-graduate nurse training for accident and emergency work, which includes training on attitudes to drug users and a basic understanding of street drugs and their effects. Outreach workers are probably the most appropriate members of staff to provide such training as they are all too well

aware of prejudices and judgments made toward their client groups.

This type of training hopefully alleviates peoples' fears and misconceptions of drug users and creates a warmer, friendlier environment for drug users who attend for emergency treatment.

SOME GOOD outreach workers would be lost if funding was solely linked to contact figures. Accountants and managers who decide where next years' money is going may not think that what seems relatively few contacts a year warrants a full-time outreach worker post. What we've tried to demonstrate is that there are ways of reaching more people which, though not reflected in direct contact statistics, do have significant prevention pay-offs.

Managers should realise that outreach workers do (or should do) more than hang out with the 'beautiful (or not so beautiful) people'. They should encourage this wider role and support this style of work when outreach services are being evaluated. ■

## LETTERS

### YAP cards misunderstood

Dear Editor,  
While we can understand Adrian King's criticisms of our YAP cards (*Druglink*: May/June 1993, p.19) given the context in which he saw them, we need to make the following points:

- The cards are signposts, not intended to give harm reduction advice but to open dialogue between young people and workers. Adrian King in his review asks why the Type 2 (binger) rock addict is "worse" than the Type 2 (daily user). This is exactly the kind of question the cards were designed to stimulate, paving the way for conversation and debate to develop. The cards are normally sold with T-shirts at raves and we have a range of other printed materials which detail harm-reduction advice. We do not believe that printed materials stand alone. Our service is based on a large-scale outreach programme with young people; the cards are only one part of that strategy.
- The cards were written and designed two years ago when information about ecstasy was far more limited. Sorry you got them late!
- The cards were written by young people, designed by young people and, as Adrian acknowledges, work extremely well with young people.
- Newham Drugs Advice Project was one of the first to work with rock cocaine users in this country and has had major casework experience with them over the past three years. Adrian doesn't understand rock use and that's a problem. His definition of "occasional" is inaccurate and dangerous (occasional/recreational use of rock cocaine over an

extended period of time is recognised as one variant of dependence). He should read the research from Yale University. Viv Reid is a recognised leading practitioner in work with rock users and was consultant on these two cards. The cards are based on our experience with hundreds of users; they are part of a pack and not designed to be read in isolation.

- YAP has worked with 2500 young people in workshops so far this year and has a counselling service with a caseload of 150 school-age clients. The cards have played a major part in establishing that contact.

This is the first criticism we've had of the cards in two years and 6000 sets and we think Adrian King has misunderstood their purpose.

**Colin Cripps**

*Drugs Education Coordinator, London Borough of Newham and chair of the Newham Drugs Advice Project*

#### **Adrian King replies:**

*I am considerably reassured by Colin Cripps' comments about his project's use of the cards. As part of a larger-scale outreach strategy which includes more up-to-date and detailed harm-reduction advice, the cards are doubtless effective, and clearly both Newham's young people and maybe others have found them so.*

*Two of my concerns remain, however. First, the fact that the ecstasy card is based on 1991 knowledge and needs updating. Secondly, the fact that the cards are neither intended nor effective as a standalone resource. I wonder whether all the presumably many purchasers realised these limitations and are equipped to ensure they are not read 'in isolation'? I suspect not. Revision of the cards and*

*some guidance as to their use would make them safer to market.*

*After all, any gaps in my understanding of rock use don't matter much but if young rock users don't understand it, that's serious.*

### Farringdon skit trivialised conference

Dear Editor,  
I subscribe to the ISDD journal because of its informative and balanced approach to drug dependence. I was disappointed by the *Farringdon* column in the latest issue with its undergraduate 'humour' approach (underpants and vomit jokes) to the Rotterdam harm reduction conference.

You may not know it, but there were 600 visitors from 30 countries (including the Third world). The conference was reported factually in the German and Dutch press but from your magazine one could learn nothing.

Was this because it was too international for you? Your excessively British approach surprises me. I'm sorry but I don't know who Vinnie Jones is.

My own paper at Rotterdam described official and unofficial state executions of drug users and formed part of a session on abuses of human rights of drug users. Is it really appropriate to laugh at people suffering cruel punishments, poverty and the total abuse of human rights described by such professors as Ernest Drucker?

People working in the field could profit from a dry account of the conference which was certainly 'state of the art'. At the end of the *Farringdon* piece I was left wondering on whose backs the writer had made his or her career, to afford to go to Rotterdam

*Letters should normally be less than 500 words in length and may be abridged at the editor's discretion. Contributors must supply name, address and occupation/affiliation, but can ask for their letter to be published anonymously.*

(about which they made some patronising comments) and presumably also to the 5th International Harm Reduction Conference.

You can do better than this. More international coverage, and not of the 'we know best' type please.

**Timothy Jacob Gluckman**  
*Journalist, Koln, Germany*

#### **The Editor replies:**

*Thank you for your kind remarks about Druglink and our regrets that the May Farringdon caused offence. Druglink is subtitled The Journal on Drug Misuse in Britain, so I make no apologies for its UK focus, though I would welcome more material from overseas if this was relevant to drugs work in Britain. Another reason for not overdoing the international content is that Britain has another magazine/journal - the International Journal on Drug Policy - which majors in this area.*

*It certainly was not our intention to laugh at drug users or people infected with HIV and I can see nothing in the Farringdon column that could be read that way. In the unedited draft there was one sentence that might have been construed that way. I edited it out for the reasons you give. The column's target was drug workers - a hardy breed who can survive (and perhaps benefit from) a little friendly satire in the context of a supportive magazine.*