

REDUCING HARM CAN HURT

Youth workers responsible for a party of young people abroad sight two of them smoking cannabis — should they 'get heavy' and risk ruining the trip, or 'play it cool' and risk losing their jobs? What happened next led an experienced trainer to rethink her approach.

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RECENTLY TWO local authority youth workers took a group of youngsters in their late teens and early twenties for a Scandinavian holiday. While in Denmark the party visited an 'alternative' community where, incidentally, cannabis was known to be available. Two of the youngsters — both young men 20 years of age — bought some and began to smoke it. The workers decided one of them should stay with the smokers to see no harm came to them, while the other accompanied the rest of the group elsewhere.

They had judged that confronting the youngsters by demanding they stopped and attempting to confiscate the drugs, would merely have resulted in them consuming further supplies in secret, beyond reach of help if anything went wrong. Confrontation would, they feared, also risk destroying the trip for the two and possibly for the group as a whole. Better, it was thought, to leave the incident to run its course and calmly tackle the issues involved at a later date.

A couple of days later, then in Finland, the youth workers discussed the incident with the group, pointing out how such behaviour jeopardised everyone's enjoyment and placed them as workers in an extremely difficult position. The point was taken and that, it seemed, was the end of the matter. Drug use hadn't been 'stamped out', but neither was it continuing, and the potentially harmful repercussions of the incident had been minimised. The two

youth workers saw their response as an appropriate and successful harm-minimisation intervention in a situation where an absolutist response would probably have failed and possibly badly back-fired.

But their supervisors and employers did not agree. On returning to England one of the youngsters in the group reported the incident to her youth club's management committee. Youth service managers supervising the two workers panicked and a disciplinary hearing was called on the basis that the two had failed to prevent the use of drugs. They should, it was said, never have visited the community in the first place, confiscated the drugs, sent the two home, even called in the police. The accusation was that allowing the incident to proceed effectively meant they were condoning drug abuse.

A harm-minimisation rationale was part of the 'defence', but according to one member of the disciplinary panel, "harm-reduction is only relevant when people are intoxicated [and] OK when practised by drugs workers, but not by youth workers, who should set an example". The outcome was a 'guilty' verdict in the form of a verbal warning for one worker and a final written warning for the other.

What does this incident mean for those of us involved in organising training about drug use which aims to demystify the topic and promote harm-reduction strategies? Can we afford to continue with this message when it means 'coal-face' workers are putting their jobs in jeopardy?

The problem may lie as much in *how* the message is put across as in its content. For example, multi-disciplinary drugs training pulling in a selection of local workers from probation, health, legal, education and

other services appears to be a particularly efficient 'first point of contact' model for communicating a clear, short message to a wide variety of disciplines. However, without adequate evaluation and follow up, there is a high potential for this message to become dissipated and distorted over time, and one 'lone disciple' carrying the message into the potentially hostile wilderness does not seem, on its own, to be the answer.

At the other end of the spectrum we have workplace-based training examining good practice among staff teams. On its own, this is not the answer either: if, as in the described case, line managers responsible for the workers do not fully understand 'the message' and its implications, then a communication breakdown ensues. The usual panic response many managers and others have to drug issues, (*act now, don't take risks, think later*) means workers who practice low-key, harm-reduction approaches lay themselves open to, at the least, criticism, at the worst, disciplinary procedures and their jobs being jeopardised.

WHAT SEEMS clear is that line managers and supervisors need to be involved in training as much as the front-line workers. Leaving staff teams or individuals to carry the harm-reduction message into their workplace risks its being dissipated and misinterpreted and the workers being left without managerial support for its implementation. As trainers we need to reassess our methods — terms like 'harm-minimisation', 'harm-reduction', 'casualty-reduction' and 'risk-reduction' fall easily off our tongues, but we can't ignore the fact that putting them into practice can lead to 'harm' for the workers involved. □



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