

# Under-used and under-valued

## How drug users can help work against AIDS

*As researchers or workers, (ex) drug users have much to offer*

LET'S START OFF with a number of simple premises.

- concern around AIDS means that we need to understand the precise nature of the behaviour of drug users, especially injectors and those not in contact with services;
- we need to develop appropriate initiatives to reduce high-risk behaviours;
- we must deliver these by a means and in a manner acceptable to the target group;
- perhaps most important, given the seriousness of HIV disease, prevarication must be avoided.

We must be innovative in our strategies to ensure services are maximally relevant. Former and current drug users have much to offer in this respect and are a valuable source of potential employees in the drugs field. In recent years, especially over the past two, we have employed over 60 people with a history of illicit drug use as 'casual interviewers' on a wide range of research projects. Their valuable efforts have provided us with around 2000 in-depth research interviews, many from networks of drug users otherwise extremely difficult to access.

The employment of drug users in drug research or drugs/AIDS work is not new. In many countries, including Holland and Australia, but especially the USA, drug users have been employed in their own right both as researchers and as intervention workers, often in community-based projects. Over 20 years ago they were being employed as outreach workers in Chicago; now AIDS Outreach Demonstration Projects, funded by the US National Institute on Drug Abuse, employ 'indigenous' workers in some 63 cities.<sup>1,2</sup>

These 'indigenous' workers (many recruited from methadone programmes) are most often employed as outreach workers to deliver interventions, such as the 'bleach and teach' campaign that has courageously endeavoured to plug the gap left empty by the lack of syringe exchange programmes. The main skill they bring to the work is their intimate knowledge and experience of

local drug scenes and their easy access to networks of drug users.

It is not uncommon to find ex-drug users working in a range of treatment facilities in the USA. A recent review, although lamenting the under-representation of this type of worker at methadone maintenance programmes, nevertheless noted that 50 per cent employed ex-users, constituting 10 per cent of the total staff complement.<sup>3</sup> Another American study highlighted the commitment, enthusiasm, conscientiousness and acceptability of ex-drug users as counsellors at treatment facilities.<sup>4</sup>

### **Plusses – empathy and access**

Recently in Britain, especially in the non-statutory sector, personal experience of drug use has been viewed as a positive attribute among candidates for drug worker posts. Although therapeutic communities have traditionally employed ex-drug users as staff members, it has been mainly the concern around AIDS that has led to new opportunities for those with such a back-

ground. These new appointments often entail community-based outreach work, bringing ex-drug user employees into direct contact with familiar environments and drug user networks.

As with our experience of employing drug users as research workers, this has its advantages and disadvantages both for the employee and the employing agency – with a particular set of responsibilities falling to the latter.

The main advantages of using 'indigenous' workers in contacting and communicating with drug users in the community is that they not only have empathy with this population, but have also shared similar experiences. They understand the vernacular, can easily access groups otherwise difficult to penetrate and are generally accepted by their members. This cuts down the lead-in time experienced by many community-based projects and, when time is of the essence, can result in substantial resource savings and perhaps save lives.

Workers with particular experience of one target group (eg, amphetamine users, or Italian-speaking injectors) can be hired to work with this specific group, matching their own profiles and 'skills' with the project's objectives. Shared experiences may mean workers with a drug using history are more able to maintain contact and ensure continuity with the target group. They can also serve as positive role models for current drug users, presenting a model more relevant to their lives than that presented by a 'straight' worker.

One study of ex-drug users as counsellors concluded that they can make demands on drug users that no one else could.<sup>5</sup> The author suggests this is because of similar life experience, trust, and the fact that the drug user will feel less able to deceive an ex-user.

In the research context, drug users are less likely to exaggerate their behaviours when confronted by a worker who has experienced a similar background<sup>6</sup> – a finding of enormous importance for

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Experience of employing over 60 people in a field research capacity who had or were using drugs suggests the main advantage can be their shared experiences with the target group. This can improve their access to drug using groups and the rapport between worker and subject/client. Information gained in this way can be used to refine HIV prevention interventions. Careful recruitment and supervision help reduce the risk of relapse or evangelism. Drug user or ex-user workers should be treated on a par with their professional colleagues.

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research data and for the development and refinement of interventions, both of which rely on accurate accounts of specific behaviours.

When considering employing 'indigenous' workers in the drugs field, a number of practical and ethical issues need to be addressed. The first concerns training, support and supervision. A background in drug use does not automatically qualify an individual to be a drug worker. As with any professional, a pertinent training programme is essential, giving careful guidance on the parameters of their role, their obligations towards the 'client' (especially regarding confidentiality), their relationships with other authorities (such as the police), and any particular guidelines, like workplace drug and alcohol policy. Some issues, such as relapse (discussed below) will be of particular relevance and should not be ignored.

### **Sensitive support needed**

As important as training is supervision and support. In our work with ex-drug user interviewers we realised the need for close supervision and support. For many, the world of regular work is either new or relatively novel. They need sensitive help in adjusting to routines and conditions that may seem alien, and may be in marked contrast to their recent lifestyles.

We should also be keenly aware of the potential difficulties they may experience in adapting to the work environment, particularly when this means returning to old haunts. The strains of plunging back into a

lifestyle but recently relinquished can cause considerable distress.

Regular, sensitive support sessions present important opportunities for these workers to offload the anxieties (and joys) of fieldwork. In the research context, these sessions can also be used to debrief the worker and thereby validate the data being collected.

The stress of spending time with people who are still using drugs should not be underestimated. Support is needed in dealing with individuals who may well be old friends and acquaintances. A number of our ex-drug user interviewers found that returning to old venues and recognising people who were still using drugs actually increased their resolve to remain drug free.

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### **Drug users are less likely to exaggerate when confronted by a worker with a similar background**

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However, any project that employs 'indigenous' workers must have clear guidelines and support systems to deal with the possibility of relapse. Recognition of the special stresses faced by 'indigenous' workers has led some agencies to set up specific support programmes, even employing on-call counsellors.<sup>7</sup>

One potential problem in employing ex-drug users is an over-identification with current users, and, in some cases, a fervent and active desire to bring them to a drug-free state. Agencies need to be wary of those who may be biased towards any particular 'road to recovery' and who may view their employment as an opportunity to pass this message on to others.<sup>8</sup>

To forestall this eventuality, careful recruitment is essential. Also the limits of the post must be clearly outlined. A number of our interviewers expressed frustration at being unable to change people's lives in the way they had envisaged. A precise job description and unequivocal statements concerning the parameters, aims and objectives of the project should avoid any misunderstanding.

Despite these caveats, there are strong reasons to be optimistic about the employment of ex-drug users as one facet of an HIV prevention strategy. Our research has produced valuable and reliable data that has greatly enhanced our understanding of patterns and trends of drug use, leading to

### **Equal pay for equal work**

Drug user and ex-user workers should be regarded as on a par with their professional colleagues. In the USA, where ex-drug users often earned 50 per cent less than their 'straight' counterparts, there is a trend towards unionised programmes where contracts prohibit salary discrimination against ex-users.

At the Centre for Research on Drugs and Health Behaviour we have endeavoured to standardise rates of pay and conditions of work across all projects employing 'indigenous' workers as casual staff. We have developed a programme of training and supervision and have produced standardised fieldwork guidelines for all workers.

We are also considering how the experience of drug users can be more fully utilised in the development of projects. By involving ex-drug user interviewers and active drug users in focus or discussion groups we are able to use their expertise and knowledge to validate our lines of enquiry. Although we have no career structure for these workers, as they, like the majority of our researchers, are involved in short-term research contracts, a number have used the experience as a springboard into more stable employment.

the refinement of interventions aimed at reducing the spread of HIV disease. The value of ex-drug users in the outreach context has been proven by evaluation studies of the AIDS Outreach Demonstration Projects in the USA.<sup>9,10</sup>

There are practical and ethical issues that need to be addressed. But at a time when it is essential that we contact hard-to-access groups of drug users, the employment of 'indigenous' workers who have an intimate knowledge and experience of illicit drug use should be given careful and serious consideration.

These workers have a unique and invaluable set of experiences to draw from and can, with appropriate and sensitive recruitment, training and supervision, contribute to efforts to reduce the impact of AIDS. This is especially the case in the outreach and action-research context. For the participants, such work may be an important step away from the debilitating cycle of drug use, treatment episodes and the street. After all, how many drug users have you heard say: "Give me a job and a home and that'll take me half way towards solving my drug problem"? ■

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