User friendly

USER RUN

Why drug workers should empower drug users into their jobs

LAST YEAR I ATTENDED the first European meeting of drug user group representatives, organised in Berlin by Deutsches AIDS Hilfe and JES (Junkies, Ex-Junkies and Substitute Users). This event was superbly organised and the presentations were much more interesting and enlightening than most in this field. The conference began work on a report to be presented to the European Commission on Human Rights.

It seems the notion of the 'user group' has come of age. In Australia drug user self-help groups appear to play a central role in drug service provision. Most major cities and many rural areas have well-funded 'IV Leagues', often employing as many as eight full-time workers. They run syringe exchange schemes, do HIV education, produce magazines, act as advocates and struggle for user representation on policy-making bodies.

I first became aware of the need for user groups in the mid-70s. People at the clinic I attended were receiving a range of drugs and a range of dosages. For months I had been on 60mg a day, others up to 120mg. One day I turned up at the clinic to see wholesale panic. People were coming out in tears. The consultant was reducing everybody – in one step – to 20mg. Why? Changes in prescribing fashion, disagreements with colleagues, problems with his wife, who knows – he wasn't telling.

This behaviour seemed so arbitrary and unreasonable that myself and a few others complained to some of the appropriate bodies. They all came up with the same response, which was more or less what the doctor told me at the time – doctors have complete discretion to use their clinical judgment. In other words, if you don't like it, tough.

Years later I attempted to set up in Britain a group similar to the Dutch 'Junkiebond'. It folded through lack of interest but the attempt seems to have had some influence. I still get calls from people asking how they should go about setting up a user organisation. The funny thing is, invariably they are workers. Some have realised their limitations and see user groups as a way of plugging the gaps in service provision. Most are either the 'right on' type – who talk a lot about 'empowering' the client (but still make their phone calls for them) – or they are cynical opportunists, who feel that to be in the forefront of harm reduction (and attract attention, funding, a reputation, promotion) their service must have a user group and user representation, regardless of whether there is a demand from the clients.

The relationship of such groups or representatives to drug services is a difficult one; in my experience, clients are often used to pursue the agency's agenda. The carrot is usually the implied offer of a job in the drugs field: very tempting. Everybody who has taken a drug believes they would make a good drug worker – mainly because drugs work appears so unprofessional. What do drug workers do? Well, they have a bit of a chat about drugs with you, and maybe decide how much methadone you get: £17,000 a year for that, and they can't even tell when somebody is blagging! Where do I sign?

But such jobs rarely materialise, because drug workers aren't into empowering themselves out of a job. Instead the user group or representative is 'asset-stripped' of resources (ideas or contacts on the drug scene) while the workers take the credit for 'an imaginative piece of work'; alternatively or as well, they are used to legitimise the agency's activities ('We must be user-friendly, we've got a user group/user rep').

Services run by users for users can probably do the job better than existing services

These initiatives have gained momentum because of the shift to harm-reduction. The goal posts have been moved, but few understand where they should be replaced. At least under abstinence-based models, workers knew what their jobs consisted of – trying to persuade people to stop taking drugs. How many know how to do effective AIDS prevention work? Most lack the detailed insight into the lives of their clients that would enable them to give meaningful advice on avoiding risky situations – the kind where unsafe practices are more likely. So we conspire to present our work as meaningful and relevant, and encourage the formation of user groups to create a facade.

In Australia user groups do much of the work done in Britain by the voluntary sector. However, everything is not quite as it seems. A delegate I met from one group didn't actually use drugs, let alone inject! One worker told me that her user group wanted to implement a policy of positive discrimination because, out of 12 staff, only three had ever injected.

Most UK user groups failed in the past because they lacked institutional support or a meaningful focus for their work. Drug education and AIDS prevention provide such a focus. US researcher Don Des Jarlais has argued that drug cultures are starting to change their own behaviour, often despite services. A carefully theorised and closely managed programme of user groups may be the most effective way to promote these changes.

Services run by users for users are possibly one of the few ways people with long-term drug problems can genuinely be empowered. They offer meaningful work and achievable goals to aspire to and can probably do the job better than existing agencies. Finally, they would establish the principle that drug services must be run in the interests of those who use them, not just the people who work there. ■

by
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