User to user

Drug user volunteeers were the solution to the outreach conundrum in rural Essex

MANY DRUG WORKERS enlist the help of drug users informally and often covertly – for example, by tapping their clients' knowledge of the local drug scene, or by encouraging them to pass on information to their friends. In North East Essex we adopted a more formal approach by recruiting and training a team of volunteer outreach workers, many themselves current and former drug users. The scheme has not been without its difficulties, but does appear to have had a positive effect on local drug users, and some unexpected spin-offs.

The volunteer scheme was one of several initiatives addressing the problems of the 'solo outreach worker'.[1] North East Essex is a rural district where drug dealing and drug use take place behind closed doors in flats and houses, rather than on the streets or in pubs. It soon became apparent that street-corner style outreach was inappropriate. The fact that amphetamine is the drug most commonly used and injected presented further problems, since amphetamine users tend to be difficult to contact.

It was felt that local people involved in the drug scene would be better placed than a professional to plan and implement the most effective outreach strategies. The proposal was approved by the senior health authority managers and by police, who recognised that it would be impractical to exclude user-dealers as almost all users dealt to help maintain their own drug use. The aims of the scheme were simple: to contact drug users not in contact with services in order to reduce drug-related harm.

Rocky start

The volunteer scheme was designed to include current drug users, former users and non-users in equal numbers, since it might be difficult to provide a consistent service if it was staffed only by current drug users.

Four groups of volunteers have been recruited since the scheme first started in April 1990; 31 volunteers have completed the initial training and 24 have stayed in regular contact. They were recruited from outreach contacts, current and former clients of the drug agency, and by advertising in the local press. The main recruitment criteria were that candidates should be caring and non-judgmental, have some knowledge of the local drug scene, and accept harm reduction principles.

From their points of view, former and current drug users volunteered because the scheme gave them a chance to help fellow drug users and to use the knowledge and skills acquired in their own drug using careers.

Training consisted of two days and 14 evening sessions on topics such as drugs and their effects, law, HIV and AIDS, safer injecting and safer sex, first aid, welfare rights, treatment options, outreach methods, motivational interviewing, and confidentiality. Police ran the drugs and the law sessions, the first time some of the drug users had been on 'human' terms with the law and for many an eye-opener showing police were concerned with drug users' welfare as well as with their lawbreaking.

When it came to what outreach activities each volunteer should undertake, we decided the volunteers themselves were best placed to decide what would be effective. This approach also enabled individuals to take on only those responsibilities with which they felt comfortable. Initially volunteers sought more guidance than we were prepared to give, but after several frustrating meetings individual members of the group gradually identified how they could contribute to the outreach service.

Drug using volunteers have incorporated their outreach work into their daily lives by promoting safer practices among their peers and have established an informal syringe exchange service, distributing equipment from their homes or delivering it to friends and acquaintances who do not use fixed-site services. Former users and non-users help staff the fixed-site syringe exchanges.

The volunteers have also adopted a variety of other roles in the outreach service. For example, they help make up packs for the pharmacy-based scheme and empty the needle dump installed in a local public toilet, investigate reports of used syringes found in public places, and represent the outreach service at meetings and conferences.

Difficulties there have been, but the fact is that the drop-out rate has been highest among the non-drug users in the scheme.

The drug users stayed on because their outreach efforts were rewarded relatively quickly and with a significant number of effective interventions. Already they were part of the close-knit local drug using community and could readily make contacts and be accepted as a credible, non-threatening source of information. The non-drug users, on the other hand, faced many unrewarding hours attempting to make contacts and even then would probably lag behind the contact rates achieved by drug users.

by

Keith Bolton & Annette Walling

The first author is the Drugs Outreach Development Worker at the Community Drugs Team in Colchester; the second is the Research Fellow at the Policy Studies Institute in London who evaluated the scheme described in the article.

For more information or a copy of the research report phone Keith Bolton on 0206 48481.

Street-corner style outreach was inappropriate in a rural area where drug dealing and drug use take place behind closed doors in flats and houses. In response a team of volunteer outreach workers was recruited and trained, many themselves current and former drug users. Drug using volunteers incorporated outreach into their daily lives and conventional supervision proved impossible. However, research showed that the outreach service was well known and valued by injectors and had a positive influence on risk behaviour.

A researcher appointed to evaluate the volunteer scheme identified a number of limitations, not least of which was the problem of 'accountability'. Monitoring the performance of the current drug using volunteers by conventional means proved impossible. Almost by definition these are people wary of authority and unwilling to accept bureaucratic procedures. It is this attitude that puts them on the same wavelength as their fellow drug users not in touch with services and makes them such valuable outreach potential. This potential would be lost if we insisted on their filling in contact forms or attending regular supervision sessions.

Positive outcome

The research did, however, provide evidence that the outreach service is well known and valued by injectors and is having a positive influence on risk-behaviour, even among injectors not in contact with the service.

Surveys of injectors in Colchester, where the volunteers had been operating for 18 months, and in Clacton during the first six months of the scheme, found that most of the respondents (46 out of 66) had heard of the volunteer outreach service and that over half (34) were in regular contact with a volunteer. Most of these (23 out of 34) were not in contact with other drug services.

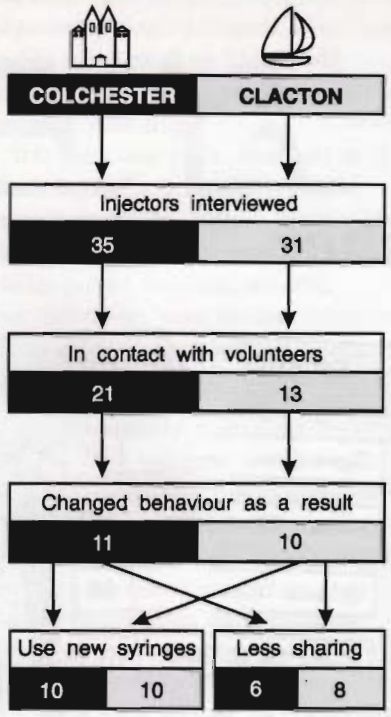
All respondents who had met outreach volunteers had obtained sterile injecting equipment from them; most had also received information on HIV and AIDS, safer injecting and on local drug services.

Two-thirds of those who were in contact with volunteers said that as a result they had changed their injecting behaviour. Of these, two-thirds said the volunteers had improved their access to sterile syringes and that they were therefore less likely to reuse or share syringes and needles.

A follow-up survey of injectors in Clacton six months after the initial survey found encouraging evidence of a reduction in sharing. Twenty-three of the initial sample of 31 were re-interviewed: 17 were still injecting. At the second survey just one person had borrowed injecting equipment in the past three months compared to four who had borrowed and six who had lent in the initial survey. Respondents said this was because the informal syringe exchange network established by the volunteers had improved access to sterile syringes,

1. Bolton K. and Selleck S. "Out on your own: making solo outreach work." *Druglink*: 6(4), p.9-10.

Research findings



particularly out of hours when pharmacies were closed.

Our aim was not just to change the behaviour of direct contacts, but also to shift drug use culture towards safer use. The local nature of trendsetting in drug use makes it important to work with key opinion leaders on the local scene who could influence drug use norms towards more informed and healthier practices.

Drug users stayed on because they were rewarded quickly with effective interventions

An example of this happening is the dramatic shift seen from frequent admissions of recent sharing to a situation where any talk of having shared is strongly disapproved of.

Challenges and benefits

The research suggested there are not only fewer admissions of sharing, but also a decrease in sharing behaviour. It also suggested that drug users are very well informed about HIV transmission routes and that if they share, it is in spite of this knowledge. This finding strengthened the belief that information-giving without peer pressure is not an effective intervention.

Using drug using volunteers for outreach has some clear advantages but also poses some challenges for drug service managers. Among these challenges are:

Lack of accountability It has been impossible to maintain any system for recording volunteer activities. Volunteers do not want to keep records or report to someone on what they do. We came to realise that the attempt to install monitoring procedures was mainly to safeguard the paid workers, not to help the volunteers. Volunteers who were being most successful in drugs outreach were the ones most opposed to monitoring.

Strong personalities Anyone in drugs work will know that the drug scene contains strong personalities; much debate and confrontation can be expected in a group which includes current and ex-users.

Safer sex Our research showed little change in the sexual practices of the research group; in common with many agency workers, volunteers find safer sex difficult to raise with contacts. Many volunteers are comfortable with and effectively implement a role model approach with respect to safer injecting but it is not so easy to role-model condom use.

Among the benefits of accepting these challenges are:

More workers More outreach workers available in a greater variety of settings.

Peer pressure Outreach workers can build on existing relationships to shape the behaviour of others.

Availability Volunteers are more likely to be around at unsocial hours, including 2.00am in the morning.

Help when help is most needed For example, advice given at the time when someone is struggling to get a vein is often more effective than advice given the next day at the clinic.

Continuity If a worker leaves a more traditional outreach scheme, the successor has to start establishing relationships afresh; the volunteer scheme provides greater continuity of service provision.

One of the most interesting aspects of the scheme has been the ease with which the volunteers, particularly current drug users, have incorporated their role as outreach workers into their daily lives. A fear was that the volunteers would be adversely affected by their new roles, perhaps increasing their own drug use, but on the whole they have found it to be a positive experience, affording them increased self-esteem and enhanced social standing. ■