

WHAT WE NEED IS AN AIDS LEAFLET!

Customers at Britain's drug service are being showered with the printed word on the virus. Does the quality match the volume?

Paul Atkins

JUDGING BY THE number of HIV/AIDS leaflets aimed at drug users, 'We need an AIDS leaflet' must have echoed round most drug projects in Britain over the last two years. As a result the drugs field is awash with information, the quality of which varies greatly.

The aim of this article is to help save some of the time, energy and money being wasted on ineffective and badly produced leaflets by learning from what's *already* been done.

A request for *Druglink* to be sent AIDS materials aimed at drug users netted over 120 leaflets, booklets and posters. These I took to the design and publicity firm Sutton-Cooper and to some drug service customers for their comments. Pointers from what they said are listed below.

But before dipping into these with a view to producing your own leaflet, first think — is this really the best way to achieve my objectives?

Why produce a leaflet?

A leaflet is usually the first option to be considered in the belief that, because many agencies produce them, the process must be easy. Think again. *Effective* leaflets are not easy to put together.

Drug workers often assume that leaflets are useful. Certainly it makes us feel better if we can physically give something to someone who wants help. But how do the customers feel about them? How many are picked up unprompted from your service? If the answer is 'a lot', well done. But if not, why put out another one? Is it something about the leaflet itself or about where and how it is available that deters use?

A leaflet is a single sheet of paper, usually folded into 4-6 pages. Such a short document is not, of course, going to tell its readers everything they ever wanted to know about a subject. All it can do is to introduce the topic.

This means it has to be well planned, concise and easy to understand. Conveying a lot of complex information on a variety of topics such as safer sex, healthy living, safer injecting, signs and symptoms of AIDS, plus including graphics on cleaning injecting equipment and putting on

condoms, is well beyond the scope of one leaflet and should be avoided.

Look at the information you are trying to convey. If it is either complex or very straightforward, methods other than a leaflet should be considered. Have you thought of producing a poster or a booklet, or holding a meeting with the people you are trying to inform?

Booklets are a step up from leaflets, being bound publications with anything from 8 pages upwards. They can convey more information, but are less likely to be picked up and read. Leaflets are brief so tend to adopt a 'headlines' style with bold, clear statements or questions, and small, easily digested pieces of information. Continued over the several pages of a booklet, this becomes very difficult to read.

If you want to make an announcement, a small handbill given to each person attending your service might be more effective than an HIV poster or a pick-up leaflet. Some projects are wall to wall with leaflets, with no apparent priority. From my own observation, I would suggest people might scan a wall of posters and leaflets if bored, but will not absorb the information.

In Lincolnshire drug workers are running quizzes in youth clubs as a means of conveying information and getting young people to think about drug use. Drug workers in Leicestershire have produced a 60-second cinema advert, while elsewhere in Trent Regional Health Authority drug education plays are touring most schools (details in *Druglink* July/August 1989).

Be aware also of the educational opportunities in the production process itself. When the Kaleidoscope Youth and Community Project in Kingston in Surrey decided to produce a poster and leaflet, they asked the project's users to do the writing and design. The result was that they had to collect and assimilate a wide range of information about HIV, safer injecting and safe sex practices in order to decide what to incorporate in their publication.

Such initiatives are effective with small groups of people already attending a project, but are obviously unworkable with a hidden client group whose immediate need may be for basic, clear information.

But before rushing to satisfy this need with your own production, think whether you could save wear and tear — and money — by going for one off the shelf. Nearly all health and local

authorities and voluntary drug organisations have produced written materials on HIV or AIDS. Check what is available locally or from national organisations (see panel on page 12). Leaflets from national organisations sometimes have general information with blank spaces for local information, helping to make them relevant to your own service or clients at greatly reduced costs.

You've decided on a leaflet

You've explored the alternatives, decided off-the-shelf leaflets won't do the job, and are ready to create your own. Here's some hints about what to do, and what not to do. Some are obvious — but it's surprising how often the obvious gets overlooked in the creative rush.

◆ **Decide on your target audience.** It's unclear whether some of the leaflets we've seen were targeted at drug workers or at drug users, with the result that they are not useful for either.

Drug workers are becoming more familiar with and comfortable about discussing sexual behaviour in an explicit manner. However, someone not long out of the confusion of adolescence, with little or no sexual experience, may find it difficult to assimilate vital information if presented in too confrontative a style.

Material aimed at people in their thirties is unlikely to be appropriate for younger adults. The leaflet's authors may be health professionals used to talking about private matters such as sexual attitudes and activities, but its younger readers may not be. You will need to talk in their language and at their level of understanding.

The adult drug users we spoke to felt that materials aimed at them which used explicit language were extremely patronising, as did the young people who were consulted by Sheffield Aidsline while compiling their leaflet. The evaluation of Lifeline's *Smack in the Eye* comic also uncovered mixed opinions on the explicit cartoons and language, though on the whole it was well received by drug users.

However, in other areas of the country there may be profound ignorance of the possible range of sexual behaviours and the language which describes them.

All of which makes it important to...

◆ **Talk to some of the target audience and ask them what they want to know.** Note down the words they use, and use these in the leaflet. This will help them understand what you say.

The author is the HIV Information Officer at the Standing Conference on Drug Abuse (SCODA). He can be contacted on 01-831 3595.

NURSES

Nurses caring for AIDS patients should be fully informed of any risks and the appropriate precautions to be taken. Basic health and safety precautions should be taken when dealing with blood and body fluids from all patients. See 'general precautions for health care staff'.

It is not generally necessary to adopt isolation measures for patients infected with HIV. However, nurses who are required to take specimens from infected patients should follow the safety precautions listed under 'taking blood samples and other specimens'. Gloves, gowns or aprons and eye protection should be provided for these procedures. Patients with AIDS or who are HIV antibody positive need skilful and sympathetic nursing.

Clinical waste must be properly bagged and disposed of. Contaminated needles and other 'sharps' are especially dangerous. Always dispose of sharps into sharps containers that are puncture-proof and correctly marked. (For further details see 'The safe disposal of clinical waste' Published by HSC, available from HMSO, price £1.50).



Patients with AIDS are at risk from infections which healthy people can easily resist. Normal hospital infection control measures should be rigorously followed for the sake of the AIDS patient.

This 12-panel concertina leaflet from NUPE includes information of specific interest to its particular readership among health service workers. Small chunks of information are presented in a measured, factual writing style, within a simple but effective design.

Contrast NUPE's clarity with these panels from a leaflet produced by a national AIDS organisation, over-designed to the point of impeding the understanding of its message.

FUCKING is risky because virus can pass either way through tiny tears in skin or body tissue. Cumming makes it even riskier; so might pre-cum.

Really want to fuck? Use condoms (Rubbers) they aren't 100% safe - they can tear or slip off - but they're safer than without. Use plenty of water-based lube like KY.

They might take a bit of getting used to - try wanking with them seems daft, but it helps - and try putting it on him you'll get the hang of it quite quickly!

NO-NO's: Vaseline or oils - they melt the rubber.

- * It's far more likely to rip without lubricant or if you use spit.
- * Don't re-use, get another.

Massage, licking, stroking and loads of other games can be exciting and sexy everyone's turned on by different things talking fantasies can really get people hot.

Find out more!

Sheffield's AIDS Education Project has successfully produced a leaflet which, though heavily designed, is designed in a way that promotes rather than impedes its message. The aim is to appeal to those in the pubbing/clubbing set who the project see as being at increased risk of HIV.

This simple A4 leaflet from Bolton's syringe exchange scheme devotes two panels to giving potential customers a clear idea of the service on offer and what to expect when they walk in the door, helping to resolve doubts and suspicions about how they will be treated.

INFORMATION FOR DRUG USERS

The Needle Exchange Scheme in Bolton is a *FREE* scheme which can be used by people who inject heroin, amphetamines or any other substance and who live in the Bolton area.

The scheme has been set up because sharing works, or using dirty equipment of any kind can lead to A.I.D.S. The best idea is *NOT* to inject at all, but for those who continue to inject and who want clean works, this is:-

WHAT TO DO

1. Call into the Needle Exchange Scheme, 1st Floor, 27 Mawdsley Street, and tell the worker you want to register with the scheme.
2. Ask if you can have a needle exchange pack.
3. The first time you go there, you will be given a numbered user card, which you must show every time you come back. (It would be useful if you could write down or memorise the number, in case you lose the card).
4. Three packs are available
 - 1 ml. combined needle/syringe,
 - 1 ml. syringe with separate needle,
 - 2 ml. syringe with separate needle.
 Please say which pack you want.

TAKING CONTROL DRUGS and ALCOHOL

- ★ THINK ABOUT SEX. TALK ABOUT IT WITH YOUR PARTNER OR WITH YOUR CLOSE FRIENDS.
- ★ YOU HAVE THE RIGHT TO ASK FOR WHAT YOU WANT.
- ★ YOU HAVE THE RIGHT TO SAY 'NO!'.
- ★ MUTUAL MASTURBATION CAN BE GREAT SEX. YOU DON'T HAVE TO BE PENETRATED OR PENETRATE TO HAVE A GOOD TIME.
- ★ IF YOU ARE INJECTING SPEED, HEROIN OR ANYTHING ELSE, AND SHARING WORKS, YOU ARE AT RISK.
- ★ USE YOUR OWN NEEDLE AND SYRINGE.
- ★ NEEDLES AND SYRINGES CAN BE OBTAINED FREE OF CHARGE IN SHEFFIELD - FOR FURTHER INFORMATION CONTACT DRUG ADVICE LINE - 580033.
- ★ ALCOHOL - IF YOU GET SMASHED AND PICK SOMEONE UP, YOU MAY FORGET ABOUT H.I.V. / A.I.D.S.

ION! HAVE YOU TRIED...
G, TOUCHING,
TION... RECENTLY?!

You might decide to consult them individually or as a group. Try using other leaflets as a basis for discussion, or copy the Kaleidoscope approach of getting clients to create their own.

◆ **Beware of finger-wagging.** Many current materials are essays on doom. Inevitably you will be telling people what they should avoid doing in order to remain healthy — but including some of the things they *could* do safely would create a better balance.

One drug user felt that the usual 'Don't Inject Drugs' opening shot in leaflets may be useful for people moving towards abstinence, but would be a turn-off for users who had no intention of stopping, and could prevent them reading any further.

◆ **Keep it short and compact.** Often leaflets are too long. Large slabs of type can be daunting. Pictures can help explain your text, but beware of trivialising your message with childish cartoons. (Adult cartoons, in contrast, can often work well.)

If leaflets are to be posted, aim for a size that fits your envelopes, eg, A4 folded into three. A standard size such as A4 also wastes little paper, so is cheaper than more exotic dimensions.

Choose pocket-size leaflets if the main means of distribution is to be customers picking them off your shelves. Enabling customers to carry your leaflet away unobtrusively in their pockets may be important if you wish people to pick it up to read later in private — otherwise copies will remain on your counter or rack.

◆ **Steal any good ideas.** Look around at as much current literature as possible and adopt anything you think will work in your area with your clients.

Remember that design by drug workers is rarely effective. You will need advice and help with design and artwork. Try your local printer, advertising agency, graphic designer, or art college. You may well find them extremely helpful. I am regularly contacted by art college students: they appear to have commitment and interest and you may be able to enlist their skills free as part of their coursework. (See panel for some hints if you do design your own.)

◆ **Be aware the information will date.** Information about AIDS is still changing rapidly, so put a publication date on the leaflet. Partly for this reason, and also because no leaflet can cover all worries or questions, a telephone contact number is useful. Remember that a personal follow-up number will be more likely to be used and to be useful than a 'further information' reading list. ■

Some views from the users

"What is the point of educating junkies when workers are ignorant, the doctors won't prescribe needles, and the chemists won't do exchanges?"

"Junkies often want help but the leaflets don't tell them the sort of help they can expect from a project — all they ever say is 'don't do this' and 'don't do that'. What we want to know is what we can expect when we walk through the door."

"Before you take notice of any health messages you need to have confidence in the person you're talking to: these leaflets do not create confidence."

Checklist: some of the questions you need to answer before you go into print

1. Why a leaflet?
2. Is a leaflet the most creative and effective use of your time and resources - how are you going to check this?
3. What other options have you considered?

<input type="checkbox"/> booklet	<input type="checkbox"/> poster
<input type="checkbox"/> local radio commercial	<input type="checkbox"/> group discussion
<input type="checkbox"/> quizzes	<input type="checkbox"/> individual discussion
<input type="checkbox"/> local newspaper feature	<input type="checkbox"/> plays
<input type="checkbox"/> local cinema adverts	<input type="checkbox"/> books
<input type="checkbox"/> inserts in local free magazines and papers	<input type="checkbox"/> other
4. Does a leaflet already exist on this topic?
5. Who is your target audience?

<input type="checkbox"/> drug workers	<input type="checkbox"/> drug users
<input type="checkbox"/> parents	<input type="checkbox"/> schoolchildren
<input type="checkbox"/> teachers	<input type="checkbox"/> health professionals
<input type="checkbox"/> general public	<input type="checkbox"/> gay men
<input type="checkbox"/> bodybuilders	<input type="checkbox"/> other
6. Who have you left out of your audience, and why?
7. What are the characteristics of your target audience?

<input type="checkbox"/> gender	<input type="checkbox"/> race
<input type="checkbox"/> age	<input type="checkbox"/> educational level
	<input type="checkbox"/> other relevant factors
8. What is the aim of your leaflet? And how are you going to check its success?
9. Is the language you are using acceptable and appropriate for your target audience?
10. Have you had the material checked for accuracy by an appropriate person, eg, doctor, solicitor?
11. Have you had the material checked to ensure you are covered legally? (If, for example, you have produced safer injecting guidelines without cover from a doctor or health authority, you may be held liable for any mishaps that occur as a result of your advice.)
12. Will your audience want to pick up your leaflet and read it?

Why re-invent the wheel...

... when you might be able to use or adapt other people's productions.

Always try your local services first — national leaflets are often available free of charge but leaflets from your area are more likely to be locally relevant.

So try your local:
 — hospital genito-urinary clinic;
 — drug dependence unit;
 — local authority environmental health department;

— drug services;
 — health promotion units.

Nationally these organisations either produce AIDS leaflets or can point you in the right direction:
 — SCODA, 01-831 3595;
 — Terrence Higgins Trust, 01-831 0330;
 — Health Education Authority, 01-631 0930.

Do-it-yourself design tips

Your first hurdle with any leaflet is getting people to pick it up. You have to make it appealing and seem worth reading — even exciting. You could use visuals — remember that black and white pictures are no more expensive to produce than text. Also remember that photographs of sexual acts are illegal.

Choice of typeface is important — not only the size but also the style. Beware of those that infantilise. Aim for clarity. Use complimentary typefaces, and no more than two or three at most. Be consistent throughout the leaflet in your use and style of headings and sub-headings. If in doubt, ask the typesetter or printer.

Health workers may be used to reading documents, but that is not common to everyone, so avoid a lot of dense text and be aware that in normal type sizes columns of text are easier to read than long lines that stretch across an A4 page.

Beware of over-design. Some of the

leaflets we received were masterpieces of modern graphics deploying every design style known to humanity — the cacophony of colours and styles made for very difficult and confusing reading.

Use colours carefully and with restraint — more does not necessarily mean better. If short of money, remember that typographical variations such as bold type or white type on a black background (again, used with discretion) can be like using another colour.

Don't feel you have to fill every available space — such a leaflet is like a very heavy meal.

Get the leaflet read by someone who doesn't know anything about your work and ask them whether it makes sense or whether any necessary explanations have been left out. And don't leave out the name and address of the publisher (your agency) — readers like to know the source of the information they're reading.