

# mosaic

an alternative resource  
for working with young people around drug use



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*Dear Reader,*

*Both of us are closely linked to social networks in which drug use plays a large part. Drugs are something many people enjoy and will continue to use, but we have also had to deal with the devastating effects that they can have on people's lives.*

*We wanted to find ways of addressing some of the problems without denying valid parts of our own culture. We thought there might be ways to create thinking around drug use which was less pathologising and more honouring of young people's experience and choices.*

*In this project we've tried to have a finger in both pies, to help create a working link between services and young users. The process of research has been both fascinating and informative. In Adelaide and in Sydney we visited youth services, health services, psychiatric institutions, drop in centres, needle-exchanges and the police. We spoke with other young people, and did a lot of background reading. We also attended the 1<sup>st</sup> International Conference on Young People and Drugs which was held in Melbourne.*

*What we learned has changed our own thinking and attitudes quite considerably. This work has given us the framework to challenge dominant ideas around drug use both in our own minds and in conversation with others.*

*We hope this resource will bring you as much insight as working on it has brought to us.*

*Penin & Paul*

**PS:** Within this resource we are talking about a broad range of drugs, primarily the illegal ones - heroin, amphetamines, hallucinogens, designer drugs (crystal meth, ecstasy, GBH, fantasy, PMA, 'special k' ...) and anything else we might have forgotten. Many of the issues around using these different drugs are similar.

**PPS:** In putting together this resource, we've worked in a sense very much inside our own networks and within our own comfort zone. We didn't do any research into drug use in specific cultural communities, so mainly we've talked about drugs used by people like the people we know. We haven't branched outside of this.

# BACKGROUND

'What has moved me to be involved in this project is a history of loss. I've lost so many people in different ways and I know that it is going to keep happening. There is a real grief and sometimes I feel I just can't take any more of it. I've lost friends through having them die, and I've lost friends to distance, they move beyond my reach into the drug culture, drug lifestyle. I don't have a commitment to stop people using drugs, I have a commitment to stopping people from losing each other over drug use. I have a commitment to not lose people to distance, to isolation because I have lost so many connections - often temporarily, sometimes permanently. And it doesn't need to be happening. There needs to be intervention. Something needs to be different because nothing that has been done so far seems to be working. Maybe nothing is going to work in a hurry but I'd like to give it a go. I'd like to stop losing people. It has to stop. There has to be no more loss.'

'My sister Sally died of a heroin overdose when she was 23. I could not think of a better way to do work that Sally would want to be done than this project - work that she would have said would have helped her in her struggles with drugs and isolation and self abuse. I'm sure that she would be excited by the prospect of this work helping people like her.

And for me, being somewhat involved in the work means following the notion of working for Sally and doing what I can do in providing the possibility that such pain, loss, sadness and destruction is just a little less likely to occur for young people and their friends and family around drugs. It provides some healing around my experiences with Sally and her death. If others can get some benefit from this project, then her death will be less of an empty waste.

My connection with this work also comes from stories I have heard of other overdoses, of old friends or people I have worked with, or friends of friends and the rawness that is left each time for those close to the person when lives are expired so violently to drugs. It comes from stories that Penni told me in London. It comes from seeing the destruction that drugs can cause in people's lives. I hope this provides a glimpse of some of the reasons that this work is important to me.'



'It brings me a real sense of hopefulness to think of us coming together to try to find other ways of talking about these issues. At times in my life, especially when someone I knew died from a heroin overdose, there was a feeling of 'we never found out what we could do'. But what I realise now is that people keep looking for what they can do, they keep hoping for new possibilities. Now, many years after her death this opportunity has come and with it a sense of hope.'

'I have a commitment to the people I know - my friends, my community. I don't know where this has come from it's just sort of emerged out of my experiences of being a part of using drugs. As a user I never looked for services, but if I wanted to, it would have been great if there had been something there to find. Somewhere where people would know what you were going through, where you could just talk. Somewhere that wasn't intimidating. It's meant a lot to some of my friends that I have got involved in this project. I have a commitment to this project for my friends.'

'Shane was the first and John the latest young man that I have personally known whose lives have ended through an overdose of drugs. In the intervening years I have known too many other young people who have also died this way and who have left behind a legacy of insight and experience about drug use and life. In spite of the hard work and the indignity that sometimes comes with using substances that are illegal, they carried hopefulness with them, continually trying to find ways to remain connected with love and pride to those they were close to. Shane and John would both have appreciated this project.'

# Politics of Drug Use

In the broader culture, drug use is seen in many ways. It is seen as a medical issue, a psychological issue, an issue of criminality, a social issue. What is missing here is that drug use is primarily and embarrassingly a political issue.

Which drugs are legal and which drugs are illegal, which drugs are considered to be fine and which ones are considered to be only used if you're really screwed up, is completely political. Locating the issue of drugs in the realm of politics is important. So many of the health consequences and the more problematic parts of drug culture are made drastically worse by the illegality of certain drugs and the sanctioning of others.

What difference would it make if everyone who drank alcohol or smoked cigarettes could have a glimpse of the fear or the complications that would come if their drug of choice was illegal? What would it really mean if when they used their drug of choice they could be arrested, or locked up, or face exclusion from the community? We'd like to invite people into a consideration of this.

*The first penalty for smoking in Turkey was to have the smoker parade through the streets with a pipe stem stuck through the nose. Later this penalty was increased to death. Despite the harshness of these penalties, smoking continued. Many people were executed until 1648, when a Sultan came to the throne who was himself a smoker. Turkey then changed to a country that profited through the trade of tobacco, spreading the drug throughout the Ottoman empire.*

*Tobacco use was introduced to Russia in the early seventeenth century. The period was a watershed in Russian history. Outside influences were becoming stronger and stronger, but were met with opposition from conservative forces inside the country. Chief among these were the clergy. The conservatives saw tobacco as one more aspect of Western influence, and through their actions incited prohibition in 1634. The initial penalty was whipping or torture, usually in public, repeat offenders being exiled to Siberia. When these measures were found to be unsuccessful, the death penalty was imposed. Use continued despite the harshness of these penalties. (White, J. 1991, p.33)*

*Most of the people I know who use speed don't drink - they don't like alcohol. They don't like the way it makes them feel, they don't like feeling out of control, they don't like having a hangover the next day. Speed is their drug of choice. It would be nice if their choice could be just as respected as those people who drink alcohol but don't take speed.*

How can we encourage people to respect other people's choices about which drugs they wish to use?

*The concept that injection habits are particularly injurious derives from an irrational fear of needles - "injections poison the blood stream" - as though the blood stream were any less poisoned by substances absorbed from the stomach, the lungs or the mucous membrane. (The British Journal Of Addiction, 53(2):188)*

*Well over ninety-five per cent of drug-related deaths in Australia can be directly attributed to the use of legal drugs such as alcohol and tobacco. (Manderson, D. 1993; p.11)*

# CULTURAL HISTORIES of DRUG USE

by Loretta Perry

*Cigarette consumption in China: 1950s, 100 billion; 1980, 500 billion; Now 1,800 billion. Tobacco-related deaths, 1990: 600,000; 12% of male deaths; 3% of female deaths. Expected deaths per year: 800,000 in 2000; 1 million in 2010; 2 million in 2025; 3 million in 2050. (Boseley, S. 1998 p.8)*

So, some drugs are sanctioned, advertised and glorified while on others they declare war. What are the implications of declaring war on drugs - which in reality means declaring war on the people who use those drugs? How did the drug laws convince us they were for our own good? How is declaring war on young users going to help them? How is a criminal record going to help them? How can workers ensure that the politics of drug use are not obscured in their conversations with young people around drugs?

*Drug use, particularly the use of drugs now deemed to be illegal in western civilisation, is deeply entrenched in ancient religions and cultures. As a Native North American woman, I am conscious of the ways in which Medicine men / shamans / healers have traditionally used peyote (which is the source of mescaline known to us in its synthesised form as LSD), and other substances, in their ceremonies. Shamanistic practices invite the development of the non-technological capacities of the human mind for health and healing and reflect the importance of the interconnections between the human and non-human nature and the spirit world. The use of drugs enhances such a communion and connection between, and to these different worlds. One of the interesting aspects of shamanism is that, when a drug is used, the healer rather than the patient ingests it, although there are exceptions to this. In some indigenous cultures, new born children would have been given a mild hallucinogen, while older children were given stronger variations of the drug so that they could 'see' and hopefully acquire an arutam wakanl or guardian spirit - the source of one's power. What difference would it make to honour cultural histories and rituals associated with drug use?*

## References

- Boseley, S. 1998: 'Selling death to the Chinese.' In *Guardian Weekly*, Nov 29, p.8.  
Manderson, D. 1993: *From Mr Sin to Mr Big: A history of Australian drug laws*. Melbourne: Oxford University Press.  
White, J.M. 1991: *Drug Dependence*. Prentice Hall, Englewood Cliffs, New Jersey 07632.

# DECONSTRUCTING DOMINANT IDEAS ABOUT DRUG USE

Our responses to people who are using drugs are influenced by the dominant ideas about drug use in the broader culture. No matter how comfortable we are about drug use, even if we see it all the time, we exist in a society in which the use of certain drugs is looked upon negatively and to some extent our responses will be influenced by these dominant understandings. Drug use is a loaded topic - no matter how groovy we think we are.

In this section we have tried to demystify some of the common understandings about people who use drugs, and drug use itself. We hope that these explorations will assist people to be thoughtful about how they respond to their own and/or other people's drug use.

How can we have an awareness of what beliefs and attitudes inform our ideas about drug use?

Where have these beliefs, attitudes come from?

How do they influence our responses to people who use drugs?

What are the effects of our responses?

How can we notice what is a helpful effect and what isn't?

These questions have guided us in the following explorations.

## Deflating the tiresome idea of peer pressure

In discussions about young people who use drugs the idea of peer pressure often seems to dominate. What does it mean that the term peer pressure is used to answer the question, 'why do young people use drugs?' We think the term peer pressure is disqualifying of young people's culture and young people's community. It implies that young people aren't able to make their own decisions and that young people's friends are bad for them. This can break down a sense of community and can contribute to isolation. How has peer pressure come to be such a commonly used term? What does it mean that it is so widely used?

When young people are asked why they use drugs they are not likely to say 'because I am a victim of peer pressure'. Even if being connected to a friendship group is part of the reason why they choose to take drugs, it is difficult but important to remember that drug use by young people is an informed decision made by weighing priorities, thinking things through and deciding upon a particular path.

It is true that if people are hanging out in a culture in which drug use is a big part then it may be more likely that they'll use. When drugs are around and available people will be more likely to be thinking about them. The choice is offered. But there is a distinct difference between a group providing exposure to a substance and actually pressuring people into

using it. Rarely is there direct pressure. Using drugs is a decision made by the young person. It is not forced upon them. Other people may not agree with the decision, or may not have made the same choices, but to deny that it is a decision is condescending. It also obscures the reality that young people who don't have much exposure to drugs, but want to find them, will seek them out.

Peer pressure is an appalling term. Rather than telling young people that their friends aren't very good for them, there are other ways of understanding drug use. If workers resisted blaming other young people for drug use and instead began to look at the broader historical and political context of the use of drugs, what difference would this make?

## Getting away from the idea of getting away

'You've got to get away from your using friends' is a common thing for workers to say to someone who is wanting to use less. But if someone has been using a long time then these people may be their only friends. Sometimes it seems that everyone you know is using. We wonder how young people are supposed to deal with getting off heroin if one of the steps is to get rid of their entire support network.

Sometimes a change of context may be needed, but if friends who are using are the only supportive network someone has, then to cut off from them may be





counter-productive? Having friends through difficult times is important. What does it mean to deliberately break up the community and support network of people who are trying to stop using drugs? In some circumstances it might be important to ask, are there ways that young people can hang out with their friends and not get caught up in their using? How might it be possible for young people to hang on to the supportive things about their network? Would it be possible for friends to be more discreet about their using? These are questions that could be asked. Sometimes young people may need to move away from the people they know, but this needs to be their own decision. Workers need to take care not to impose their ideas in this area.

If workers push young people to 'get away' from their networks, they deny themselves access to the networks of information that young people depend upon. These networks, if used well, can be a resource. We need to find ways of using these networks rather than discarding them. Who would know what someone is struggling with better than their network who is also using? Who else would truly understand their experience?

### Young people as victims

The idea that young people are victims of the drug culture, or victims of terrible drug pusher characters is also unhelpful. It makes people think that 'nothing awful will happen to me unless I have the wrong kind of friends who don't have my best interests at heart' or 'unless I meet this very easily identifiable shady person wearing a dodgy smelly trenchcoat, with used needles falling out of their pockets, drugs hidden in their

lapel with dirty dreadlocks!' The logical conclusion of the myth around young people as victim is that unless you come in contact with a victimiser then you're not at risk and everything will be all right. We are told to look out for this situation or that situation but that is not how it happens. Drug use isn't something that is inflicted upon you.

### Beyond simple understandings of group identity

There seems to be this idea that if young people have a group identity then they can't think separately, that they 'think in packs'. This is unhelpful for two reasons. If people identify as being part of a supportive and special group then that's a special thing, worth celebrating rather than problematising. Also, it would be much more helpful if workers could understand young people as individuals who are a part of a group rather than seeing them as either isolated individuals or part of a pack identity.

### Hitting rock bottom

There seems to be a belief that 'you can't do anything' about people who are using drugs until they hit 'rock bottom'. There's a myth that cutting back doesn't work, that once you're a user you have to stop using completely in order to have any control over your life. These kind of ideas often become self-fulfilling and are very discouraging of people who have cut back and are happy with how they are using. Accepting people's individual truths about drug use is important. This either / or idea - you are either a user or you are not, you either take drugs or you don't; you're either screwed up or you're not, you're either one of us

or you're one of them - is not helpful. How can we get away from this polarised view?

### Distancing from people who are using

In trying to find ways to reduce the sense of isolation that happens around drug use we've had a few questions to think through. What is it that separates people who are using drugs from their friends? Why is it that the distance happens? Because of the morality that surrounds drug use, there can be almost a sense of obligation to distance yourself from someone

*What does it mean to deliberately break up the community and support network of people who are trying to stop using drugs?*

who is using drugs. The logic goes something like: "I really like them but they are using drugs and I want nothing to do with that scene". It's seen as if to associate with someone who is using drugs is to 'condone' their using. If you don't say 'I won't talk to you until you stop' then somehow you're complicit in their drug use. It's as if you could catch something by association or as if by hanging out with them you are going to make it worse. This is pretty bizarre. It's not as if staying away from someone is going to make them stop using but there seems to be an idea about loyalty to the 'real' person - the person who wasn't using drugs. To have that loyalty demands not associating with them now they are using. It's as if shunning the person is an act of love.

How can we acknowledge that watching someone you care about start changing can be incredibly painful? How can we separate responses that come from a moral viewpoint from those that come from a different place - of 'I just can't stand it any more, I can't watch this any more?'

### Erosion of trust

Young people are told not to trust their using friends; not to invite them over or they will steal everything. They are taught not to trust the information that they give each other: *Young people are not invited to inform each other, in fact we are actively encouraged not to trust the knowledge we have acquired for ourselves. We are told that our information is likely to be inaccurate and we should ask someone who knows what they are talking about - someone professional.* We wonder how conversations could be created that would help young people to protect

trust between them? A young person's using network, which is really the family they have chosen, is realistically more likely to be helpful than a worker who has never used and hasn't educated themselves about the realities of young people's lives.

*Even though we are told not to trust each other's information, it is our primary source of knowledge - especially around issues of drug use. People know how to seek out information from their friends.*

### Strip down identity and rebuild it

It's commonly believed that in order for someone to give up using drugs they need to strip down the entire identity that they had as a user and create a new person. But this whole idea of stripping down doesn't honour history. There's no honouring of the richness of experience that people have gathered over the time of their using. History is seen only as damage and as the cause of what has gone wrong - it's because they had a miserable childhood etc. There's a feeling that history must be erased. This is incredibly sad because within those histories are all the amazing skills that people have acquired over years. These are the skills and experiences that will assist the person to take control of their using. If they want to stop using then there will be aspects of their history which will have helped them to get to that point. Reclaiming history also involves challenging the metaphor of 'wasted years' which is often used in relation to drug use. Instead of describing years as wasted it might be much more constructive to explore that time for skills and knowledges that might be useful in the present.

### Other dominant views of people who use illicit drugs include:

- › 'The addictive personality' ~ that drug users are weak people who have no self-esteem and live their lives from one dependency to another. They are liable at any time to be overcome by an addiction.
- › That drug addiction is cyclical, that it runs in families. If there is a history of addiction in your family this will determine what happens in your life.
- › 'Once a junkie always a junkie'. This is the view that understands drug use as 'a fait accompli', that drug users are always going to lapse back into drug use at the slightest sign of stress.
- › The view that people who have been using are 'emotionally arrested', that they've been 'on hold' over the time of their using.
- › That there is something very wrong with drug users - they've had trauma, they are sick, they are damaged goods, diseased and contagious, somehow physically and emotionally damaged for life.
- › That drug users are making no contribution to the world, that there is no use for them, they are use-less, that perhaps it would be better if they didn't exist.

These are all views that people who use drugs have to resist taking on about themselves. They are views that they encounter everyday, whether in conversations or in the media. Not surprisingly, this can sometimes make people feel bad about themselves. What might workers do to counteract these messages and assist young people to connect with what is good about themselves, their own knowledges and skills?



# ALTERNATIVE STORIES ABOUT YOUNG PEOPLE AND DRUGS

## Choice

It would be good if it could be acknowledged that young people make choices about drug use based on what they know. They are informed choices. Young people are generally aware of the effects of the choices they have made. It is important that workers are open to acknowledging and exploring with young people how they have made their choices, how they arrived at certain decisions and what those decisions mean to them. In this way, young people can be invited to think about how they've arrived at their decisions. If these conversations happen then young people are allowed to access their own history of being responsible. This can redress the messages of irresponsibility that are implied by the dominant ideas around drug use.

## Drugs as avenues of pleasure

A dominant idea seems to be that people take drugs as a way of escaping from life. What would it mean to have some alternative ideas about this - to perhaps see drug use as an experience that people have chosen to take? People have many reasons for taking drugs - escape is one of them but not necessarily the major one. People take drugs because it's fun, because of a sense of adventure. Or simply because they like the way they feel when they are using.

## A history of protest

Drug use can also be about a history of protest. It may be a choice people have made to avoid another kind of experience, or to change their relationship with that experience.

### Drugs as a way of surviving or sorting things out

There is an idea that when people use drugs they are somehow 'on hold' - avoiding facing the difficult issues in their lives. But for some people, drug use is not only a way of surviving but also a way of being able to face certain aspects of their lives. Drug use can be helpful at times in taking the edges off things and making them more manageable to think about. What would it mean for workers to understand that the detachment provided by drugs can be a positive thing? At other times, drugs can bring the issue to the forefront - especially when coming down. The alternative perspective offered by this can be helpful.

### Hopes and dreams

Many people seem to think that people who are using heavily have no hopes or dreams. There is an idea that they have become a blank, a mobile empty space, that there's nothing going on inside - no thoughts, no alternative ideas for the future. From the outside it can look like people who use a lot don't care if it kills them. But if this were true why would they still be alive? When people are using, of course they have dreams. If they are really stuck in it, if they are in the pits, it is only their dreams and hopes that keep them holding on at all. It is not possible to simply become a blank. Nothing can erase people that completely. Everyday there are exceptions to the dominant drug story, there are times when people are in touch with their hopes and dreams.

### Celebration

In some circumstances there are things to celebrate about drug use - including curiosity and a zest for life. There are people who use who are honestly happy, loving life, and using because they love it, enjoy it. What would it mean to see curiosity, bravery and intellect as all a part of drug use (as opposed to seeing only recklessness and stupidity)? It is really complex trying to honour the curiosity and depth of experience related to drug use when many of us have lost people to isolation and overdose. How can we acknowledge the complexity? How can we acknowledge the positive intentions that may lead people to use drugs? How can we talk about drug use without buying into the polarisation that either demonises or romanticises it?

# WORKERS' ATTITUDES

Because of the stigma and dominant ideas associated with illicit drug use, workers' attitudes may inadvertently reduce the possibilities for good conversations. Here we explore some of the ways in which this can occur.

## Propaganda

*One of the reasons young people have rejected traditional drug education is that they see it as biased, as propaganda. They think that they are being given only one side of the story because they agenda behind the education is clearly to stop them using drugs. (Cripps 1997, p.16)*

Often workers approach work around drug use with the intention to stop the young person from using, even if this is not what the young person wants. Actually sorting out what the young person does want needs to be the place to start. We want to acknowledge that it can be hard for workers not to have the agenda to stop people using, because using drugs often isn't that great for your health, especially by the time someone is seeing a worker. However, if the service is going to be accessible it's important not to have different intentions than the young person.

Young people know more or less what they want from a worker. Workers can just ask them. Unless young people actually want to stop

using it's not going to do much good if workers come from a place of trying to make them stop. It shuts down the possibilities for a conversation. If workers take care not to impose their ideas and to keep in touch with what young people are wanting, then if the time comes when the young person wants to stop using there will be a trust and a sense that the worker is listening to what the young person wants from them.

## Credibility

People working with young people need to know the details about drug use, what people do, how they do it, down to the minute details. This is important so that when workers talk with young people they are comfortable with the topic. It's workers responsibility to learn. Otherwise there is a huge credibility gap. Workers need to consult with young people and they also need to go and do their homework, to go to other agencies, to meet the people they are referring young people to.

## Personal questions

Workers need to think through what their response will be when young people ask them 'have you ever used?' We acknowledge that this question can place workers in a complex position. Because of the stigma associated with drug use, and possible repercussions for workers, it is complicated to enter

this conversation. Workers will have to find their own way through this one, but they are going to be asked so it might be good to think it through before hand so they are not flustered in their response.

## Worry / panic

One of the things that clearly gets in the way of workers staying with the intentions of young people is when worry builds and they panic. This is pretty understandable given the amount of deaths around drug use but it's important to find ways of dealing with worry and panic. Here are some ideas:

*There are times when it makes sense to worry about someone's drug use. I start to worry when people are losing track of the things that are important to them. If I know someone and know what is important in their life and see that these things are slipping away that's when I start getting really worried. But if I think they've got a focus, if they have an anchor, then their use doesn't worry me. They could use quite a lot and it wouldn't worry me, as long as they are clear that they aren't going to let it take over the things that are important. If someone doesn't have anything that they are living for however, then they could be using not very much at all and still it would really worry me. If people don't have anything to keep them grounded, any anchoring I worry.*

*If this worry starts to act, how can we make sure that it doesn't take us away from the person, or that it doesn't immobilise us? Even though there may be cause for worry, how can we respond in ways that don't separate us from the person that we are worried about? Sometimes in the past when I have been worried and approached people, they have just said that they're fine. Or they might get offended or defensive. I have tried to think of ways to respond to these situations. Here are some questions that I think might help:*

*How do I know that you will be all right?*

*What can you do, and what can I do, to help me to understand that you will be all right?*

*What are the things that make you know you are going to be all right?*

*Could you share them with me?*

*I might feel a whole lot safer about it all if I knew those things.*

*Asking these sorts of questions might also help to build on the experiences, knowledges and skills that are going to assist the young person reclaim or remain in control. They locate the worry outside of the person having a problem, and into 'what can we do about the fact that this is freaking me out!' It's deferring to their knowledges about their own life too.*

## Self protective strategies

It's important that workers be interested in what helps young people keep control of their drug use. Actually being interested in asking young people what helps them is a first step. One helpful question might be, 'in the times when you feel more in control about your drug use what are the things that help you to have that control?'

## The preservation of ritual

One of the things that young people have said helps them to stay in control is to reclaim rituals around their drug use. It's actually quite a radical thought for workers to talk about making drug use an occasion because it could be seen as endorsement and workers could feel complicit. For some workers, asking questions like 'how does making a ritual of your drug taking help?' could feel a bit too close to saying that taking drugs is a nice thing to do. But young people are saying that conversations about the preservation of ritual would be helpful.

Setting aside a time and place, making an occasion of it and taking care with who is around are all a part of preserving ritual around drug use.

*A lot of people I have known over the years get the drug and rush to the nearest toilet block, or rush to wherever is closest for them to use, with no sense of ritual. Just to bring the drug home, and not go a hundred kilometres an hour to get there, to take your time, stop and get your cigarettes, your drink or*

*whatever, get home and make it all nice, set it up - it all makes a difference. I know of someone who has set up an altar in their room. They go there, get their spoon, and do things slowly with a sense of ritual. This is so different than going to the toilet block and using a dirty needle. It keeps the drug use in a particular place and with care. It keeps the drug use within their life in an okay way.*

Going home to an altar brings into the whole experience considerations of quality, care - not just quantity. It is honouring of a person's choice and it is setting an honourable context. This is taking a stand against ways of thinking which bring with them implications and invitations of shame and wrongdoing.

*Due to the illegality of young people's drugs of choice, and moral judgments about our drug use, we need to take extra care, to use rituals, to reclaim the space and the meanings around our drug use. We're told that drug use is 'disgusting, horrible' and somehow we are too for 'doing it to ourselves'. These are the sorts of things we must resist. Creating rituals of care can turn this around.*

For people who have developed a physiological need for a drug, and their use is out of control, reclaiming ritual can be a first step in reclaiming control. Just being able to have a shower and get dressed before taking the drug can make someone feel a little more in control. It gives a message to themselves that the drug use is a decision they are making, that they've actually thought it out beforehand, that they've made the effort to make it

as nice a context as possible. To put in that little bit of extra time and effort also encourages safe using. It means the person is more likely to have the things they need to use safely - eg clean fits, sterile water, swabs etc.

For drugs that are sanctioned by society, some of the rituals around their use still exist - like waiting until after Christmas dinner to get pissed! For those using drugs that are illegal simple things like setting aside time, planning in advance and creating a good context for using all need to be reclaimed.

Whether or not this would be reinforcing of people's drug use is pretty irrelevant. Importantly, it would reinforce people's sense of taking responsibility for their own lives. If they then choose to continue to use or to stop, it is up to them.

## The effects of criminalisation

Part of the reason why there is a closed community around drug use is because it's illegal. It's like a fortress. There is a really strong sense of community. The secrecy can be a good thing and it can be a bad thing.

*If you know about the networks but are not inside them, if you are not using yourself, it can be alienating. But what is also common is that people can be completely among the network but not aware of the network. They don't know a lot about the people that they think they know a lot about. For example, I know that one of my friends is using heavily but one of her other friends, who is also my friend, has no idea. I can't say*

*anything and it can be immensely stressful. I hear both sides without being able to make the link that would make it all make sense.*

The secrecy can be very alienating but there must be ways around it. We have to find ways so that conversations can be had. Within the community there are all these channels of connection, of communication and information. It's through these channels that all of the safety information gets out there. Workers have to have a link into these channels. A lot of people cannot be reached by the services - they are just not going to access a service no matter how chaotic things are in their life. Using the channels that are already there is the perfect way of spreading vital and life-saving information.

## WORKERS WITH ATTITUDE

*We still see the young portrayed in education programs and materials about drugs as potential 'victims' and, while it is undoubtedly true that some do go on to face major problems with drugs, this 'victim' label misses the point.*

*Young people are responsible for their actions. They make decisions about drugs based on the circumstances of their lives and, while they may not find solutions of which we approve, they are often rational and conscious decisions. If our drug education is based on a false premise of how things work, it will be ineffective.*

*Worse still, if we make no attempt to understand what is going on, then it becomes tempting to 'demonise' youth. We have made drug policy into a 'War On Drugs' which effectively has become a war on young people. Never has a generation had less reason to listen to or respect adult information, views or institutions.*

*Now add to this the fact that those who teach young people about drugs often know less about the subject than many of those they teach, and you have the key to the credibility gap. If young people believe they are being taught by the ignorant, by people who don't understand the lives they lead outside school and who disapprove of much of what they do know, then they aren't going to take those messages on board.*

(Taken from Cripps, C. 1997: 'Workers with Attitude', *Druglink* May/June, p.15. Institute for the study of Drug Dependence.)

## RESPONDING TO DRUG-RELATED DEATHS

Around drug related deaths there is so much trauma. People are searching for who was at fault. There is this huge feeling of guilt, or anger, or a sense of betrayal. A lot of that is inevitable but a lot of it is related to the stigma around drugs. Often it is only at the time of death that people find out that the person was using drugs. What difference would it make if there was less stigma around drug use and people were more aware of the wider context? All the guilt, anger and sense of betrayal gets in the way of people coming together at what is such a difficult time. Rather than letting all these things get in the way and divide us how can we creatively rage against the loss?





# A Wish List

## WHAT COULD SERVICES BE LIKE?

*As a user I never looked for services, but if I wanted to it would have been great if there had been something there to find. Somewhere where people would know what you were going through, where you could just talk. Somewhere that wasn't intimidating.*

Drug users are so commonly discriminated against that they generally have a really low expectation of services. A lot of people can't even be bothered to try to access services because they just assume that they'll be treated badly. A part of this project has involved researching the sorts of services that are available to young people around drugs. Here, we want to tell you about some of the funky services we come across and our wish-list for what services could look like.

In terms of making services and information as available as possible for young people around issues of drug use there are two approaches which seem to work best. One is to create a drop-in type of service that takes care to ensure that everything about the space and service is accessible and appropriate to the ways of being of young people. Another effective approach is to take the service to wherever the young people are. Instead of expecting them to go to the service below are examples of both types of approaches and some ideas about what workers can do to ensure that their service is appropriate for young people.

### Our wish list

Here are some ideas as to what a service could do to make itself more accessible to young people:

• We believe that any service that is working with young people needs to have an advisory panel of young people to consult with over a range of issues. There need to be young people who are in a position to educate and advise workers about the realities of young people's culture and the effects of certain ways of working. Young people ought to be paid for their

knowledges and skills. The consultations need to happen constantly because things change. What we are saying now could be out of date in two years time.

- The 'drop-in' style of service is one sort of service that seems to work well. Having groovy centres where young people can come in, hang around and claim the space makes it much more likely for them to want to access the services that are offered.
- Young people have asked to be able to access health services and legal information outside of 9 to 5 hours.
- Having young people involved in deciding how the venue looks and feels (ie involved in creating or finding artwork, posters and groovy things to decorate the venue) can make a difference.
- Music is an enormously significant part of young people's culture so it would be fantastic if they could be able to bring in their own music and play it on a stereo.
- Having a mix of workers of different ages and backgrounds is important.
- Having peer educators around is a fantastic thing. If this isn't possible, then as we mentioned above, it's important to at least have young people operating as an advisory service.
- It's important to have a really friendly person on reception who is casual and not too professional looking.
- It would be preferable to put the reception desk in the corner against the wall so there isn't a barrier when you come into the service - so you don't feel like you have to 'check in' through the reception before you're allowed in.
- Perhaps a role of the receptionist could be to welcome people and offer a drink or cup of tea.
- **Magic trick:** this may be a mundane thing to say, but a magic way of getting young people to attend things is to give out free food!

# EXAMPLES OF FUNKY SERVICES

## ADINC - Assisting Drug users INC

is a drop in Centre in Canberra. They have tried to find ways to create a sense of community around the services they offer.

- ◆ There are meeting groups and counselling, drop in on weekend nights until 10pm, and a needle-exchange. They provide food but also have a kitchen where young people can come and cook for themselves. They make an effort to provide healthy food as this is what the young people have asked for.

- ◆ They have a TV and lounge room. The young people have access through the Centre to doctors and lawyers. The Centre also has internet access and runs various arts projects.

- ◆ Resuscitation courses - nearly everybody who comes into the drop in service has their resuscitation certificates. They run the courses during the drop in. It sounds like a fantastic thing to do. It gives people a bit of confidence and is a really good example of work that is about self-sufficiency. It gives the young people some kind of qualification. If there is an overdose at least now they won't feel completely helpless. They've now got something they can do

- ◆ Massage - Every Friday night there is a massage student who comes in and gives everyone free massages. This is a lovely idea for young people coming into a drop in centre, and could make for a very supportive environment.

- ◆ Police - They have an understanding with the police that

the Police will not come into the building without prior notice. This means that the young people can be told and if they don't want to be seen by the Police they can leave.

- ◆ At Christmas time the regulars of the service made safe-using Christmas packs for their friends with clean gear - spoons, swabs, fits, water, etc., and groovy packets to carry them in.

## NSW Users and AIDS Association - the TRIBES project

NUAA is run by users, ex-users, friends and those active in the drug user movement in Sydney. It is organised into the following areas - education, community resources, information / library, and a needle exchange. It also publishes a newsletter four times a year. NUAA works in the interest of drug users in NSW.

The TRIBES project, which NUAA runs, aims to give subcultural groups of drug users (or 'tribes') a chance to do, run or create something for themselves:

- ◆ Subcultural groups are provided funding and support to design projects using their own words and images to look at issues that concern them.

- ◆ Groups create projects depending on the group members' interests and imagination. For example, previous projects have made videos, pamphlets, screen printed t-shirts, had bands play at special events and painted messages on a motorbike. Young people are currently involved in

◆ How can we replace prescription with partnership? This has made me think about the idea of working in partnership with people around issues that they raise and things that they want to talk about versus prescribing the agenda and prescribing the behaviour that the person should take. I really connected with that idea.

◆ What moved me was the way they spoke about their commitment to stopping the loss, the deaths, but to do so in ways that acknowledge the good things about the use of drugs too. How can we as workers grapple with these complexities? How can we support each other as we do so?

◆ This is a really timely conversation for me. I've just known three young people who have died from drug overdose and suicide in the last five weeks. The feelings of despair around people I've been talking to, the sense of hopelessness around what do we can do as older people, has been overwhelming. I see how so many of my immediate response - like ideas of peer pressure, or seeing young people as victims - close down the possibilities for conversations. I'm going to start consulting with the young people in our area about what would be helpful to do.

◆ What was moving to me was to realise that the orientation across the generations is different. They are so clearly saying that they want to stop losing their friends - not stop their

friends using. If agencies picked up on that, what difference would it make? Now, it seems as workers we think that unless we get young people to stop using we haven't succeeded. What difference would it make if we thought more simply - about maintaining and encouraging the good things in people's lives? If drug use is one of those things we need to be open to that.

◆ During the presentation I had this vision of this huge syringe filled with young people's knowledges and skills, and running around injecting the workers with this knowledge! Right in their butt! (laughter) Wouldn't that be great!

◆ It seems like an act of grace to be offered these insider knowledges by young people. I remember times in my life when there was no possibility of conversations that would traverse the distance between me and some of my friends who were heavily using heroin. If this knowledge can be shared with others I think it is incredibly hopeful. What forums can we create for the sharing of this knowledge?

◆ It's got me thinking about double standards. When we as adults sit around and drink alcohol it's called a social occasion. Alcohol and tobacco are just everywhere. They are pushed on to us constantly. At the same time though, it made me think how can we prevent harm about drug use without bringing issues of morality and judgment into it?

It seems like an act of grace to be offered these insider knowledges by young people.



# THINGS TO DO TODAY / HANDS-ON LEARNING

Here are some ideas of things to do  
to make a start on self-education.

- ◆ Ring your local Needle Exchange - the AIDS Council is often a good one - and ask if someone can come into your workplace and give a talk.
- ◆ Or, go and visit your local needle-exchange. Go in, sit around for a while, get used to the atmosphere, ask lots of questions.
- ◆ Unpack a needle. Learn how to use it. Learn how to dispose of it.
- ◆ Photocopy pages 1-17 of this resource, distribute it to all the workers in your workplace and then put it on the agenda for discussion at your next staff meeting.
- Seek out pamphlets and information kits so that you can pass them on to the people who consult with you. There are some really good ones around. Try your local needle-exchange, AIDS Council or Drug and Alcohol Information Service. Some of the areas that are important to know about include:
  - overdoses: what they are, what causes them, what to do if one occurs, how to minimise the risk
  - methadone programs
  - vein maintenance
  - information on all the different drugs - not just the horror stories but the good things too!
  - information about HIV/AIDS and HEP C
- ◆ Make copies and share this resource with the young people in your life.

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... and *Hemlock* for the paw prints.

**mosaic** is a resource that evolved from our work around young people and drugs. We are involved in ongoing projects about young people and homelessness and issues of suicide.

If you are doing groovy work around these topics please write to us. If you have any written material (especially any resources developed by young people) that you have found hopeful, please send it to:

**mosaic**

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We hope that this resource will help to generate discussion across generations on the issue of drug use.

We don't believe we've got the answers, but we hope health workers can share this publication with young people they are working with and that this will spark discussion. We invite you to make as many photocopies of this publication as you like and to distribute them widely.



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