

OUTREACH PEER MANUAL

Outreach peers fill a job role that no one else can, that no one else is quite qualified to fill.

People who live on the streets, and/or use illicit drugs, don't necessarily trust "straights". They've learned that they can't trust someone who'll bunk them with wax, buy a fifteen-dollar blowjob, steal or crush their stash or pipe. You are the liaison, the negotiator, the friendly face. You are the one person they'll see tonight that isn't trying to screw them out of \$10. It's a positive mental health boost for people when you will listen to a person's problems for a few minutes, without looking for anything in return.. The benefit of a friendly ear peer is equally true, whether or not the client has mental health issues. You don't have to be crazy to feel depressed. It feels good to be listened to, to know that peers care about what's happening.

You don't have to be some kind of medical professional to do alley patrol outreach.

No need for university credit courses out here. If you've spent time on these streets,. you have experience and credentials nobody can argue with. You are an "experiential" worker. You can relate to problems in ways nobody ever learned about in college text books. Because of this, you should easily build trust with street people, and be a great comfort to them when they see you working outreach.

You don't need to memorize this book.

You don't need to learn the correct names for drugs, their interactions, or definitions contained within this booklet. You only have to know the results from different drugs and from mixing them. You should learn what people likely act like when high on different stimulants, or when high on downers. You should learn the signs of overdose, and know the difference between being high and being in overdose. It is your job during an overdose to work with your peer partner and to get medical help. It is not your job to try C.P.R., pounding on people's chests or giving them mouth-to-mouth.

Rigs, condoms, & mouthpieces are our tools.

Rigs, lube, condoms, bandaids, mouthpieces; these are all effective tools to prevent disease transmission. They are also great tools to start talking with people. A lot of street people won't automatically trust you, you'll have to earn their trust. This might not start to happen until they've seen you in "uniform" a few times (dressed in the red jacket or t-shirt). Don't expect to do this the first time you meet them. Be willing to share some of your own scary- but-true dope or street experiences while doing rig-exchange or mouthpiece supply. It's not our job to stop them from getting high, it's our job to offer them ways to live healthier.

Always remember confidentiality.

If you're telling somebody a story, you don't have to include names. Lots of happy stories or sad stories can be about "one person I know ...", or some other non-specific way of re-telling a past experience. The only names you should be using are your own, the client's (if they've offered it), and the names of clinics, services, and their employees.

Always remember your own safety.

You don't have to go into the darkest recesses of alleyways to reach people, nor go anywhere you're uncomfortable. Stay in the middle strip of well lit alleys, stay with your partner, and trust that the camaraderie you've built with street people will all help protect you while you're out on patrol.

Some Do's & Don'ts.

If someone has court schedules, red zones, or legal limitations, you walk them out of danger and into safety zones.

If someone has medical appointments, clinic or hospital needs, or nursing/wound-care needs, you guide them to help.

If someone is in the process of getting high (injecting or smoking), do NOT crowd them, do NOT pester them with "clean rigs?" talk. You may want to say "how you doin' today?", just so you don't startle them while you're walking by.

If you owe someone money or a favour, talk after work, not on the job. If you are owed money or considerations, keep it away from your job. Your outreach partner doesn't need to know your business, doesn't deserve to hear details. It would be acceptable to say "Talk to you after I'm done work".

If you need to approach someone with a rig in their arm, stay back at least two arm lengths (about six feet). If you need to approach someone holding or taking a toke of crack, don't crowd them, don't rush them. Either of these situations, it's okay to say "I'm just going to the end of the alley and I'll be right back". Be sure to go back, live up to your word. But don't let yourself hang around if you're uncomfortable or don't feel safe.

Some Final Do's & Don'ts

If you walk past someone who's fixing, look back after 50 feet or so just to check that they haven't dropped into overdose. You shouldn't have to turn back, or have to intrude just to check on people. If someone's on the nod, they look much like someone who's sleeping, or like someone who's overdosed on opiates. You can most often talk to someone on the nod, getting a response without killing their high and pissing them off.

You are working for the people on the street. You need their trust. If they trust you, they'll back you up in any weird, threatening situations you may encounter. You are not the cop's snitch, if people see you talking with cops for too long, you will lose their trust. That's no reason to be rude or to ignore police when you see them.

You are not employed by people on the street. You do not watch their stuff, check out their score, steer towards or name people. You are not their "keep six" person. Never loudly call out "Cops on foot", "Six in the alley", or "5-0 driving by". This isn't your job, and you don't want cops as your enemies on the streets. If cops like what you're doing out there, they'll give you space to do your outreach without hassling everybody that speaks to you.

Street Definitions

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| ascorbic acid | also known as “vitamin-C”, for breaking down rock |
| breaking down rock | dissolving crack-cocaine/rock to make it injectable |
| coming down | after the “half-life” of your dosage has worn away |
| cooker | aluminum steri-cup to prepare drugs in & filter into a rig |
| dillys | dilaudid, a prescription pain killer (an opiate, like heroin) |
| doing the chicken | seizure-like swinging and flailing of arms, legs, fast-pacing |
| down | heroin (an opiate) |
| hit | an intravenous injection |
| Jib | crystal-methamphetamine (a stimulant) |
| jonesing | the thirst or desire for more drugs during “coming down” |

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| legs | refers to duration of your dosage, also “half-life” |
| on the nod | sleeplike-state of consciousness caused during opiate-use |
| powder | “up” , cocaine powder, ready for prep to injection or snorting |
| rig | syringe, tool, spike, works |
| rock | crack-cocaine, for smoking |
| sick | opiate withdrawal symptoms |
| sketching | psychosis-induced behavior, like nervous walking, eye movements, etc. |
| smash | a “hit”, any injected drug |
| speedball | injecting a mixture of “up” & “down” |
| spitball | plastic-wrap packaged powder cocaine (often stored in dealer’s mouths) |
| T & R’s | Talwin & Ritalyn, a pharmaceutical “speedball” (often injected) |

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| teching | crystal-meth inspired construction, hobby, or idle pass-times |
| tweaking | sidewalk-digging, floor-scrounging, looking for dope while “high” |
| “X” | ecstasy, a “rave-club” drug (an amphetamine) |

Stimulants

crack/rock
cocaine powder
crystal-meth
ecstasy

Depressants

alcohol
methadone
heroin
morphine
oxycontin
dilaudid