

THE AUSTRALIAN RED CROSS 'SAVE A MATE' PROGRAMME

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We are going to talk a little bit about the 'Save a Mate' programme. We are not going to be presenting data as such, although we are certainly collecting and analysing that at the moment and we will be doing that at the end of this financial year - results from participants who have been through the courses and so forth and that we have come into contact with. What we are basically going to do today is explain exactly what we do within the 'Save a Mate' programme.

Save a Mate, or SAM, as we more fondly refer to it, is basically a programme aiming to reduce the harm associated with substance use, but it is done through the provision of quality training and general health promotion. There are two basic major streams to it: The training course is quite an important element of this programme. We run training courses all over the country for a range of people. The training programme itself aims to basically raise awareness and educate people about what the signs and symptoms of an overdose may be and then how to appropriately respond to that; So basically looking at a range of different drug type crises, all the way through from actual dropping and respiratory arrest to less minor, life-threatening situations or crises, such as convulsions or paranoia, anxiety, panic attacks and these types of things as well.

On the course we look at different substances, essentially splitting between stimulants and depressants, and how those different substances will affect a person. We also examine the risk factors for overdose, so we talk a little bit about poly-drug use and we also look at the increased risk factor for overdose as a result of abstinence or having a break. We also look at the signs and symptoms that would indicate that someone is in trouble; in the case of amphetamine-type substances, this is often quite obvious if someone is one minute dancing and the next minute they are not, then that is a fairly good indication. But when we are talking about other types of substances such as depressants, opiates, heroin and benzos, often those signs and symptoms are not quite as obvious, so we do go quite in depth to looking at the difference between someone who is merely intoxicated and what are the signs that would indicate that someone is going beyond that and starting to get into trouble.

We also address police and ambulance procedures; one of the key messages is the fact that police no longer routinely attend overdoses. This is something that we really need to spell out to people a lot of the time, and the importance really of calling an ambulance if people do suspect that someone is getting into trouble. The key message is to get an ambulance on the way, and then what does one do in the period that they are waiting for the ambulance? Sometimes that can be 10 or 12 minutes and that is where we go into the Red Cross first aid side of things and take participants through CPR training.

Who do we train? Broadly speaking we train anyone who we feel may be at risk of being present at a drug- or an alcohol-related emergency, which is a very broad group. So, more specifically, we look at people such as community and health, drug and alcohol workers, because, due to the nature of their work, they are quite likely to be

present at an overdose. We also found that having trained drug and alcohol workers or workers in the field, we were then better placed to target this programme and this training to users themselves. If drug and alcohol workers in the field have gone through and done the training, they were usually far better placed to advocate to their clients the course on our behalf, and also to assist in the promotion of the course, especially in more rural parts of New South Wales.

We also train a lot of people who work in pubs, clubs and other night time venues; we try to work in partnership with these kinds of places. Most recently we worked with *Home and Castlehill Tavern*, in Sydney. We try to take an approach to make a whole healthier or safer kind of venue. These venues also sponsor public courses and so forth; they will put money out so that we can run courses in the community for patrons, or youth groups, or other types of people who might be at risk. We train the staff, in fact the staff at *Castlehill Tavern*, within 3 months of being employed, have to go through a SAM course before they can continue working, and we help them to put some kind of strategies into place during the nights. We do safe celebrating promotions and different kinds of things that we do within the pub and the club and the venue.

We do a lot of advertising around in various internet sites, or magazines that are aimed at the people who might attend as well, and we try and conduct courses specifically for them as well out in the public. We do courses with schoolchildren, obviously youth at risk groups – we do this through different organisations, so we accommodate or work with these groups.

(Referring to screen) With regards to injecting drug users, the courses are obviously quite different to a lot of the other ones, but we do a lot of work with injecting drug users as well. A lot of that work is through rehabilitation centres and we find that, if people are going through the process of rehabilitation, they are in a better position to take on board some of the information; they are used to going through training sessions, filling out forms, these sorts of things, so they are in a position to take on board the information. Furthermore, they are, by virtue of the fact that they have gone through rehabilitation, at high risk themselves, because although they are attempting to stop using altogether, unfortunately, people do relapse. Once a person has gone through rehabilitation, their tolerance is very low, and if they then go back out and start mixing with their peers and social circles, they either may be present at an overdose as a result of that or could in fact be at risk of overdose themselves, as is the case also with prison populations.

So, we do quite a bit of work with inmates as well, particularly inmates pre-release, who are within 6 months of release, or inmates who have had a history of injecting drug use - extremely high risk of overdose once they leave the prison obviously. This is something we have worked for quite a while with corrective services on, in trying to target these courses better and trying to get them into the various correctional facilities.

We do a lot of work with culturally and linguistically diverse communities; we do this in partnership with organisations working with communities of course. All of the course material is translated into Vietnamese and Arabic. Specifically we identified those two groups to begin work with in South-West Sydney and Western Sydney,

although we are currently trying to look at some other groups as well. We found there was a need for translated information, particularly for parents, who were quite concerned about it, and who did not speak English as a first language. So sometimes courses are delivered with the assistance of a translator to community groups and these courses have been extremely popular.

We do some training out in remote indigenous communities as well. As I said, we did quite a bit of work with parents and carers of dependent users; this is an extraordinarily difficult group to engage initially because it is a very daunting and terrifying prospect to a parent or a carer. We did a lot of work with various family organisations that we were going around and any success we may have had was more because of the partnership with the family organisation and some of the trust that was built up through that organisation. And we did some work with staff at festivals and events.

Festivals and events, which I guess is more in keeping with the spirit of this conference. What we can bring to these festivals and events is the background of the Red Cross and the fact that we have got an established first aid department there and we can call very heavily on that, so it adds a lot of legitimacy to the programme; and I guess that is kind of the programme's edge, or niche if you like, that we are able to accredit participants with a nationally recognised CPR certificate. Recent examples include the training of some staff, the drug drivers through the AIDS Council of New South Wales. The drug drivers essentially attend events throughout the Sydney social calendar, such as the *Mardi gras* and other top events, and serve as peer educators, literally rove around the event, keeping an eye on people and assisting where necessary. That is a fairly recent relationship between the two organisations and one that we are still hoping to further develop.

Another, perhaps lesser-known festival, is the *Mardi grass* festival, which will be happening in Nimbin this weekend. This festival began about 12 years ago, as a small legalised cannabis rally, and has now grown to a festival that attracts some 12,000 people over the course of this coming weekend; so in order to meet that, and in partnership with the local organisation, the Nimbun Jungle Patrol, and also the hemp embassy - the organisers of the event we, have been asked to go to Nimbun and train their pool of volunteers, who will be doing a similar sort of thing to the ACON (AIDS Council of New South Wales) drug rovers, and they are expecting some 100 or 120 volunteers, so we will be taking those people again through the risk factors: how to recognise when someone is getting into trouble and if a person is in trouble, how to best respond to that.

We also provide courses for the general community of course and these are usually held at centralised locations, with mixed response, particularly in regional areas; it is very difficult to get people along to a course like this in regional areas where there is so much stigma attached to it, and there is always a chance of course, that you might know someone else on the course. We hold them regularly, at least in Sydney and they have met with quite some popularity.

Some of these courses attract charges; we tend to charge staff groups and worker groups and so forth. Some of the community courses attract charges, but most of the courses we try and keep as free as possible, particularly for groups that are at high risk

and have a very immediate and real need for this kind of information. We provide those courses for free.

Since '99 we have trained some 5,000 participants and with those sorts of numbers obviously there is a need for the course to be quite flexible and to be able to adapt to those different trainers needs, so we are quite conscious of that. The course can be delivered in a variety of locations and it has been, everywhere from standard training locations through to parks, where necessary. With this sort of number there is a need for that sort of flexibility and adaptability and that extends through to being aware of literacy needs, the translation of materials, course delivery and those sorts of considerations.

The other arm, that we try and take on through the SAM programme, is just general help promotion - this is outside the provision of an accredited training course and we do this with the assistance of peer educators. Currently Queensland and South Australia do a lot more of this than we do in New South Wales, but they built peer education teams, mostly youth, who go out and work in festivals and other kinds of youth events, they have worked at the big day out and at similar places. It is providing similar kind of peer education roles to what we have heard from other programmes here today and they providing informal education about what is going on and helping keep an eye out for people who are in trouble as well, providing assistance to the official first aid units that are on site at these things. They do not act as the first aid unit, they provide assistance in identifying potential emergencies and so forth and assistance until the first aid unit can get there.

The course itself is an accredited course and thus there is a need for participants to show a certain level of competency in order for us to accredit them as being CPR trained. We also realise that there are a lot of people to whom this sort of information is relevant and necessary, but who may not be in a position to attend a classroom-style presentation that lasts over 6 hours, so it is to that end, whilst addressing the need for the delivery to be flexible, we do also run what we call information sessions or workshops where obviously there is not an accreditation attached to it, but we do take participants through basic information about risk factors and the basic CPR skills may make a difference – putting air into somebody, rolling them onto their side if necessary, calling an ambulance; these sorts of information sessions have been held, for example, at homeless shelters in and around Kings Cross, parks where user groups congregate, and a variety of other locations like that, very informal training.

So why are we doing this, what is the point of it? I guess drug- and alcohol-related incidents are increasingly common. They are implicated in large numbers of fatalities in young people. It is beyond fatalities, obviously, it is causing increasing amounts of harm and so forth out there in society. What we have found, quite lamentably I guess, is that traditional first aid courses do not really deal much with drug and alcohol issues; they are still talking about snake bites and things like this and in all my life I have never seen a snake bite, but you see drug and alcohol emergencies quite regularly. I guess we felt there was a need to try and put something together that was a bit more specifically focusing on what is becoming a very real and present need out there, and that has been evidenced by the incredible popularity we have found of this course.

I guess we will finish here then with what some of the people actually say about SAM. I always try and finish with this kind of thing, so I have gathered just a few quotes from a variety of people who have attended the course and I will let you just read over those (Referring to screen) and I guess that final comment is kind of our sentiment exactly about it: obviously we do not condone or condemn drug use necessarily, but we understand that there is a rising issue out there and that we want to train and help people be as aware as possible, and as prepared as possible, in the event of something happening.

Thank you very much.