

# A day with Dave

➤ Nine o'clock on a Thursday morning and Dave is already hard to pin down. Rushing around dealing with telephone calls, clients and staff, he is unnaturally energetic for the early hour, and in my bleary eyed state I start regretting volunteering to follow him around for a day. At this rate, I'm bound to lose him and get left somewhere, undoubtedly with some unsavoury drug dealers or the like.

My fears are compounded by the ominous warnings I receive from people around the agency, along with advice not to enter his office in case I get lost amongst the clutter (despite the clutter management course!). This is a man whose reputation as a 'superman' precedes him, and I, a naïve medical student from a sheltered background, am going to have to do my best to help and not hinder him in his duties.

Yes, I am undoubtedly extremely naïve to the world Dave works in. I may live in Scotland, the home of *Trainspotting* and legal street drinking, but I've never actually seen or met (at least knowingly) anyone with an active addiction. What I will learn today however is that I probably have seen people suffering from a drug or alcohol addiction. I just haven't realised it because they mostly look like normal people and don't fit into my stereotypical view of what an addict looks like.

Sitting in on an interview where Dave describes his role, I start to get a real understanding of what he does: absolutely everything and anything. From arranging housing, to dealing with debts, to working on the agency's allotments. He talks of the importance of his network of contacts, which I am to see in person later – he seems to know everyone, from receptionists to magistrates.

What starts to sink in is the fact that Dave hardly ever refers to the person's drug habit. Not what I would have expected from a drug worker. It dawns on me that Dave's role is not to just treat the addiction, but to provide the resources an individual needs to support them in beating the addiction and preventing them from being pushed back into it. It's no wonder that someone living on the streets needs a bottle of cider before going to sleep – they need something to warm them up. And there's no point in helping them to recover from their addiction if they are going to face the same

circumstances tempting them to drink when they get out of rehab.

The first person we see is a homeless man who is a recovering alcoholic. He had experienced a relapse a few days previously and was feeling hopelessly guilty about it. Moreover, he was desperate to find a flat, because living with his brother was putting a lot of pressure on him. Dave goes to get his big book of contacts, and I face my first challenge of the day: talking to my first client. Until this point, I had been following him around like a lost soul, feeling hopelessly awkward and unnecessary. And as the seconds tick by, and we sit in silence, that awkwardness increases and increases.

I have no idea what to talk about: whether he feels comfortable talking about his addiction, whether he wants to talk about his addiction or whether I should just make desperate small talk until Dave's welcome return. Finally summoning up the courage to talk, I find that we are united in our mutual love of our mobile phones and Playstations. What strikes me is his complete normality – he is nowhere near what I had imagined an alcoholic to be like – and his unprompted openness about his addiction, even to a stranger.

Our next stop is Singleton hospital, to visit an alcoholic suffering from pancreatitis. When we arrive, the Sister informs us that he is ready to leave, and that he can't stay the weekend because they need the bed. Approaching the bed however, I get a different impression. The man is sobbing and sobbing, due to the pain he is experiencing. Apparently he is not allowed any pain relief because he is a drug user as well. He tells us that he is depressed and cannot even hold water down. I immediately feel immensely sorry for him, blaming the hospital staff for being uncaring and insensitive.

Dave, on the other hand, knows the client far better than me. He has seen this behaviour again and again and seen the client turn down numerous rehab places, just to return to drinking on the streets. He says he finds this incredibly frustrating, but nonetheless, he makes a number of phone calls, eventually finding a place in a rehab in Weston Super Mare. A few days later he already has him installed. I am hugely impressed by this dedication – Dave makes the effort to give the

man another chance, despite the fact that it has been thrown back in his face again and again.

Back at the centre a gorgeous, smiling woman asks for Dave's help. I am shocked to hear that only seven years earlier Dave had literally picked her out of the gutter, helping her to overcome her addiction to amphetamines. Her husband has been convicted of aggravated bodily harm, under hugely unfair circumstances, and she came to the centre hoping someone could help. There is clearly little Dave can do however, but this seems to me to be a prime example of people's faith in the centre, and what they can do to help them – even to the extent of influencing Crown Court proceedings!

It is now that I get to experience the first of many of Dave's magic tricks. He had talked about his 'magic trick meeting' earlier in the day but in my naïvety, I thought it must be a key word for some sort of rehab or detox. But no, he actually meant real magic tricks – and very impressive ones too. Dave explains to me the importance of gaining the trust and confidence of clients, by engaging them, or their children, by performing a magic trick. And from what I see, it really does the trick.

Running late, because Dave's scheduling encompasses all the problems he encounters regardless of how insignificant, we arrive at Cefn Coed – Swansea's psychiatric hospital. I am immediately intimidated by the red brick building, which is like something out of a film, and this feeling is far from alleviated when Dave explains that half of the front door is boarded up because someone drove a car through it the previous day.

Inside, the hospital is dark and dreary – some wards are locked all the time and doors are boarded up where people have forced entrance. Despite obvious efforts to improve the atmosphere of the hospital, I feel overwhelmingly uneasy in it – it really doesn't inspire the most positive mental attitude. On the secure detox ward, Dave chats about a number of patients who are in, or have been in, the ward. His detailed knowledge of a client's history regarding their addiction and treatment is amazing, especially considering the sheer number of people with which he deals. We meet a client who has obviously been self-harming – Dave addresses the subject in a

## When student Annalie Clark arranged to spend a day with real-life drug and alcohol worker Dave Watkins, she braced herself for an ‘us and them’ battle with addicts. Her experience was an eye-opener of a quite different sort, as she describes.

direct yet positive manner, emphasising that it wasn't as bad as last time. His unflinching ability to say the right things in the right manner and tone is remarkable – he knows exactly how to pitch advice for each individual client, whatever their state of mind, and never seems to put his foot in it.

The next woman we see at the hospital is undoubtedly the most striking case I see all day. She is an alcoholic. If she is let out, she will be on the streets, drink again, be picked up by the police and brought straight back. So she has been sectioned for an indefinite length of time because, Dave says, ‘no one wants her’. She hasn't got any friends with whom she can live. Her family don't want to know her and so she will probably be in the hospital, in a secure ward, for who knows how long. The fact that even Dave says that nothing can be done for her emphasises to me the gravity of her situation – Dave, the ‘superman’, who does everything and anything he can to help people, even if they don't want that help. Nonetheless, even though he can't do anything to help her situation, he continues to visit her. Amazing really.

Next, a quick call to check-up on a client whose friends are worrying about her. We get no answer on the intercom, so proceed up to the flat. At the door, still showing the signs of the last time Dave had to break in, we bang and shout through the letterbox to no avail. She is either out, drunk or dead. Reassured by a neighbour that she wasn't drunk earlier we leave, although I remain worried.

Our final call of the day and we're visiting an alcoholic with an eating disorder. She is so painfully thin she looks like she could be broken at the touch of a finger. She moves slowly, as if in a dream, and her speech is confused. From my lack of experience, I assume this is the normal effect of chronic alcohol abuse, but Dave later tells me he suspects she is taking another type of drug. This perceptiveness amazes me – it hadn't even crossed my mind. As we sit down, she brings out piles and piles of unopened letters, mostly all from creditors.

This is another aspect of the job that I had no comprehension of, but I can now see how quickly financial situations can spiral out of

control – a number of deadlines had been missed because she had been burying her head in the sand and not opening her mail. Despite the daunting size of the task, Dave gets to work, reading, sorting and making phone calls – a hugely complicated job, but another of his talents. Within an hour the mail has been sorted, Dave has been in contact with her solicitor and has arranged a medical appointment to ensure that she doesn't lose her benefits.

So I reach the end of my day with Dave, and to my surprise I've survived! My brain is only slightly frazzled and all my previous misconceptions about drug and alcohol addicts have been pretty much thrown out the window.

Despite having heard numerous stories and news reports about drug and alcohol addiction, I was completely unable to comprehend the reality of the situation, because I couldn't relate it to actual people. But meeting clients today has enabled me to relate real experiences with real people, people who are just as normal as you or me.

*Dave Watkins works at the Swansea branch of West Glamorgan Council on Alcohol and Drug Abuse (WGCADA). More can be found out about the agency at [wgcada.org](http://wgcada.org).*



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