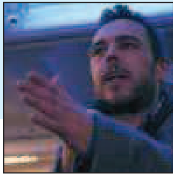


'The other side of choice is responsibility,' says NTA chief executive, Paul Hayes

THE OTHER SIDE OF CHOICE

'Choice is a good thing. Responsibility is a bit scary,' said Paul Hayes, referring to the theme of the conference.

The responsibility of service users was to help shape services and make their treatment successful, alongside the responsibilities to earn a living and look after their children, he said. Service users needed to concentrate on organising themselves to influence policy. 'Focus on action', he stressed. 'It's a message that many people are ready to hear.'

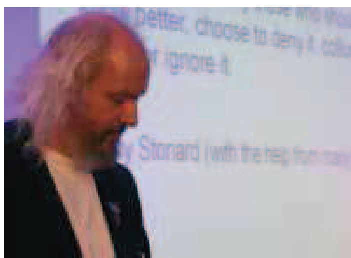
Service user input into services was having more and more influence, he said, and gave everyone an opportunity to make the whole process more transparent – a 'reality check' that operated in two directions. 'It means services can't manipulate the figures and get away with it.' There had been a sea change that meant service users were able to exercise much more control, but the capacity for some to advocate on behalf of others had to remain.

In terms of income, it was important to look at the benefits system and work together, he said. 'Society gives people benefits because they're not able to work and care for their dependents. Very few people say to me "I want to be on benefits for the rest of my life".' The proposed reforms of the welfare system were a 'two-way street', he said – the system needed to be changed to enable people to work, and the government was determined to build routes into work. 'Grasp that opportunity,' he urged delegates. The 'political script' was that people did not want to work, and that if they refused to access treatment they would be subject to the same sanctions as everyone else, he said. However, it was not as simple as that, with a complex world of people moving in and out of dependency and treatment. 'It's about meaningful engagement – enabling people to move out of treatment into work, and to access treatment while in work'. This represented a 'huge opportunity,' he said. 'And the opportunity is real – it's not a smokescreen.'

Drug treatment had been largely crime-driven, he acknowledged, but equal billing was now given to the needs of children, particularly vulnerable children. Being a parent with the additional challenges of problem drug use was challenging, he said, but most parents rose to that challenge. 'Drug treatment services tend to look at people in silos – they forget that people live in families.' Services needed to think about the people dependent on their clients, he said, but it was also important not to fall into media stereotypes. 'The objective we have is parents supported and children protected, and that should be integral.'

In terms of people's treatment, they could expect there to be a care plan, they could expect the TOP to check on progress and they could expect checks on their aspirations and recovery orientation. Systems and services would be expected to focus on achieving recovery and therefore needed to work together with self help groups and mutual aid – commissioners would be expected to make that a more central focus. The more non-using social networks people accessed the better, he said. 'Nevertheless, we need to build in that there will be lapse, relapse, success.'

Many people achieved recovery outside the treatment system, he said, relying instead on family and friends. 'All of this is a shared responsibility, expecting you to take more control over treatment and goals.' It was difficult to sustain improvement without a job, a house, a partner or a stake in society, he said. 'We can give you opportunities to improve your lives, but you need to take those responsibilities.' There were real opportunities for service users to turn their lives around and make them as constructive and beneficial to society as possible, he stated. 'But the bulk of the responsibility will always be with you.'



Andy Stonard tells delegates of a systemic, vested interest in failure

DRUGS FIELD 'SETTING UP PEOPLE TO FAIL'

There was a 'massive' income for the government from alcohol, former chief executive of Rugby House, Andy Stonard, told delegates. The Treasury 'had an investment in everyone's misery', he said.

He had heard 'a history of apologies' from the government over his 25 years in the sector, he said. 'Individuals have the capacity to change when they're ready, and the important thing is for services to be there when they've made that decision.' On average it took around seven years for someone to turn their life around, which meant that motivational interviewing was a key factor in a person's experience of treatment, and determining whether they came back. A US study, Project Match, had found significantly different outcomes in treatment at the same places, he said – 'it all depends on the staff.'

'The drugs field does not take alcohol seriously,' he stated, with an NTORS study finding that, for between 30 and 40 per cent of people who had successfully completed drug treatment, their drinking increased – the reason why it was essential that motivational interviewing be given the right weight. 'You're seeing someone who doesn't want to give up a lifestyle – they're confused. Motivational interviewing is key to whether they take action, but instead in the drugs field the first contact is about filling out a form.' The QuADS standards stated that assessment should be a two way process, he said. 'It is in alcohol. I don't think it is any more with drugs.'

The field also needed to build the necessary partnerships and make the links to help provide clients with practical skills, he said, which was 'more important than therapy.' There was also widespread confusion that needed to be addressed. 'I've been teaching alcohol units for 25 years and I still don't understand them,' he said. 'It's a nonsense. The models we work to are a real blanket coverage.'

The units applied to people regardless of their age, weight and whether they were on medication or not, rendering them effectively meaningless, he said. 'It's a model that treats us all as equals, and it's not very helpful.' The reality of the situation was that 80 per cent of alcohol-related ill health was in the poorest 10 per cent of the population.

Issues like responsibility, learning and skills were central, he stressed. People needed practical advice, but the drugs field set people up to fail, as they were forced into treatment before they were ready. 'They feel demeaned, they lose confidence and it sets them back six months. How you skill your workforce up to be worthwhile for the people that come through the door is key.'

In the drugs field there were lots of people who were well meaning but who lacked the necessary skills, he said, and the situation was being worsened by the increasing overlap between the drugs and criminal justice agendas. 'What about health? What about poverty? If we looked at it from these angles, we'd have much more effective strategies.'

Templates for success

The day's second session focused on some shining examples of best practice, ranging from supplying naloxone on an outreach basis to the benefits of employing service users for both client and organisation. The thing they all had in common, however, was the central role of service users in shaping the agenda.

The session began with a look at alcohol detoxification using monitored drinking. Caroline Thompson of Nottingham-based Framework Housing, which specialises in housing and support for homeless people, described how her organisation was commissioned to provide a 'sensible drinking service', after a service user consultation found that many clients did not want complete abstinence. The service even provided the alcohol.

Clients were breathalysed on arrival, before being given four units of alcohol at set intervals until reaching a breath alcohol reading close to negative. There were a maximum of five nights when alcohol could be consumed, and one of the abstinent days had to be the day clients received their benefits. The service would never be offered where there could be potential physical or mental health consequences, she said, and exclusion criteria included use of benzodiazepines.

'The aim is to comfortably achieve a negative breath alcohol reading in the absence of physical withdrawal symptoms, and to try and engage people in the positive aspects of their treatment' she said. It was a good way to suppress withdrawal symptoms and increase self-efficacy regarding future alcohol consumption, she said, and worked better with younger service users, particularly in conjunction with the organisation's meaningful occupation programmes.

'For many people, this is a massive change,' she said. 'The process is about people being in charge.' The detox was extremely safe and constantly monitored, as well as cost effective, she said, and staff turnover was extremely low. The service was also very popular with partner agencies, including Nottingham DAT. 'It's service user led. We want service users to be happy, and we offer choice. We also run an abstinence programme side by side in the same environment, and it works very well.'

Also service user driven was the Wiltshire naloxone pilot, which saw the overdose-reversing drug supplied on an outreach basis in 2007 (*DDN*, 12 January, page 12). A multi-agency project, the aim was to not only to reduce drug-related deaths but also to raise awareness of blood-borne viruses.

A show of hands revealed that most people in the audience knew someone who had died of an overdose, and would have done something to help had they had access to naloxone. Despite being safe and effective, however, naloxone distribution remains patchy (*DDN*, 1 December 2008, page12). The drug should be freely available at needle exchanges, Wiltshire DAAT harm reduction lead Mick Webb told delegates. 'Why do we need to provide evidence that naloxone works?' he said. 'It's so frustrating. The stuff's been used by A&E departments and ambulance services for years to save lives – it's proven that it works.'

Meanwhile service user Cristina Lora told the conference about the Random Injectable Opioid Treatment Trial (RIOTT), where a third of those involved were provided with injectable diamorphine, with access to doses of oral methadone. The emphasis was on self-reporting, she said, with meetings held every four weeks. 'As a service user you always have to be economical with the truth, but in the trial they really did believe us. They would increase the dose instead of penalising people.'

The trial began in 2005, with a survey carried out in 2007. Of the 26 people in treatment at the time, 12 were not using at all after the trial, whereas before more than half had been using seven days a week. Crack use had also reduced, because service users were not being exposed to dealers and their 'clever marketing and two for one deals,' she said, and over the three-year trail period there had been no drug-related deaths or criminal justice incidents. 'The way forward is for service users to ask joint commissioners to start trials in their areas,' she said. 'It makes sense – it works, it saves lives.'

Counted4 is a tier 3 prescribing service in the north east that routinely employs drug users, and it was often asked why, said drug worker and ex-service user Sharyn Smiles. 'Drug users have invaluable experience of accessing services, customers relate to them well, and they're good "interpreters" for GPs,' she said. 'Drug users are willing to learn. They're good, honest, reliable people and very employable – they go that extra mile. I don't want a job because I used to stick a needle in my arm. I want a job because I want to make a better life for my family.'

Being able to provide for dependants and the sense of achievement that goes with it was one of the recurrent themes in feedback from service users, said Counted4's Lisa Mallen, along with feeling part of society, doing something worthwhile and being trusted and taken seriously. Negative aspects included the attitudes of some other employees, Criminal Records Bureau checks and fitting work around accessing treatment.

For the employer, however, it also helped promote an attitude of equality as well as improving retention rates, providing a wealth of learning opportunities and offering a new perspective. 'Customers can engage and relate, and it also inspires colleagues,' said Lisa Mallen. It also helped challenge attitudes – among GPs, for example – and the perceptions of some partner agencies around working with service users.

'What I would say to employers is this,' said Sharyn Smiles. 'Try it – you might like it.'

From the top: Caroline Thompson, Mick Webb, Cristina Lora, Sharyn Smiles and Lisa Mallen.