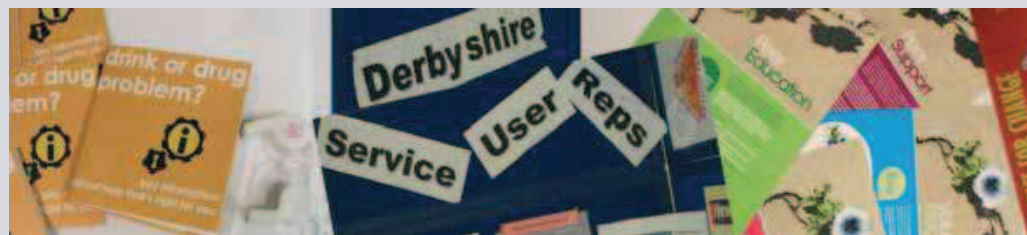




# TALKING THERAPIES

The afternoon saw a panel discussion on key issues around service user involvement, featuring Andy Stonard of the Conference Consortium, Hugo Luck of the NTA, GP and *DDN* columnist Dr Chris Ford, and editor of service user magazine *Black Poppy*, Erin O'Mara.



### At your service:

'There was so much networking going on – I think that was the most important thing,' says *DDN*'s service user volunteer co-ordinator Marcus Wilson about the service user exhibition he organised at Voices for Choices. 'The aim was to bring together as many service user groups as possible to share good practice and see other groups at different stages of development.'

'I was really pleased with it – in the run up to the conference I wasn't sure how many people would turn up but it went really well,' he continues. 'It gave the service user groups a chance to show off what they'd achieved and helped people realise that being

part of the service user movement is worthwhile, and that the NTA is listening. With that many people coming together the NTA has no choice but to listen, because it's such a viable force.'

We had really, really positive feedback. People were telling me that they'd really learned a lot and it was important to meet other service users, so they don't feel they're just plugging away in isolation.

A couple of people said how much it had re-energised them – they were getting a bit disillusioned and this gave them the boost they needed. Next year I'd like to really build on what we've done and make it even more successful.'

*'Service user involvement has a large part to play in drug treatment and days like this demonstrate that to the NTA. It was great to meet other service user groups at varying levels of development.'*

**Dave Rankine, Lancashire User Forum.**

*'I took along two new service user reps and we all found it a really informative, useful day, especially the Wiltshire Naloxone Pilot presentation, which we're now looking into.'*

**Jill Dunnington, service user involvement worker, Turning Point, Wakefield.**

The opening question was on an emerging tension in the wider drugs strategy – what did the rights of the individual, and person-centred treatment, mean now that the stated goal of treatment was abstinence? ‘The only conflict is the one we allow the field – and critics of the field – to have,’ said Hugo Luck. Seventy per cent of users wanted to get out of their lifestyle and needed support, he said. ‘There’s no dichotomy – only the one that critics exploit. We need to move on from abstinence versus harm reduction towards concentrating on effective treatment.’

People should have a choice and not be pushed into abstinence, said Chris Ford. ‘A diabetic on insulin doesn’t get excluded from a job. Why should someone on a script? Drug users should be employed everywhere if they have the confidence and abilities to do the job.’

On the question of the NTA’s definition of effective treatment, Andy Stonard said that there was a criminal justice driven agenda that meant drug users were seen as a criminal class, while on the subject of needle exchanges, Erin O’Mara said it was essential that services moved with the times. There was also a significant issue around outreach workers not reaching a range of people who were ‘below the radar’, she said.

Many delegates felt strongly about use of the word ‘choice’ when it came to treatment. ‘How can you give a service user a choice and say ‘this is your choice?’ asked one. ‘The key term is ‘evidence base’,’ replied Hugo Luck, urging delegates to ‘get informed’. ‘Knowledge is power,’ he said. ‘Effective treatment is evidence-based, humane and individual.’

Another question was on the potential reluctance of providers to put forward individuals to be part of a service user group. ‘They often get rid of the most vocal individuals and keep the ones who don’t give much trouble,’ said Erin O’Mara, while Chris Ford stressed that ‘services should not be deciding who is in a service user group’. On the issue of how to start a user group, meanwhile, Hugo Luck said everyone’s experience was different. ‘Funding is important,’ he said. ‘No one ever said user involvement was easy. But service user groups don’t need the NTA.’

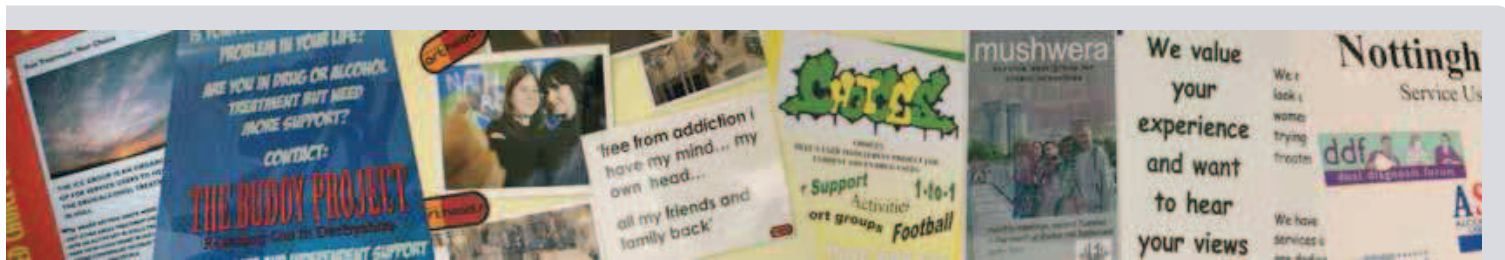
On the question of whether there existed a clear policy on needle exchange provision for the under-18s, Hugo Luck said that NICE had ‘not gone down the young people’s line’ in its guidance. ‘There’s a clear absence there that needs to be addressed,’ he acknowledged. There was also the highly charged issue of needle exchanges in prisons. ‘They definitely should be in prisons,’ stressed Chris Ford. ‘Needles are already in prisons, and they’re the contaminated ones,’ commented one delegate.

## ‘No one ever said user involvement was easy.’

When it came to provision of specific services for stimulant users, Andy Stonard said that there was undoubtedly a lack of both services and recognition. ‘Services don’t look at harm reduction issues around stimulants, like the sharing of straws and pipes,’ he said. ‘They always end up looking at needles.’ Most services were opioid based and had been for 40 years, said Chris Ford, but services needed to respond to people as individuals, with individual issues and problems. Some delegates felt that those in recovery for stimulant use only were not given consistent medication and treatment, it being done instead on an ad hoc basis. ‘A lot of people with stimulant issues are in jail or mental health facilities,’ said one.

On the controversial issue of the welfare reform white paper and the increasing overlap of drug treatment with the criminal justice agenda, Erin O’Mara thought that treatment services were only now emerging from ‘20 years of the dark ages’. ‘There are a lot of snappy phrases in the document,’ she commented. Referring to the new JobCentre Plus coordinator posts (DDN, 26 January, page 4) she said there was ‘£9m of training for staff, but what kind of training will they have? There’s nothing in the document about the psychological impact of returning to work. It’s terrifying for people.’

It was also felt that the NTA’s stated aim of keeping families together could be a hollow promise when the funding was not available. Hugo Luck acknowledged that for the last two or three decades services had been geared towards white male opioid users in their 20s and 30s, but commissioners would now need to meet their targets around childcare. ‘There’s nothing that stops funding for childcare,’ he said. ‘It’s down to the local DAT, so it’s up to service user groups to lobby for this.’



*‘It was good to see what is possible and it has inspired me to carry on with service user involvement.’*

**Tim Archbold, Heads Together, Luton.**

*‘It was a very interesting and informative day... there was so much going on.’*

**Nigel Calvert, SUST, Gloucester.**

*‘I really got a lot out of it. It made the training I’ve been doing make sense and seem worthwhile, and energised me to carry on in service user involvement.’*

**Jean Ayers, PAST, Barking.**

*‘Great to catch up with colleagues and friends and meet new people involved in the user involvement movement... same old rhetoric from the NTA.’*

**Dave Stork, service user coordinator, Gloucester.**

*‘The event was great for networking with other service user groups and even though we’re an established group we still learned a lot.’*

**Tracey Gibbs, Hi’s & Lows, Walsall.**

*‘This year’s event was as real as last year’s. Everyone loved the alcohol presentations and Mick Webb’s naloxone slot seems to have re-energised the subject. We brought 12 service user reps from Bristol and two felt really heard when they grabbed Paul Hayes – though his lecture on responsibility and benefit reform met with disappointment, especially since, down our way, DWP are already telling people in structured treatment to “get back to work”.’*

**Alex Boyt, service user coordinator, Bristol Drug Strategy Team**