



The interests of clients are not being served by a faceless, target-driven system, says **Martin Blakebrough**

Impersonal services

AS MARTIN LUTHER KING SAID, 'Hate multiplies hate... and toughness multiplies toughness in a descending spiral of destruction. The chain reaction of evil must be broken'. As someone involved in drugs policy (with nine years on the ACMD) I feel that we have often failed those needing our support. We have created a policy whereby society hates drug users, acts violently towards them by denying them their liberty and, in its toughness, fails to see they are vulnerable and loving human beings. We reap the rewards of their alienation through crime in our communities.

To move away from this chain reaction of evil we must embrace those with drug problems, particularly those accessing services, so that the healing process can begin. There is a growing realisation that service users need to be central to treatment and the NTA says it wants 'to build an equal partnership with treatment service users and drug users, because we recognise that those in treatment and those who have identified a need for treatment have the right to become involved in activities that affect their health and wellbeing'.

The problem the NTA has, however, is in its creation of a target driven tick box culture, which means that service users are seen as data rather than people. In order to demonstrate fairness it has instituted a contract culture that thrives on data outputs but not on real service user empowerment. Under its leadership large drug service businesses have been created that themselves have become obsessed with what the customer wants – that customer is not the service user, however, but the NTA and local commissioners.

Innovative and person-centred projects have fallen by the wayside. Middlegate, a unique residential service in Lincolnshire for young people, has now been allowed to close. The need for intensive residential services is obvious but our vulnerable young people are often forgotten in favour of the utilitarian approach of more – rather than intensive support – services.

Kaleidoscope used to provide a crèche for the children of our clients in Kingston. The director of the World Health Organization (WHO) came to visit and said that the children had the same problems as the street children in Delhi. So why did this service close? Simply because the crèche worker to child ratio was considered too high and it was not a priority in anyone's commissioning plans.

As I visit drug services what still shocks me is how many large treatment providers refuse children access to their buildings. In one such building, a client coming to get methadone was told that the child would not be admitted. So the mother quickly goes to get her methadone, while the child is left to wait on the street of a major city.

Hidden harm is a great document and passionately advocated by the NTA but real care is still missing. The interest of service users is not best served by the present expensive system. Target-driven programmes with key performance indicators often fail because they trespass into micro management, or targets lead drug services to distance their services from the most vulnerable. Retention targets, for example, mean that a homeless chaotic client will mess your figures up so you would be best to find reasons not to treat them.

We can all talk about our passion for service user involvement but what does it really mean? In London, is it right that a service user has to go to a service that a commissioner chooses for them? We have passionate debates about harm reduction versus recovery services but why not let the service user choose – why not create an approved providers list and then let the service user select the best service to meet their needs?

If we enable service users to be the customer and to be at the heart of treatment, it means they are empowered to know their rights. In south west London can it be right that Kaleidoscope is told not to talk to service users about Release? Every service has to have a complaints policy, but is it not right that service users be given the power to challenge commissioners when they do not act in the service users' interests?

Paul Hayes once said if he were a drug user he would rather be in England than Wales. If I were a drugs worker or a drug user I would live in Wales – everyone knows everyone and cares about the welfare of people, not just about data. In Wales creativity is not stifled and services are small enough to want to make the difference to people's lives. Service user and services are naturally closer. And finally, if we had devolved powers we would have a more rational drugs policy – one that includes alcohol as a harmful drug.

Martin Blakebrough is director of Kaleidoscope