

Fumbling in the dark

For user groups to have a meaningful stake in drug policy and practice, they need to be both focused and respected. **Daren Garrett** and **Jaye Foster** shed light on what must be done to give users more than a token voice

PATIENT and public involvement is now a recognised policy objective in today's health and social care fields. The NHS and Social Care Act (2001) states that every NHS body, including drug treatment services, has a statutory duty to consult and involve patients and the public in its activities. In addition, the National Treatment Agency (NTA) set out commendable guidelines encouraging the involvement of drug treatment service users in the planning of their own individual care and in the development of treatment services generally.

Despite these good intentions, there remain fundamental concerns among drug service organisations as to how they develop a level of engagement that is both meaningful and democratic. User involvement continues to grow but slowly. Users are often socially excluded while professionals fail to deliver socially inclusive services.

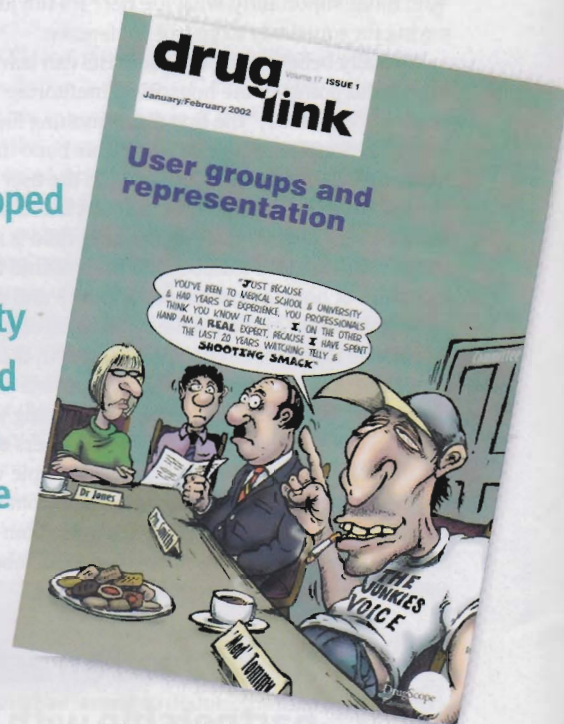
The fact drug use is illegal is often overlooked by researchers bewildered at why drug users wish to stay hidden from exposure. Little consideration is given to the structural inequalities faced by those (not just drug users) accessing health and social care services. Restoring democratic power to local people within local populations and communities is hard work and requires the relinquishing of decision-making power down to the local level. But how well equipped are drug users to take responsibility of local power and seek local health and social service improvements?

Many drug user groups do not possess the infrastructure, funding, resources or capabilities to hold those with power to account. For their part, the decision makers' preference for outputs over outcomes jeopardises future engagement, trust, faith and belief in a system that has systematically failed to meet individual needs to improve the health and well being of drug users. A target-driven approach leaves little scope to be creative, innovative, and to adopt organic growth while taking calculated risks for the benefit of the target population.

Moreover, there is still a blame culture that underpins whole swathes of drug treatment provision in the UK which is manifest in such labels as, the 'problematic' drug user, the 'chaotic' lifestyle, the 'difficult' client, the 'hard to reach' group? Perhaps only when we begin to talk of the 'problematic' treatment regime, the 'chaotic' bureaucracy, the 'difficult' provider and the 'hard to access' service in equal measures will we be at a point where we can work effectively and constructively to redress this balance.

Until there is a clear, shared vision and understanding of what user involvement is, we will continue to fumble about in the dark. It is often insufficiently goal-orientated and over ambitious in its

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aims. It proceeds without really knowing where it's going. Although there have been many successful user involvement projects, the knowledge gained is not shared widely enough. Most attempts to develop effective user involvement have, to a large degree, been unstructured, undefined and insufficiently audited. As a result, the integration of users into the treatment arena remains uncoordinated, unfocused and largely ineffective.

Through effective user involvement, the wellbeing of individual users and the wider community can be improved and organisational aims and targets can be met. As drug users lives become the subject of research and policy and provide people with professions, logically they should be central to the production of knowledge and to the generation of potential solutions. Despite statements from the NHS saying it will seek patients' views and experiences to plan future NHS services including the distribution of funding, there has been little or no attempt to access the views and experiences of drug users in relation to how funding could best meet local needs for drug users and the wider local community.

Solutions to improving the health and wellbeing of drug users should develop both from a grass roots level and a top down strategic level, whereby users have ownership and understanding of how commissioners and drug services are going to distribute public funding and improve services alike.

Above all, user involvement needs to be based with respect to the human rights of drug users as members of society and of the community being upheld. ■

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