

If staff are badly treated by service managers, says **Lyn Matthews**, what hope for service users?

Reducing the harm caused by ... drug service managers



On 19th October 1999, *The Guardian* published an article that suggested some drug treatment programmes might be causing more harm than addiction itself. 'While some treatments undoubtedly work for some people' the article went on, 'there are plenty of users who come away from programmes with a stock of horror stories.'

One user was expected to detox on an in-patient psychiatric ward where he was attacked by one mentally ill patient and witnessed the attempted suicide of two others. One drug clinic client who wanted an extra day's methadone script because the appointment clashed with one at the dentist was told to bring the extracted tooth as proof he had been. Worst of all, another was late for his appointment; 'They locked the glass door on him and a member of staff waved his script at him before tearing it up'.

UNSUSTAINABLE

The mother of one user summed up drug treatment as experienced by her daughter; 'The centres are places of reprehensible attitudes and unbridled, unregulated power for the psychiatrists and psychiatric nurses and powerlessness for the users [...] The system of sanctions backed up by punitive regimes is unsustainable in moral, ethical, scientific and economic terms'. But what are the prospects for improvement?

There are many agencies around the country that provide valuable, quality services, which are well managed and employ staff that are competent, knowledgeable and committed.

The National Treatment Agency has an ambitious programme for improving standards right across the board. But the NTA knows better than most the enormous task it faces. NTA boss Paul Hayes threw down the gauntlet in his initial statements that some would find themselves having to leave the field if unable to adapt to the changes the NTA wished to establish.

Currently, there are still far too many services that fall way short of any definition of acceptable. And at the root of many of the problems, as *The Guardian* article suggested, lies the way drug services are managed.

UNDER ATTACK

Attending a conference in London recently I was not surprised to hear drug service management nationally coming under attack time and again throughout the day. For too long, we have allowed the construction of service empires and the ascendancy of personal, often

morally-driven agendas which dictate clinical judgment.

In some areas, there has been a total lack of understanding of the needs and lives of drug users, which has led to many projects falling by the wayside, services being reduced and clients failing to receive services they deserve. The paradoxes are manifest: while many clinics would refuse to prescribe methadone ampoules to clients, they would happily claim they were working within the harm reduction model by supplying the clients with clean needles and syringes to inject the street heroin they were continuing to buy.

The random nature of clinical decision-making is well known to service users. Less well known is how poor management of drug services plays itself out in the workplace.

The NTA may have put in place a programme of leadership training for drug service managers and others. But the quality of client care is heavily influenced by the quality of management and managerial practices. Cases of staff/management disputes dragging on for long periods reflect badly on organisations and funders. There are too many drug services where staff are not treated with dignity, respect or compassion. What hope therefore is there of the clients receiving a better response?

When staff in services have themselves developed serious drug problems it has often gone unnoticed by the management. I am personally aware of several cases where this has happened. In one project a manager stole a substantial amount of money from the petty cash to finance their cocaine habit. And, although when this was discovered they were forced to resign, they were later given a reference to go and work in a drug project in another area. One must ask the question had they been a worker and not a manager would they have been afforded the same kind of compassionate response?

ARROGANCE

As one professional who deals closely with drug services said to me, 'one of the main problems is so many people get promoted far beyond their capabilities. They lack the personality and interpersonal skills needed for management and are just poor communicators. There is also this sense of arrogance, that they know it all, and have nothing to learn from others'.

A very welcome aspect of the NTA has been its eagerness to include users themselves into the

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planning of treatment services. However, this has caused concern for some in drug services who do not agree that active users should have a voice in their treatment. One manager put this very succinctly when they said at a meeting, 'I am a little concerned about this user conference that is taking place (referring to the NTA user conference held in Liverpool). There will be people there who are using drugs and they [the NTA] may get to hear the wrong kind of things'.

Fortunately there are progressive, committed services who welcome user representation/peer intervention and include users in their recruitment processes when appointing new staff. But some managers seem to lack basic humanity.

USER INVOLVEMENT

A friend of mine is chief executive of the New York Harm Reduction Educators. As a large harm reduction programme in the Bronx and East Harlem,

as well as offering building-based services, they also delivered to clients from tents set up on sidewalks. Clients set and define their own outcomes and active drug users work alongside ex-users and those who have never used drugs. Clients of the service are very much part of the recruitment and interview process when appointing new staff – and more importantly, staff and clients learn from each other.

The evaluation results of the programme showed that almost every client was changing to some degree. Although there was no correlation between the amount of participation in the programme and the changes, clients said the programme helped them make the changes because of 'the way people treat me here'.

To treat people as valuable and thinking individuals – when no one else does – will help them start to feel valuable and motivate them towards change. It might just be as simple as that.

news

Homegrown alone

HOMEGROWN cannabis is replacing imported cannabis among UK users, according to a new report. The number of people growing their own cannabis or selling it on for a profit has dramatically increased, say the researchers.

The report from the Joseph Rowntree Foundation (JRF) suggests many 'private' users, encouraged by their crops, are selling their cannabis on to friends for profit. They also point to an increasing number of people growing cannabis commercially.

The legal trade in cannabis seeds and growing kits are feeding the homegrown market, say the report's authors. Growers enjoy a range of innovative growing kits, including soil less hydroponic systems. These use lights and high-nutrient drainage systems to grow high-strength cannabis strains over very short periods. The kits and seeds, specially cultivated to produce high-strength strains of cannabis, usually skunk, are freely available in the UK in specialist shops and via the Internet.

The report calls on the government to re-think its policy on cannabis, highlighting a need for the government to take a more lenient approach to cultivation – in line with its reclassification in July 2003. The authors suggest cultivation be treated in a similar way to possession, so

distinguishing homegrown cannabis from more dangerous drugs such as cocaine and heroin.

Professor Mike Hough of South Bank University, co-cauthor of the report, said, 'Large minorities of young people use cannabis. It is essential to insulate them as much as possible from drug markets operated by dealers who sell not only cannabis but crack and heroin. If small-scale home cultivation attracted an on-the-spot warning rather than a caution or a court conviction, it is likely that more users would switch to growing their own and stop buying from dealers. As their profits from cannabis sales diminished, criminal entrepreneurs could be forced to abandon the cannabis market altogether'.

Dame Ruth Runciman, Chair of JRF's Drug and Alcohol Research Committee, and formerly Chair of the Police Foundation's Independent Inquiry into the Misuse of Drugs Act, said, 'I very much hope that the government will pay close attention to the anomalies highlighted by this report and to the range of policy options that it identifies. In particular, it seems likely that a more careful distinction in law between social and commercial cultivation could be used to drive a wedge between users and the criminally sophisticated gangs who might otherwise try to sell them more harmful, Class A drugs as well as cannabis.'

The report *A growing market: The domestic cultivation of cannabis* by Mike Hough, Hamish Warburton, Bradley Few, Tiggey May, Lan-Ho Man, John Witton and Paul J. Turnbull can be purchased from JRF on 01904 430033.

New government drug campaign

THE launch of an innovative Young People and Parents campaign by the Home Office and Department of Health and supported by the Department for Education and Skills is currently set for the end of May and will feature in the press, TV and radio. To enable drug professionals and other interested parties to get involved in the campaign at a local level a campaign pack will be available with ideas for local implementation. You are able to register for campaign information at www.drugs.gov.uk/campaign and will receive periodic updates. After the launch, you will also be able to order campaign materials including a campaign pack via the website.

Deputy Editor for Druglink

Owing to the departure of Gary Hayes, we will be looking for a new deputy editor for *Druglink* who will also take on the job of editing/compiling the *DrugScope Members Briefing*, play a key role in developing both publication and also build *Druglink's* presence on the Web. Look out for the advert on the *DrugScope* website or apply for an information pack to reception@drugscope.org.uk

