peter mcdermott
pure and uncut

Two cheers for progress

IT'S no secret that I've been highly critical of drug treatment based on first-hand experiences governed by capricious, arbitrary and almost random decision-making processes on the part of treatment providers. Within the treatment sector you still have people who believe that everyone who has a drug problem is little better than scum, and deserves to be treated as such. And they want nothing to do with user involvement.

But service user involvement is a critical tool in making the system work. Don't take my word for it – listen to people who have modernised their services in mental health, in the acute sector and elsewhere and see what they have to say about the role of service users in their work. They recognise that it's absolutely critical to what it is that they do.

There's nothing particularly remarkable about people with a drug problem. We're a diverse, heterogeneous population – much like the general population in fact. Some of us are smart and some of us are less so. Some of us suffer from mental health problems like depression. Others don't. Some of us were offenders prior to our drug problem. Some started to fund a drug habit. Others never offended at all.

This diversity is our great strength. If those responsible for commissioning, designing or delivering services were to truly listen and engage with the people who use their services, they would rapidly realise that the 'one size fits all' approach simply doesn't work?

DATs, among others, do recognise the value of user involvement to develop good practice, good services and the body of knowledge that informs the field as a whole.

The problem is they have been employing people to work as 'User Involvement Coordinators' who have no connection whatsoever to either a personal relationship as a service user, or to the community of service user activists. As a consequence, what they'll be getting is just the same old drugs work seeking to disguise itself under a user involvement banner. While that might allow you to put a tick in the right box on your annual treatment plan, it actually won't result in the sort of service improvements that will allow us to transform the face of drug treatment.

One of the major reasons why treatment isn't more successful is because very few people with chronic dependence problems have a vision of what life can be like after drugs. Part of the reason for this is because we just don't see people who are either stable on methadone maintenance, or who are drug free and are open about their drug using past. If all that treatment can offer is more of the same – life on benefits, or a McJob, then there really isn't much of an incentive to change.

Radical though it may seem, employing actual current or ex-service users to do service user involvement work sends people a message. It tells them that they can make a meaningful contribution to the world, and if they work hard and achieve the sort of stability that it takes, then they can find employment and become a useful and productive part of society.

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And sadly, the opposite is true too. Refusing to employ service users to do this work also sends a message. It sends a message about the beliefs and values of the people who work in your local health care community about how they view the people that they work with. It sends a message to service users about their expectations for the future. And it sends a message to the world, about your ability to embrace change and to improve the services that you provide.

And if you've finally managed to figure out what that particular message actually is, well guess what? So have the people who use – or more likely, don't use – your service. ■

Peter McDermott is a freelance writer and consultant on user involvement in services. This is the last of Peter's regular columns for *Druglink*. His autobiography is due to be published by Canongate next year.