



USE YOUR HEAD

Drug users in Britain now have a bigger say in how their treatment system works than most other parts of the world. But, says Peter McDermott, we are in danger of letting a decade of progress slip through our hands if politicians restrict the paths to recovery.

The last ten years have been very kind to drug user groups and user involvement here in the UK.

Regardless of your feelings about the National Treatment Agency's (NTA) style or its wider programme of work, it's undeniable that the NTA has managed to make service user organisations and user consultation an integral part of the drug treatment landscape in the UK.

While other countries might have supported user involvement earlier, or provided more financial support, I'm not sure that there's another country that has the same level of involvement, the same breadth of coverage or the same numbers of active and engaged groups that we've got here in the UK. For many years, you

could go to a conference and if there were service users there, it wouldn't be more than a couple at most and it would be the same old faces, the usual suspects saying the same old things.

Today though, any conference or event that you attend will invariably have a high number of service users attending and participating. I'd like to say participating as equals, and that's definitely true in some cases, but the reality is that most of us are acting with a long personal history of internalised stigma and social and economic deprivation, so it's hardly surprising that we might not be as polished or as confident as the highly skilled, highly educated people who tend to represent the field at conferences.

Nonetheless, we now have the beginnings of a genuine dialogue which, had you asked me ten years ago, I'd come to believe might never be possible.

One of the biggest changes in the last ten years has been the increasing emergence of people 'in recovery' in the user involvement scene. We've always had people with a history of drug problems in the field, but what used to happen was that they'd be drug-free for a period, and then would come in as professionals who tended to be rather discreet about their prior history of use.

User involvement has changed all that. Because of the various paid user involvement roles, a history of use has come to be seen as a partial

qualification for the role in some sense, and something that was once seen as vaguely disreputable is now viewed as being more legitimate.

A more important change, for me personally, has been the growing acceptance of medication-assisted recovery as being an equally legitimate, equally valid form of recovery and the increased willingness of employers to hire people who are currently receiving drug treatment, provided they're able to do the job and conduct themselves in a professional manner. At the moment, such people do remain relatively few, and their situation is somewhat akin to that of ex-users twenty years ago in that their status as 'recovering' isn't always widely accepted. They're likely to be discreet about their status with their colleagues and with the people that they're working with.

Yet if people in abstinence-based recovery have a value as role models and as something to aspire to, there's no good reason why people in medication-assisted recovery shouldn't play a similar role. Substitute prescribing is a central part of drug treatment – and accepted as such pretty well everywhere in the world now. Nobody would expect people with schizophrenia or diabetes to stop taking their medication while they were still deriving clear benefits from it, yet it appears that certain sections of the drugs field are determined to re-run this debate over and over again, despite the overwhelming weight of evidence for the benefits of substitute medication.

The other major shift in user involvement circles during the last ten years has been the increasing emergence of groups with an abstinence orientation.

For a long period, people who were abstinent were usually invisible. I think this was probably because most user involvement stuff tended to be organised around people who use drug treatment services, while people who were drug-free were more likely to avoid services. The growth in aftercare and abstinence-based services over the last ten years though, has meant that growing numbers of people who are pursuing this kind of treatment are now represented in user involvement circles, and those of us with a background in substitute prescribing have had to adjust our perspective in order to account for their needs, as well as our own.

The two groups still aren't great at identifying their common purpose though. While there are local groups

where the two factions work quite closely together, mostly, groups tend to be made up of one faction or the other. While this might make sense from a support point of view, from a political point of view, it's quite short-sighted. The treatment system needs to be able to respond to people's needs regardless of where they are in their recovery journey. Focusing on one area of treatment at the expense of another retards the progress of everybody.

That said, there were very good reasons why much of the activism around user involvement has focused on the prescribing end of the system. For a long time, much of what passed for treatment there was counter-productive. People were receiving sub-optimal doses as standard and failure to respond as quickly as one might, tended to be met with withdrawal of treatment rather than increased intervention. Most of the problematic aspects of substitute prescribing have now been addressed in various guidance – and most of the committees that drew up that guidance had user involvement and representation; again, something that would have been unimaginable ten years ago.

WE'VE MADE GREAT STRIDES TOWARDS REDUCING STIGMA AND TOWARDS TREATING PEOPLE WHO USE DRUG TREATMENT IN A RESPECTFUL AND ADULT WAY

So the past ten years has been an extremely fruitful period for user involvement: the next ten years though, isn't likely to be quite such an easy ride.

We're now entering a period that will be characterised by the biggest cuts in public expenditure we've seen in many, many years. It's hard to imagine that these won't impact on the drug treatment sector. Many areas have had a fairly marginal commitment to user involvement to begin with, leaving it as an underdeveloped and under-resourced aspect of the local treatment system. In those areas, it's very possible that what user involvement currently exists might be left to wither on the vine.

In those areas where user involvement is thriving, it's often doing so because

there are adequate resources to hire good staff to facilitate, to mount events that are interesting and engaging, and to pay expenses to ensure that people who are subsisting on benefits can afford to travel to the event without being out of pocket. As purse strings grow ever tighter, how many commissioners will continue to prioritise this area of work, if doing so means that they be able to send yet another squadron of overpaid, underworked bureaucrats and managers to yet another international conference?

We're already starting to see some potentially negative consequences of the politicisation of the discourse around recovery. As some DATs are beginning to incentivise treatment providers based on the numbers of people who are discharged from treatment as abstinent, there's a real danger that people might be pushed out of treatment prematurely. At the Alliance, we're already receiving reports of treatment providers who are seeking to limit the amount of time that people can receive treatment for.

The last ten years has seen drug treatment in the UK take an enormous leap forwards. Whenever I talk to experts from other parts of the world, it rapidly becomes clear that what we've managed to construct here is a treatment system that people in other countries are genuinely envious of. A system that's evidence-based, adequately resourced and that has worked hard to reduce the things that are an obstacle to treatment take up and drop out. We've made great strides towards reducing stigma and towards treating people who use drug treatment in a respectful and adult way.

It would be an absolute tragedy if we were to see these gains all disappear because a handful of politicians decided that drug treatment was a useful political football. Over the next few years, it looks like user involvement and drug treatment advocacy is going to be more important than it has been at any time during the last ten years. The system still isn't perfect, far from it, but we're going to have to learn how to put aside the kind of petty, factional interests that have kept people from working together in the past and start focusing on the bigger picture – the best way to defend the sort of effective treatment system to which many of us owe our stability, our well being, and often our very lives.

That struggle begins now.

■ **Peter McDermott** is Policy Lead at The Alliance