

Missed opportunities: user involvement must be more than a token exercise

We read your editorial letter in the latest issue of *DDN* (4 April) with interest. Progress is a charitable non-statutory structured Day Care Treatment Centre, funded by contributions from local business since 2003 in order to provide qualified and affordable care for addictions for the community here in Essex.

We are in communication with the Essex DAT and we are aware that they are addressing their position with regard to structured day care. However we knew nothing of this meeting and the service users we have in treatment were therefore not present. If they had been, they would have been vocal on the lack of adequate service provision. In particular, we are in a position to be aware of the fact that many of those on a DTTO do not receive treatment, they just get drug tested and have a short talk with their key worker. They are then out on the streets with no support.

There is some good work being done around the county (in particular, Open Road run a structured day care centre in Clacton) and everyone is working hard, but what we find frustrating is that we are here and waiting to give structured day treatment. This week's *Essex Chronicle* listed more than 20 who had been given DTTOs by the courts – where are they having treatment? Or does the word 'treatment' in the court order not mean anything robust?

We find it a great shame that our service users were not given this opportunity to be involved in the setting up of user groups, when they have so much to say on the subject.

Thank you for keeping us informed.

Tim Chiswell, Senior Addictions Counsellor, Progress Counselling

Consultation is the way to set up policy on disclosure

In reference to Cathy Chabo's letter (*DDN* 4 April) and her concerns of employing drug users, I would recommend that in developing policies that the Shaw Trust hold focus groups with all stakeholders to develop robust policy that manages the risks that are of concern.

Furthermore why do people have to be in recovery to be employed? There are many people that work who make an informed decision to use drugs without any problems. I do not feel a disclosure policy is helpful – if an individual is experiencing problems with drugs or alcohol then this should be managed on an individual case by case.

I do not recommend that you break people's confidentiality in reference to present or previous problems with drugs or alcohol. Each individual applying for employment or voluntary work should be interviewed and demonstrate how they meet the person specification at the time of application and interview.

Each individual should then be assessed on their skills, knowledge, experience and ability to be able to carry out the functions of the job description being asked of them. If people are not competent or do not have the relevant skills in order to carry out the job description then they should not be employed or taken on irrespective of previous or present drug or alcohol use.

If individuals' lives are still chaotic or there are still difficulties in managing drug and alcohol use, or people are feeling vulnerable, then they need not apply for positions until they feel they are ready. It is up to each individual to decide when the time is right for disclosure and not the employer, as long as it is not interfering with the person's ability and performance at work.

There are many work-based policies and good practice in the employment of drug users to be found. My suggestions would be to gather as much information and policies together and then hold a stakeholders' meeting to develop your own for the Shaw Trust.

I hope this has been of some help and assistance.

Jaye Foster, drug worker, London

Harm reduction in Belfast: science or social movement?

The International Conference on the Reduction of Drug Related Harm convened in Belfast for its sixteenth meeting drawing over 1,000 delegates from dozens of countries to hear the latest on harm reduction policy and practice. There were sessions on Hepatitis C, needle and syringe sharing, overdose, drug consumption rooms and safe injecting, and young people, amongst others. The predominant focus throughout these sessions was on the harms experienced by the individual drug user rather than the harms which drug users cause to others: loved ones, family, friends and the wider community. Reflecting this it was perhaps unsurprising that the session focusing on the impact of parental drug use on children attracted less than 10 per cent of the 1,000 plus delegates present.

It is an exaggeration, but only slightly, to say that the tenor of the conference was very much to do with a celebration of the drug using lifestyle; the right of the individual to use his or her drugs of choice with the least harm and to be

'It is an exaggeration, but only slightly, to say that the tenor of the conference was very much to do with a celebration of the drug using lifestyle; the right of the individual to use his or her drugs of choice with the least harm and to be treated with respect by services when they get into difficulty.'

treated with respect by services when they get into difficulty. In the four days attending the meeting I did not hear a single presenter talk about the issue of challenging drug users as a way of enabling them to move along the road to recovery or indeed much about the idea of recovery at all.

The second thing I missed at this conference was what one might call the critically reflective practitioner. Almost all of the sessions I attended were presented as a rallying cry for harm reduction. Whilst one might have expected as much in the earliest days of the conference, in the sixteenth year of its iteration one might have expected rather more in terms of critical self examination from those working in the harm reduction field. There was a real unwillingness to discuss some of the challenges of harm reduction. In the session on drug consumption rooms, for example, we were provided with only the briefest mention of a death of an injector within an injecting room. One would have thought that such a death would have prompted a critical consideration of the dangers as well as the benefits of harm reduction within such a setting, but what we had was a death marginalised in a moment in preference to setting out the benefits of consumption rooms.

The reticence to reflect critically on practice was also evident on the part of some of the researchers present at the meeting. I asked one of the researchers evaluating a harm reduction service in Australia, what he would do if he identified negative practices within the agency he was evaluating. The depressing answer was that he would

emphasise the positive findings so as not to damage an already vulnerable project. The dilemma here is acute – are we to have independent research evaluating the impact of harm reduction, or are we to have a social movement which uses research selectively to perpetuate itself? When our researchers edit their findings to show services in the best light, they may do this in the belief that they are helping the services in question, but they are undermining the very principle of independent academic research.

The Harm Reduction Conference needs to make up its mind whether it is an occasion to look critically, but positively, at the practice of harm reduction or the most visible expression of a world wide social movement. If it is to be a conference of the former kind, then it needs to provide much greater space for discussions involving presenters and delegates. At the Belfast conference you could have distilled the time for discussion from the conference floor into a teacup.

In many parts of the world, harm reduction has become the orthodoxy. As a result, whether at this conference or at some other, we need to have an unfettered discussion of the pros and cons of harm reduction if we are to form a realistic assessment of what it can achieve. If the conference remains at the level of social movement, it will be long on rhetoric and short on critical self reflection, and drug treatment services will have been diminished in the process. **Neil McKeganey, Professor of Drug Misuse Research, Centre for Drug Misuse Research, University of Glasgow**