

# Putting the end-user first

While government seeks endorsement of existing drugs strategy, the RSA is challenging the current framework and, with social enterprise Participle, has been exploring ways to involve drug users in the creation of a new treatment service. **Susie Harries** explains

**W**hat has changed in the world of drug policy since the RSA Drugs Commission produced its report *Drugs – facing facts* in March this year? Most conspicuously, the prime minister has called for a review of the classification of cannabis, prompting a flurry of confession and repentance from several of his new ministers and suggestions that he might move towards a more punitive drug strategy in the future. Less dramatically but probably more significantly, the Home Office has launched a public consultation on drugs policy ahead of the review of the National Drug Strategy that is due in 2008. This is not remarkable in itself. The consultation has been promised for several years, and the consultation document, cast firmly within the framework and vocabulary of the existing strategy, is more a request for endorsement of past practice than a prompt for new ideas. What is more interesting is that it is being presented as

part of a new culture of consultation and citizen-centredness.

One of the basic premises of the RSA drugs report was that it is a mistake – both in moral and in practical terms – to set illegal drugs apart, surrounded by stigma. The Commission recommended that drugs issues should be brought firmly into the mainstream of social policy, rather than being viewed exclusively through the prism of crime and handled first and foremost through the criminal justice system. Drugs, the report argues, are primarily a problem of social exclusion and public health.

One corollary of this argument is that people experiencing problems with drugs should be treated like anyone else with a long-term health problem. They should not face discrimination in housing or employment, their access to treatment by GPs should be as easy as anyone else's and they should be included in all the schemes designed to give service users in the NHS

## In brief

The political position on drug use is in a state of flux, with consultations and debate taking place ahead of the National Drug Strategy review next year. The RSA is working with Participle to shed light on the issues facing drug users and investigate effective treatment services.

a wider range of options and a greater say in their own treatment, as well as greater personal responsibility for it.

## Involved, not excluded

The RSA is concerned with models of change that put service users at the heart of their design. Our drugs report raised the question: why should these models of change exclude drug users? The Commission made a wide range of recommendations. One that the RSA considers both vital and feasible, and the one it wishes to prioritise, is the proposal that drug services should be user-centred. Since the launch of our report we have been engaged in an experiment in this kind of 'co-creation' of change, exploring the potential for drugs services designed both with and for drug users, with the help of Participle.

Participle is a social enterprise that seeks to design the next generation of public services. Its teams work in partnership with the users of public services, giving them the tools and support to develop their own solutions. Director Hilary Cottam explains: "Most attempts at innovation and service

improvement start within existing institutions and ask how they can be reformed. We start from the individual, unlocking a unique set of insights and motivation, which we then apply to the broad systemic problems we are seeking to answer. Our person-centred starting point enables us to work beyond existing service silos."

Participle's consultants have worked in the past on transforming a 'failing' school, planning a new prototype prison and, most recently, in the field of preventative health, devising means of harnessing the power of small social groups to create behaviour change. Working with diabetes sufferers in Kent, for example, they devised a system of 'activmobs' – small groups of people choosing an activity to do together on a daily basis as a means of sticking to an exercise regime and remaining healthy.

'User involvement' as it currently exists in the field of drug treatment is often tokenistic. The RSA wanted to find out whether the insights that Participle had gained through working with other public service users could be employed with drug users to make their involvement more

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“We want to focus on treatment services and putting drug users at the heart of their design and delivery”

authentic. We commissioned Participle to work in April and May this year with two groups of people having problems with drugs, one in inner-city Birmingham and the other in the small coastal town of Lowestoft. They also spoke to the professionals caring for them: GPs, nurses, drugs workers, housing officers, outreach workers and service managers. The primary aim was to understand the obstacles in the way of treatment services designed to meet individual needs, and to formulate potential solutions. The RSA then organised a design workshop at the end of May, to which the Participle team brought their preliminary proposals, for testing on an audience drawn from national and local government, housing, health, drug treatment services and advocacy organisations.

The lead message was ‘Treat the person, not the drug’. Drug treatment is as much to do with addressing the causes of problematic


drug use as the symptoms, and this means looking at the whole person and their whole life, not just their drug problems in isolation from their health, housing and other needs. An end to problematic drug use comes usually only when people are ready and want to change their lives, which requires them to address their lifestyle, behaviour and medical needs all at the same time. At the moment, people facing problems with drugs are offered a poor choice of treatment options. They often have a string of weak relationships with a wide range of different providers and lack the power to get what they feel they need. There is little continuity in their care, and problems with the sequencing and timing of the different phases of treatment, with people being offered the right services but often in the wrong order and at the wrong time.

Drug users told us that if people are to be supported in changing their whole lives,

the system needs to change, and this may require not just new kinds of relationships and services, but a whole new culture and new criteria for what really constitutes ‘success’ in drug treatment. Participle’s specific recommendations centred on a higher degree of personalisation of drug services, including individual budgets for service users and an important role for ‘trusted seconds’, trained volunteers who could advise and support and mediate the relationship between the service user and the professional providers of services.

fundors and other partners to develop a business plan, we want to collaborate over a three-year period with two or three selected Drug Action Teams from different areas of Britain, working in concert to revolutionise their practice. Around the nucleus of selected partners, we would construct a Learning Network of other Drug Action Teams, local authorities and other agencies who may be interested both in developing the model of user-centred service and in adopting it in the future. This network would act as a forum for the exchange of information and good practice and could fill the gap left by the absence of any kind of collective body representing Drug Action Teams in England.

**Creating a workable model**  
So what comes next? The RSA aims to demonstrate that a drugs policy radically revised along the lines suggested in its report and reinforced by Participle’s work is capable of being translated into practical action at the local level. Focusing on treatment services, we plan to put drug users at the heart of their design and delivery. Joining forces with potential

The overall objective of the next phase of our drugs work is to create a model, capable of being scaled up to national level, for a truly user-centred approach to drug treatment in Britain, to change the way in which we regard people experiencing problems with drugs and help them towards recovery. 

- Twelve design principles for tackling problematic drug use:**
- Support the whole person
  - Work with the various life stages – pregnancy, youth, old age
  - Differentiate services for different episodes in life
  - Maintain a continuity of care and relationships
  - Work with existing social networks – friends, families and partners
  - Make progress visible and measurable
  - Respond immediately to needs
  - Be there 24/7
  - Treat drug service users like any other customers
  - Motivate people with things that matter to them
  - Provide excellent customer service
  - Help with transitions, especially in and out of prison, hospital or rehabilitation

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**FIND OUT MORE**  
For further details, contact Susie Harries, director of the RSA Commission on Illegal Drugs, Communities and Public Policy, at [susie.harries@rsa.org.uk](mailto:susie.harries@rsa.org.uk). You can also contribute directly to the government’s public consultation on a new national drug strategy. Details are available via [www.theRSA.org/drugs](http://www.theRSA.org/drugs)