

Road to recovery After care

Building a life beyond treatment

The government has launched a pilot scheme to target the many underlying social needs of recovering addicts

Cathy Pryor

Standing on the long, flat, grey sands of the beautiful National Trust-owned beach at Formby, north of Liverpool and looking out towards the Irish Sea, the notion of deprived city areas and severe drug problems seems a very long way away.

Sadly, however, that is not the case. Just a few miles to the south of this affluent coastal town - which has been home to several Premier League footballers such as Steven Gerrard and Wayne Rooney - and in the same Merseyside borough of Sefton lies the very different urban area of Bootle.

In this part of Sefton, there are pockets of council housing where poverty and unemployment is ingrained and where there is a high incidence of substance abuse. It is here that Sefton Drug Action Team (DAT) focuses its resources and it is this area that is likely to benefit greatly from the radical project that the team currently have under way.

Sefton is one of seven partnerships of the government's pioneering Drug System Change Pilot Programme, which is aimed at helping drug users achieve better outcomes from treatment.

The pilot scheme, which runs from this year to 2011, is based on recognition that drug users often have multiple social needs that need addressing. These, says John Hill, coordinator of Sefton DAT, include joblessness, homelessness, poor family relationships and domestic violence. All these problems can stem from drug use and be made worse by



Consultant Peter McDermott (left) and peer advocate Paul Caddick of the Sefton Drugs Action Team Christopher Thomond

it. "If you're sleeping under the pier in Southport, you're not going to successfully engage in treatment, and if you do get treatment you're not going to stay in treatment if your housing needs are not addressed," he says.

When a drug user comes to Sefton DAT seeking treatment, the idea is that they will be able to find help for all their needs in what he terms a "one-stop shop," which will be set up next month in the south of the borough.

The centre will include housing advice and a welfare rights service. Benefits and employment advice will be available from staff in the same building, who will be able to refer the user to other services if necessary. The idea is to involve users with mainstream services from the start

of their treatment and to maintain assistance until they are back on their feet.

To achieve this, Sefton is running what it believes to be the most ambitious and wide-ranging of the pilot projects. This involves working closely with Sefton Council, Merseyside Probation Trust, local police, along with health, probation and prison services. There are important links with organisations such as Job Centre Plus and local carers.

One of the most important aims at Sefton is to involve service users past and present to train and mentor staff. The intention is to improve the management of treatment by making it easier for staff to identify the wider needs of drug users.

Paul Caddick, 39 and now drug-free, was once a self-confessed "chaotic drugs

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user" who started on solvents at 13. By his 20s, he was in and out of prison for shoplifting to fund his habit. He served 10 short-term sentences.

Now he works with the DAT as an advocate, helping drug users to access services and representing their views to service providers. He can vouch for how welcome the changes are: "As soon as I came out of prison I would relapse because there was no aftercare ... Most of the lads would come out and get money in their pocket and go out to get drugs again."

Peter McDermott, 53, a consultant to the DAT, has been a service user for 35 years. Addressing the broad range of drug users' needs rather than leaving them to fend for themselves is vital, he says.

"In the past, treatment focused pretty exclusively on drug use and took people up to the point at which their drug use ended, at which point they were cut off and thrown to the wolves."

If they had other needs they would often be made to jump through hoops to get help, he says. "I heard about a service in London where if you were homeless and wanted help with that, you needed to demonstrate some kind of commitment, which meant phoning on a daily basis. Well, if you're homeless, the chances that you'll have credit on a mobile phone are slim."

"It's because the people who use the services are not consulted, so what you get are professionals with their own ideas of what will work, which don't take into account the realities."

McDermott says the involvement of people such as himself and Caddick will help to eradicate the "them and us" mentality that has characterised drugs services in the past. "One of the good things about Sefton," he adds, "is that it is working hard to break that down."

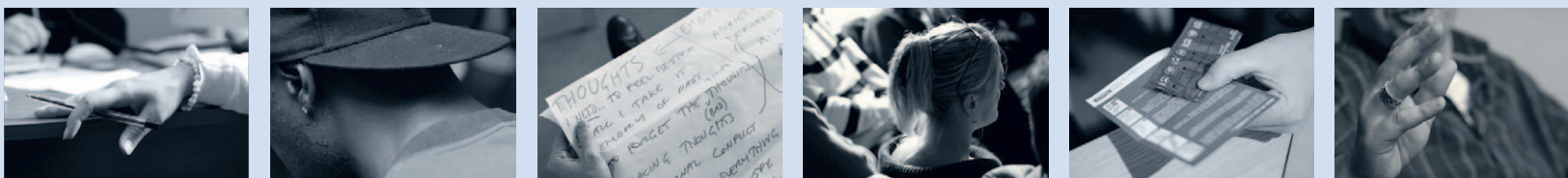
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Sefton Drug Action Team: sefton.gov.uk/default.aspx?page=6438

We all need treatment for drug misuse

It's not only people with drug problems who benefit from effective treatment. Their friends, families and neighbours also feel the positive change – as does wider society

- » Drug treatment in England has come a long way since 2001. Then, the average waiting time to be seen was nine weeks. Today, it's under a week
- » Having improved access, we're now concentrating on moving all drug users through their treatment successfully, and helping them to sustain their recovery
- » For users, effective treatment means less drug use, better health, and improved social functioning. For everyone else, it means reduced crime and safer communities
- » Drug treatment can help break the link between drugs and crime. It's estimated that the crime committed by people who use class A drugs costs us up to £14bn a year. Research shows the number of offences they commit while receiving treatment drops substantially
- » Drug workers help users to get better and become free of dependency. They also help former addicts to reintegrate with society, to be active citizens, earn their own living, and keep stable homes.



NHS
National Treatment Agency
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