

Supporting a 'whole person, whole community' approach: the value of community drug services

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Presentation

- Explore the approach, work and value of CDS
- Reflect on the perception of (some) PWUDs and CDS
- Offer some suggestions for how to counteract this

the energy that was there in the mid to late 90s and community was a very fashionable word you almost feel dirty now when you say you're from the community sector – it's how you're made feel by some of the state services

From 'problem' to policy: the battle of ideas

1. Social constructionism (Deborah Stone, 1989):

causal ideas transform difficulties into political problems - use of language and symbols to manipulate ideas 'making it seem like they are simply describing facts'

2. Framing (Schön and Rein, 1994):

use of metaphors and stories to present an issue in a particular way to reflect the views and beliefs of the framer

3. Problematisation (Carol Bacchi, 1994):

what's the problem represented to be? ---> this determines the policy solution.

Policy controversies: drugs (and social) policy

- interdependence between the social construction/ framing/ problematisation of the target population (**people who use drugs, the communities they belong to, and the services that support them**) and the policy responses to them – note how these have changed over time

they're saying what are you doing is wrong ... it's got very punitive – attitude of HSE towards the CDS - are we getting value for money?, and they're expecting you to do more and more and more for the same or considerably less funding unbelievable kind of stuff – nothing we did was right and even the language used the nearer you are to the powerless the more powerless you are as an agency

Policy controversies: drugs (and social) policy

- Interest groups involved in policy controversies see issues in different and conflicting ways that embody different systems of belief and related prescriptions for action

Disease/Medical Model

- chronic disease of brain reward, motivation & memory
- focus on the individual risk behaviour as the cause and solution of the problem
- illness to be fixed via medical treatments or abstinence

Social model

- risk environments are key to understanding
- diseases of despair and powerlessness – social gradient to drug-related harms
- address the social and structural determinants of harms

The value of a **public health** approach: the social and structural determinants of health

'Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work and age' ... 'the causes of causes' (Michael Marmot, 2010).



What do community drug services do?

- Long and impressive tradition of responding to the needs of people experiencing drug-related harms in their communities.
- Work in an interagency approach; adapt and respond to changing needs; support reintegration into the community
- On a daily basis, CDS work with people with multiple interdependent needs—a legacy of unmet needs by the state.
- The drug-related harms they witness are largely social and are inseparable from broader structural and systemic problems.
- Community drug services unique contribution to the public good is their capacity to address drug-related harms through a broader 'whole person' and 'whole community' approach.

Key to a community development approach is the capacity to:

- ✓ outreach and support people in crisis and adversity
- ✓ work with people 'where they are at' – take their lived experience into account
- ✓ Involve in developing own care plans
- ✓ offer dignity, respect, and non-judgemental approach
- ✓ provide accessible, inclusive, and safe spaces to deliver trauma informed care
- ✓ work with range of communities – youth, older, men, women, traveller community, families etc.
- ✓ provide wraparound services to individuals, families, and communities
- ✓ Provide mental health support

- ✓ identify and respond rapidly to emerging needs and crises
- ✓ adapt to changing drug trends and drug-related harms
- ✓ work in an inter-agency approach to co-produce services
- ✓ advocacy work to negotiate access to other services – social welfare, social work, probation, local clinics, housing etc.
- ✓ referral to other services
- ✓ networking to build relationships with other services – attend local meetings, forums, participate on committees
- ✓ mediate fractured family and community relations
- ✓ support reintegration of people to the community

- ✓ provide family support – multi-generational living
- ✓ provide safe space to discuss drug debts, intimidation and violence
- ✓ symbolic supports at anniversaries and memorial events
- ✓ promote participative and peer-led support
- ✓ provide an analysis and understanding of addiction in the community for those not directly affected
- ✓ develop innovative community development initiatives to address the broader needs of people and the community

Responding to unmet needs & structural violence

Maslow's
hierarchy
of needs

Self-actualization

desire to become the most that one can be

Having your voice valued, being creative: drama, music, singing etc., peer-led services, empowerment

Esteem

respect, self-esteem, status, recognition, strength

Capacity & confidence building, peer training, assertiveness, dignity & respect, anti-discriminatory practices,

Love and belonging

friendship, intimacy, family, sense of connection

Social justice,, non-judgemental, connectedness & relationship, open door, welcome & cup of tea.

Safety needs

personal security, employment, resources, health,

Safe space, support around drug debts, intimidation and violence, support with mental and physical health.

Physiological needs

air, water, food, shelter, sleep, clothing, reproduction

Homelessness & sleeping rough, food and fuel poverty. isolation

Sound bites

'We don't' refuse anyone ...
straight away you are being
heard, you're being listened to
and treated with dignity and
respect'

People are fearful, they won't
ring the guards, its not safe

the chat at reception, the
cup of tea, meeting another
human being and supporting
and respecting and not
being judged

it not just about drugs its about loss and
bereavement and poverty and trauma. I'm
not surprised people use drugs it's
incredible the sort of things they
experience. There is no social analysis
really of what's happening

we get asked what's your success rate – how
many do you save – what are the outcomes –
everything is geared towards this aim of getting
the Methadone down - everyone is looking for
this alleluia moment where everyone walks out
drug free and you're trying to explain that it's not
for everybody

Sound bites

Hard to measure the human impact, hard to quantify the level of good interventions

we never ask people to leave, they leave when they're ready, and research supports that, policy doesn't – they encourage us to have people in, sorted, and out. Keep moving them through.

We're like an A& E in the community, you never know what is going to happen and what's going to present at the door

we can provide a wrap around service , we can be more patient, we can give people that bit of space, we'll find something you can fit into rather than well you didn't turn up with your appointment so you're going to have to wait for the next appointment and go back to the back of the list

Challenges for service users

- Increasing level of structural violence and unmet needs:
 - homelessness, rough sleeping, precarious accommodation and work, mental ill-health, poverty, multi-generational living, drug debts, poor health, risk of overdoses & violence, stigma and discrimination
- Siloed services – required to negotiate web of services
- Increased conditionality for accessing services & welfare supports
- State focus on social deficits: emphasis on progression & recovery
- Required to meet unrealistic targets & unrealistic expectations
- Often need for long-term support to address complex issues
- The greater the need: the less state support available

Key barriers to CDS work

- Excluded from decision-making process
- Treated with suspicion by statutory 'partners'
- Value of work refuted: value for money prioritised
- Complex funding and reporting mechanisms
- SS reluctance for shared care and case management
- Required to do more (performance indicators) with less resources
- Expectation of time-limited work – six weeks!
- Layers of governance, duplicating and overwhelming
- Time and resources required for compliance saps energy and vitality

Key supports required for CDS work

- Reprioritisation of partnership approach & acknowledgement of CDS value
- Recognition of people's need for long-term supports
- Mental health and dual diagnosis services
- Consultation and real (not token) participation in policy and practice
- Parity of esteem in working together. More trust: less auditing
- Methodologies and structures for interagency work
- Flexibility with SLAs to respond to new needs
- Adequate resources for administration and management
- Create new system for measuring, quantifying and evaluating CDS work
- Recognition that CDS cannot provide the solutions to structural problems

How do care-full services challenge a care-less state in a hostile policy environment?

- Re-appropriate language 'partnership', 'participation', 'public health approach'
- Resist individualisation of the problem and solution
- Challenge framing with reframing
- Reframe from risk behaviour and risk groups to risk environment
- Words are actions and actions have consequences
- Language and discourses matter

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