Is business becoming our addiction?

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This year's Cutting Edge theme is about addiction being everybody's business. This got me thinking about how business has to some degree, become everybody's addiction. With many years of neoliberal politics behind us in Aotearoa, the nation has become educated into the market driven ethos and the ubiquitous 'user pays' mantra. Fiscal responsibility, downsizing, or lately the even more repugnant dehumanising term 'right sizing' have become part of a dominant discourse amongst business and government. Equally disturbing, is the use of terminology such as collateral damage and 'friendly fire' when describing job losses or treatment failures as business outputs are privileged over human outcomes. Health and educational services have not been immune to the economic rationalism that influences the day to day goings on in human service providers. There is of course nothing wrong with efficiency and maximisation of resources when it comes to getting the best value for clients coming to human services. But calling individuals clients, seems to be a rhetorical tool to somehow insinuate that the person has some choice or status as a recipient of client centred services. People who claim their entitlement at ACC are no longer called claimants but are now called clients under the banner of well-meaning mission statements. In actuality, they have little real choice of services.

In the education field, students are known as units of funding, or customers of the education industry. Indeed, successive government ministers of education have focused on the economic statistics of various schools and institutions, with less mention of the all-important student outcomes and long-term benefits of programmes. As private institutions ruthlessly compete for the education dollar, operational decisions made by highly paid managers are often made whilst pedagogical considerations are subjugated.

In the addictions field, market forces and contracting practices have also mirrored the practices that have evolved in the corporate world. Ironically, many folks who require the services offered by addiction agencies have enormous problems with instant gratification, yet shorter term interventions have replaced many of the long term residential programmes. Fixed term contracts are the norm and providers are required to compete for contracts often putting a lot of energy and resources into corporate business practices that could have been utilised for coal face service provision. KPIs (key performance indicators) have become commonplace in agencies and this can lead to practitioners who are interacting with the clients/patients/consumers focusing more on short-term outputs at the expense of long term outcomes. Indeed, relapse prevention and after care, as well

as primary prevention initiatives often cannot be provided because the key focus is on crisis management and ‘late’ intervention. Practitioners are often measured in terms of new to agency (nta) targets, and valuable time complying with business practice seems to be eating into face to face client interaction. Investment in technology to deliver cost effective service and maintaining a competitive edge appears also at times to strip resources at the human coal face. Branding of services has also become a big part of the ‘caring industry’ - including addiction services – and these services are becoming more franchised and corporatised. I wonder if some clients actually feel intimidated walking into some of these agencies that look less like places of healing and more like business offices?

In the short and seemingly swift twenty-five years that I have been part of the addiction field as a counsellor, facilitator, educator presenter and clinical supervisor I have often felt that business practices and bums on seats equations have been the centre of attention. In a field full of passionate souls, working with vulnerable people, who often are put on waiting lists and offered one hour a week of help with problems that consume them and their loved ones one hundred and sixty-eight hours a week, the constant stretching of resources, must create frustrations. Thankfully there are of course exceptions to this practice but with the closure of many inpatient facilities and Milieu therapy options people with complex addiction and other life problems are allocated an extraordinarily short time to address them with the help of a professional. Who dreamed up the idea the one hour a week formula? I doubt very much that this practice was started by practitioners who actually interact with clients.

Practitioners themselves often begin their employment in the field, loaded up with student debt on a salary that has not reflected the huge responsibility and years of study under their belt, and in a job market acquiescent to the conditions drawn up in board rooms and meetings with accountants and business managers.

I have also noted that over the years, the field has become more accepting of incorporating twelve step fellowships into their menu of options. Whilst personally I welcome this acceptance, I suspect that this free option serves more as a safety net than an integrated component of intervention planning. It was not so long ago that these fellowships were treated as opposition to mainstream ‘evidence-based’ service provision and quite often condemned in public and private. These fellowships have outlasted hundreds of professional agencies and short-lived corporatised treatment providers that have either been taken over by larger organisations or replaced in a competitive contracting round that has left workers without jobs. It is commonplace for practitioners to be put into a position of reapplying for their restructured position in a more streamlined lean structure. CEOs, managing directors, regional managers, team leaders seem to

change at an alarming rate and it is not uncommon to hear that such and such agency has undergone a new management restructure or is currently reviewing their operational practices.

The prison programmes also seem to be delivered mainly on the basis of strict economic indicators and audited more and more on service delivery and contract obligations rather than the long-term outcomes of participants. Perhaps I am being harsh and a little cynical here, but I too find myself in the organisation that I work for, often complying with ticking the various boxes dreamed up by managers, when I would rather be giving my time collaborating with a living breathing human being – whether a student or client- who needs empathy, understanding, kindness and a helping hand with their solution to other complex life problems. In the long term, it has been empirically demonstrated in many studies that every dollar spent towards successful therapeutic outcomes, actually save several dollars more. Indeed, Professor Best, at last year's Cutting Edge presented yet again that rehabilitation benefits the individual and society not only in terms of health and safety but fiscally.

Addiction is everyone's business, so why are we becoming so dependent on business practices? It seems to me that tolerance is building for this habit, and we may be in danger of finding ourselves in an environment where business executives cause passionate workers with a calling for helping those in need, to withdraw their services? Competition rather than cooperation is evident, as we are forced to compete for the treatment dollar as educationalists and service deliverers. We who serve the field may need to take more of a stand and take responsibility for our inability to respond holistically to the needs of many clients coming for help. Before I hop off my soap box I propose that the first step may be to admit that we are never powerless to resist being addicted to business, and that we can resist the dependency on outputs over outcomes...