



Recovery Steps Cumbria
Stocklund House
Castle Street
Carlisle
CA3 8SY

HM Coroner's Office
Allerdale House
Workington
Cumbria
CA14 3JY

8 May 2026

Dear Mr Cousins

Re: Waythrough's response in regard to the Regulation 28, following the Inquest into the late Darren Robert Dickson

I write in response to your Regulation 28 Report to Prevent Future Deaths dated 16 March 2026 concerning the death of Darren Robert Dickson on 6 February 2025. I respond on behalf of Waythrough, which operates Recovery Steps Cumbria ("RSC").

Waythrough has carefully considered each of the matters of concern set out in your report. We wish to express our sincere condolences to Mr Dickson's family and friends for their loss. The death of any individual known to our services is treated with the utmost seriousness, and we have given detailed consideration to the concerns you have raised.

It is stated within your findings that:

1. At the appointment on 27 January 2025, it could not be ascertained from the records what information regarding signposting to other services was provided to Mr Dickson; and
2. There was scope for confusion between the GP's advice regarding benzodiazepine use and the instruction to keep a drugs diary.

Context of Service

Before addressing the specific concerns, it may assist the Court to understand the context of the service provided by RSC.

RSC is a specialist drug and alcohol recovery service for adults over the age of 18 who have an alcohol or drug need and who reside in Cumbria. The service is wholly funded by the local authority through



public health teams. RSC is delivered by Waythrough and operates a person-centred, recovery-oriented model underpinned by trauma-informed practice, delivering inclusive support pathways tailored to individuals' specific needs and varied goals.

RSC operates three primary treatment pathways: an opioid pathway, an alcohol pathway, and a non-opioid and non-dependent alcohol pathway. Mr Dickson presented seeking support with illicit benzodiazepine use and would have been supported on the non-opioid pathway. Under this pathway, the prescribed intervention follows a structured programme of approximately 12 sessions, progressing through engagement and building motivation for change, to addressing triggers, high-risk situations and coping skills, and then to lapse/relapse prevention and forward planning. Harm reduction information and psychosocial interventions, delivered with a trauma-informed approach, are provided throughout the treatment journey.

The Purpose of an Initial Assessment

The appointment on 27 January 2025 was Mr Dickson's first contact with RSC. He had self-referred on 24 January 2025 following a hospital admission. He had not previously accessed a structured drug and alcohol service.

Within Waythrough's delivery model, the treatment journey follows a staged pathway: from initial assessment, through engagement and building motivation, into structured treatment, and onward to sustained recovery. The initial assessment sits at the very beginning of this journey. Its primary function is information gathering - establishing the individual's circumstances, substance use, physical and mental health, and broader social context - whilst beginning to discuss treatment options and goals. It is the gateway into structured support, not a comprehensive treatment intervention.

Had Mr Dickson attended his follow-up appointment on 17 February 2025, the next steps would have included a review of his drugs diary, further assessment of his mental health, and once sufficient information had been gathered, an appointment would be made with RSC's clinical team to develop a tailored reduction plan. The initial assessment was the first step in an ongoing process, not its conclusion.

It is within this context, of a first contact at the earliest stage of the treatment pathway, that both matters of concern should be understood.

The Support Provided to Mr Dickson

To provide context for the Coroner's concerns, it is relevant to set out the nature and extent of RSC's involvement with Mr Dickson.

Mr Dickson was referred to RSC seeking support with illicit benzodiazepine use. At the initial assessment on 27 January 2025, five evidence-based screening tools were conducted:

- AUDIT (Alcohol Use Disorder Identification Test) — scored 2, indicating low risk;
- GAD-7 (Generalised Anxiety Disorder assessment) — scored 17, indicating severe anxiety;
- PHQ-9 (Patient Health Questionnaire 9) — scored 15, indicating moderately severe depression;
- SAD-Q (Severity of Alcohol Dependence Questionnaire) — scored 0, indicating no alcohol dependence; and



- Blue Light Questionnaire (Activity Factor) — indicating no immediate safety concerns requiring emergency contact.

An initial Recovery Plan and risk assessment were also completed. The risk assessment confirmed no suicidal ideation, and it is documented that Mr Dickson was made aware he could contact emergency services, his GP, the CRISIS Team, and the Samaritans if he required support.

A drugs diary was also provided, as Mr Dickson was unable to provide a precise account of his benzodiazepine use at the initial assessment. As set out further below, this is standard practice in specialist substance use services where an individual's pattern of use is not yet established.

Response to Concern 1: Record-Keeping and Signposting to Other Services

The Coroner's concern is that it could not be ascertained from the records what information regarding signposting to other services was provided to Mr Dickson, and that the records did not allow a full and verifiable understanding of the information and assistance provided at the appointment.

We have reflected carefully on this concern. The records from Mr Dickson's initial assessment do document specific signposting. In particular, the risk assessment records that Mr Dickson was made aware he could contact emergency services, his GP, the CRISIS Team, and the Samaritans if he required support. An initial Recovery Plan was also completed, setting out Mr Dickson's personal goals and the next steps in his treatment. A follow-up appointment was arranged and confirmed via text message. Signposting and referral is a core component of RSC's assessment process under Waythrough's delivery model.

The information captured and documentation generated at this appointment, as set out above, reflects the scope and purpose of a first contact with a new service user. RSC's operating procedures provide for documentation to develop and deepen as the individual progresses through the treatment pathway. The Recovery Coordinator followed the established process for initial appointments, which includes completing the initial contact template, undertaking a risk assessment, producing a Recovery Plan, and booking the next appointment.

We are satisfied that the approach taken was consistent with RSC's operating procedures, Waythrough's delivery model, and national treatment guidelines (Drug Misuse and Dependence: UK Guidelines on Clinical Management). Having reflected on the concern raised, we are confident that the initial assessment processes are robust and we remain committed to reviewing our practices regularly in line with our principles of ongoing and continuous improvement.

Response to Concern 2: The Drugs Diary and Potential for Confusion with GP Advice

The Drugs Diary

The Coroner's concern is that Mr Dickson had been told by his GP to take less benzodiazepine, and that there was scope for confusion between this advice and the instruction to keep a drugs diary, as well as the level of communication between RSC and GP services.

We have given careful thought to this concern and welcome the opportunity to explain the clinical rationale for the approach taken.



The drugs diary is not an instruction to take drugs. It is an established, evidence-based clinical recording tool, supported by Waythrough's Benzodiazepines (including Z-Drugs) Prescribing Policy and consistent with national clinical guidelines. Its purpose is to enable the individual to document their existing pattern of use so that the service can understand its nature, frequency, and quantity. This is a prerequisite to any safe reduction plan. Without an accurate baseline of what an individual is actually using, it is not possible to formulate safe treatment options. This is particularly important in the context of illicit benzodiazepines, where content, potency, and effects are often unclear, and the risks associated with unsupervised benzodiazepine withdrawal, including seizures, can be serious.

Under Waythrough's Benzodiazepines Prescribing Policy, before any prescribing or reduction intervention can be considered, benzodiazepine dependency must first be established (as opposed to binge use) through a comprehensive assessment of the person's history and clinical record. This includes at least two consecutive positive benzodiazepine screens in the preceding six weeks. The drugs diary forms part of this broader assessment process, alongside drug screening and validated clinical tools.

The agreed plan was for Mr Dickson to complete the drugs diary for review at his next session, enabling an accurate pattern of use to be established. The next steps would then have been to arrange an appointment with RSC's clinical team to develop a tailored reduction plan.

Importantly, there is no contradiction between the drugs diary and Mr Dickson's GP's advice to reduce his benzodiazepine intake. Both are directed toward the same objective: the safe reduction of Mr Dickson's benzodiazepine use. The GP's advice addressed the direction of travel, that Mr Dickson should reduce his intake. The drugs diary addressed the clinical means by which that reduction could be achieved safely, by first establishing an accurate baseline, which is a prerequisite to any evidence-based reduction plan. The diary does not invite continued use; it asks the individual to record what they are actually using so that clinical decisions can be properly informed. This approach is standard practice across specialist substance use services nationally.

In addition to providing the drugs diary, harm reduction advice and safety information were provided to Mr Dickson at the initial assessment, including advice around the risks of purchasing substances from unregulated sources.

The drugs diary is an established, evidence-based clinical tool, supported by Waythrough's Benzodiazepines Prescribing Policy and consistent with national clinical guidelines and we are satisfied that its use in Mr Dickson's case was appropriate. We recognise, however, the importance of ensuring that individuals understand the purpose of the diary at the point it is provided, and how it sits alongside any other advice they may have received. In line with our commitment to ongoing and continuous improvement, we will continue to reflect on how we communicate this in practice.

Communication with Primary Care Services

In relation to communication with GP services, RSC works collaboratively with primary care. When an individual is reviewed by a clinician (as distinct from the Recovery Coordinator who conducts the initial assessment), a summary letter is sent to their GP detailing the clinical review, any findings and recommendations, and confirming the initiation or continuation of prescribing by RSC where



applicable. At the stage of Mr Dickson's initial assessment, no clinical review had yet taken place. Communication with Mr Dickson's GP would have followed as the treatment pathway progressed.

In addition, within North Cumbria, the North East and North Cumbria Integrated Care Board (NENC ICB) launched the North Cumbria Health Pathways tool in 2022. This is a web-based clinical resource designed for use by GPs during primary care consultations, providing clear and concise guidance on assessing and managing patients with particular conditions and on making referrals to local specialist services. The content is developed collaboratively between general practitioners, hospital clinicians, and other health professionals. RSC contributed to a number of specialist pathways within the tool, including the pathway on Benzodiazepine Use and Dependence. This means that Mr Dickson's GP practice had access to a clear referral pathway and guidance on the specialist support available through RSC at the time of Mr Dickson's engagement with the service. RSC is committed to continuing to work with primary care partners to enhance mutual awareness of specialist services and communication pathways, particularly at the point of referral.

Conclusion

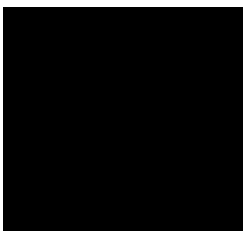
I hope that the above provides reassurance in respect of how Waythrough has considered the issues raised. The protocols in place at the time of Mr Dickson's initial assessment were appropriate, evidence-based, and followed correctly, consistent with our operating procedures and national guidelines.

Tragically, Mr Dickson passed away on 6 February 2025, before his scheduled follow-up appointment on 17 February. The service did not have the opportunity to progress beyond the initial assessment stage.

Reducing drug and alcohol related deaths within the country is a priority for Waythrough, and we are committed to working collaboratively with all partner agencies to learn from, and reduce, the number of such deaths in the area.

On behalf of all staff at RSC, I would like to pass our sincere condolences to Mr Dickson's family and friends.

Yours sincerely,



Area Manager

