



The NTA's head of delivery (north), Mark Gillyon, tells David Gilliver about the thinking behind its new Commissioning for recovery guide

Personal services

It's working really well in most areas. We've set up clear pathways between Jobcentre Plus and treatment services in every area, and the NTA regional teams are working very closely to make sure those pathways work. A lot of activity has been about making sure individuals who might have a treatment need are identified and steered to the relevant services. One of the next stages is to help drug users in the treatment system get job-ready, with the skills and experience they need to re-enter – or enter – the job market, and to look for employment opportunities for drug users who are ready to move on. To sustain the benefits from treatment they're going to need somewhere stable to live, a job, good relationships with their family.

Are you happy with the level of family and relationship counselling services in place now, or could that be built on?

It could be built on. There are some partnerships that have prioritised this over the past few years and others that are still working on it, but it's something we would expect all partnerships to be looking at and prioritising. The family has the potential to be a significant source of support and provide more stability than an individual can get from their drug service, because they're there all the time.

The guide says it's important for partnerships to have ambitious but realistic goals. Do you think with some of aspects of the recovery movement it's in danger of going beyond that? There's been talk about giving people unrealistic expectations.

I think we need to be clear about meeting the ambitions that service users have – to make sure we're not pushing people too fast or in a direction they don't want to go. We also need to be clear about how realistic we are, within being ambitious – some people will still potentially need a long time in the system and we're not saying everybody has to recover and reintegrate within a certain period of time. It's about the right treatment and the right amount of time, being ambitious within what the service user wants and feels able to achieve and encouraging service users to have that ambition for themselves.

It talks about abstinence for those who can achieve it. There's been – not least in our letters pages – controversy about 'recovery'. What would you say to people who maintain it's become a vague and woolly term or that it's been hijacked by abstinence hardliners who won't acknowledge the benefit of any other approach?

The business we're in is helping people get better, and for different people that will mean different things. Having a hardline approach one way or another isn't going to help any of those individuals get better. For some people getting better will be about stabilising their drug dependency while they get other things sorted, while others might be able to enter abstinence-focused services at a very early stage. It's about making sure we have a personalised approach where people can get the right treatment at the right time, based on their individual needs, rather than trying to slot them into a rigid system.

Available at www.nta.nhs.uk

What was the impetus to publish the guide?

We recognised that treatment systems over the past nine years have developed quite significantly and have mainly concentrated on improving the capacity and accessibility of treatment – getting more people in and more quickly. One of the things we wanted to do was help drugs partnerships re-focus on ensuring people get what they need while they're in treatment and are able to recover and reintegrate. A lot of guidance and information has been published but it wasn't really pulled together in any cohesive way that pointed partnerships towards a recovery-focused system. This provides partnerships and their commissioning staff with the standards we would expect them to meet, and commissioning competencies checklists so they can check themselves against what we'd expect in terms of best practice to support recovery.

Recovery can be a controversial word – the guide describes it as clients achieving their goals for making positive changes, including work, housing, family relationships.

The drug strategy set an overall direction in terms of seeing the point of treatment as helping people to overcome their drug – or drugs – of dependency, but it's about pulling in the additional things we want partnerships to do. We want them to have a vision about what treatment in their area should look like and be clear about their ambition and the range of options to help people reintegrate and exit the system effectively – whether through community options, abstinence services, residential rehabilitation.

How important are mutual aid groups?

Building the links between formal treatment systems and mutual aid is really important and some partnerships have done it really well. It's important to say that for some partnerships this is mostly about what they're already doing, but some haven't done it at all.

So this is about helping them get up to that level?

Yes, and one of the areas where there's variation is access to mutual aid. We would hope that every drug user within the treatment system will be offered at least the opportunity to access mutual aid groups to build on the benefits they're making while in treatment and receive ongoing peer support to sustain those benefits.

In terms of reintegration, have you had much feedback on how it's working out with the Jobcentre Plus coordinators?