



Moving on

The National Treatment Agency's director of quality, Annette Dale-Perera, moves on to a new role at the Central and North West London Foundation Trust this month. She tells **DDN** about seven momentous years at the NTA.

'EVERYONE WHO CAME TO WORK AT THE NTA in the early days was given a three year contract – at times we really didn't think we'd last that long,' says Annette Dale-Perera. Seven years on, however, she's about to step down as the NTA's director of quality, while the agency itself has gone from strength to strength.

'We hit the ground running,' she says. 'The first three years were really tough. Expectations about the NTA were high, we were ambitious and we drove ourselves, and the field, quite hard. However, we did manage to rally people around the framework of *Models of care*, we got waiting times down and we managed to build the government's confidence in the sector, which meant they

kept increasing funding.'

During those seven years by far the biggest change has been in terms of access to treatment and treatment coverage, she says. 'The early wins around reducing waiting times from an average of nine weeks to two weeks were phenomenal, and the treatment penetration we have now – both in the community and in prisons – is unrivalled in the world. We forget sometimes how easy it is for people in this country to get free drug treatment especially for heroin and crack cocaine problems – that's really rare internationally.'

All of this is the result of a huge collaborative effort by providers, commissioners, the NTA and service users, she stresses, backed by 'hefty' government funding. Last year saw her take on the role of UK expert delegate to the UN, which, she says, brought home the extent of the achievements made in England in those years.

'I had to give the UK statement on what we'd achieved,' she says. 'When you compare us to other countries, yes our prevalence of drug use is quite high and we don't do so well on drug related deaths, but in terms of treatment penetration, waiting times and local areas having systems with the basic building blocks of harm reduction, opiate substitute therapy and access to drug-free psycho-social treatments, inpatient or rehab facilities, we do very well. And, unlike a lot of other places, we can demonstrate what we do because we've got the best monitoring system in the world – I know everybody thinks NTMS and TOP are a pain, but people around the world look at us with envy. I'm really proud of what we've achieved.'

Her involvement in addiction treatment stretches back to the 1980s – she enjoyed a placement at Leeds Addiction Unit while a student but had no plans to work in the sector. 'I was working in an adolescent unit but it closed down and I ended up working in drug rehab and took to it like a duck to water,' she says. 'I also lost a brother to an overdose in the '80s. He had severe mental health and substance misuse problems and the services then were pretty under developed – particularly in the North East and particularly for people with schizophrenia. That motivated me to do something about it.'

The field has changed almost beyond recognition since then. Alongside changing drug trends and the challenges associated with much more widespread drug use, the sector has become much more professional, she says. 'We have a massive suite of guidance on evidence based practice and drug treatment is now also one of the most performance managed and monitored areas in health. This has very big strengths and has allowed the expansion, but it can be tough on providers and commissioners, because there is a real pressure to constantly prove your worth.'

Clearly, the sector also has its fair share of infighting, as any glance through *DDN's* letters pages will show, but she believes that is a testament to its passion and commitment. 'What I love about working in the field is that generally people are very committed, whether they're providers, commissioners, policy people, researchers or service users. We have some very robust arguments – but you don't have those unless people have a belief in what they're doing and are trying to make the world a better place.'

Having worked in west London rehabs and community detox projects in the 1980s, her new post as strategic director of addiction and offender care for the Central and North West London (CNWL) Foundation Trust feels like a homecoming, she says. 'I live in west London and I'm very keen to try and improve services in my home area. I'll have more than 40 services covering drugs, alcohol, gambling and offender care and I'm very pleased to be going back into provider land, which is where I started. I really want to consolidate and improve those services and improve the interface between good quality clinical drug treatment, research and the recovery agenda.'

'As far as services go, we shouldn't see service users in isolation,' she continues. 'We need to see them as part of an ecology that includes their families and communities, including employers. If treatment services can provide good quality clinical treatment and work to try and improve that ecological system – help the families and children of drug users, help service users build non drug using networks and have real job opportunities – this should improve service users' long term outcomes.'