



## A view ahead

Accentuating the positives is essential to the drugs field right now, says **Bill Puddicombe**

**IN FEBRUARY THIS YEAR I RESIGNED** from the board of the European Association for the Treatment of Addiction (EATA) after six happy years as the chair. My time with the organisation gave me the opportunity to see some of the workings of the drugs field from within – but it also meant that I had to keep quiet about some issues that are in danger of derailing the field altogether. Now I'd like to express a view about some of the issues that have struck me forcibly over this period.

As I'm sure you know, EATA is the national organisation that works with independent sector treatment providers. Its goal is to improve treatment by assisting providers in talking to government and by providing services like training and information. EATA has considerable credibility with government and has become the

first port of call for consultation about changes that will affect treatment.

So to my first point – not all change is bad. For a group who are so radical in their thinking, treatment providers can be pretty damn resistant when it comes to dealing with change. The last ten years or so have seen an enormous expansion of treatment services – yet there are times when, listening to treatment providers, one would imagine that were a bad thing.

Change goes on in every part of social and health care. Where we see a reduction in the use of residential care, this is a result of our field following a trend evident in every other part of social care. Where we see an increase in fixed care pathways, this is a trend that covers most client groups.

The drug and alcohol sector has suffered from trying to argue itself as a special case while not joining the industry-wide coalitions that talk to government about how new trends, practice or regulation will affect us.

Commissioners are people too – not an army of robots sent to mess things up and make providers miserable. For sure, there is a great variation in the quality of commissioning across the country – just as there is variation in the quality of service provision.

I have lost count of the number of times when provider agencies have indicated that commissioning is the sole reason why the drug treatment field is not all it could be. Commissioners have an unenviable job in many ways – if they do their job well they have to satisfy the needs of their area, the potentially competing requirements of central government agencies and the organisations on whose behalf they work, and sometimes this can be four or more in a joint commissioning framework.

Public services are all rationed by available resources and commissioners have to find the best fit between volume and quality. This often means that the services commissioned are less complete than those that providers would like to run. If commissioners would be a little less reluctant to say this out loud and providers a little more ready to understand it, then some joint understanding might arise. Fruitless mudslinging from providers and the negativity and mistrust that often emanate from commissioners is not helping anyone.

There are other levels than basic and there is a current, worrying trend for commissioners to strip services down to a 'vanilla' mixture of prescribing, keywork and onward referral.

This is not surprising when the multi-layered treatment system described in Models of Care is openly contradicted by the NICE guidelines on psychosocial interventions and no guidance is available to reconcile the two.

I have for some time been concerned that the position of structured day care services is threatened by this policy vacuum. The, at best passive, at worst dismissive, attitude toward them from policymakers is likely to lead to the demise of a service modality that has much going for it.

The sterile debate about 'harm reduction or recovery' is hurting the field. We need harm reduction services and we need services that help people to stop using drugs and alcohol – I can't find any person engaged in this debate who doesn't acknowledge this fact. Yet we are constantly regaled with views and 'evidence' to show that one or the other approach is the only important one.

Most worrying about this debate is the party political turn that it has taken over the last couple of years. There seems to be a view in some quarters that a change of government will trigger a switch to recovery dominated service provision. Those expecting such a change should remember that the UK's harm reduction services, built up in the main to limit HIV infection, were the envy of many other countries and resulted in true public health gains. Oh, and they were developed in the Thatcher years.

I've felt privileged to be in the centre of the drug treatment field with EATA over the last six years. Our field is rich, diverse, creative and flawed – like all public services are flawed. But accentuating the positives and taking a cooperative view to dealing with the negative is the key to progress.

*More information about EATA is at [www.eata.org.uk](http://www.eata.org.uk)*

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