

Crunch time

Concerns about public spending mean there's never been a better time to make the case for recovery-oriented treatment, says EATA chief executive **Peter Martin**

The season of the political manifesto is upon us. Politicians are waking up to the fact that the problems caused by drug and alcohol misuse run like multiple fault lines across the UK – eating away at community and family stability and costing billions in criminal justice and health responses. Are there are no votes in drugs and alcohol policy?

So what's the point of producing a manifesto for drug and alcohol treatment policy, as EATA is doing with its proposals in *Pathways to recovery*, and pushing it out for wider consideration beyond our membership? The reason is there's never been a better time to change the prevailing drug treatment system and use concerns about public service spending to argue that costs as well as lives can be saved with a new recovery direction.

Between 2001, when the NTA came into being, and 2005, the focus in policy and funding was on getting more people into harm reduction programmes and stopping people ending up in prison. Methadone, at around £3,000 per person per annum, was provided as a stabiliser. It worked up to a point in cutting crime, but produced a new dependency and in many cases a circular path in and out of treatment and prison. The sector

needs to be helped out of its groove.

The idea that people could get off drugs completely and have a much greater chance of leading independent lives was not integral to policy or treatment at the outset. It is now, however, with the welcome guidance to commissioners – *Commissioning for recovery and reintegration*, published by the NTA.

We have a small but inspiring example of integrated recovery orientation in state-funded treatment in the north west pilots promoted by Mark Gilman of the NTA, involving a one-stop-shop for all substance misuse. For heroin users it includes methadone, but as a step change to drug-free independence. Choices are on offer from the start, although those for alcohol are shamefully limited.

We're hearing the voices for recovery becoming louder and there's nothing like noise to make politicians sit up. Some tremendous work is being done to open up debate on recovery and choice, and the debate is being nurtured by people who have personal experience of recovery – engaging with each other and agencies and commissioners as well as trying to persuade the local authorities and strategic partnerships that direct budgets at local level.

In a recent 'Inexcess' TV debate,

Mark Gilman talked about the 'hot communities' in the UK where a core of families take up a hugely disproportionate amount of local resources – from policing disturbance on estates to the consequences of domestic violence. All tend to involve individuals and families where alcohol or drug misuse act as triggers to disruptive behaviour. Turning the life around of just one individual in these circumstances brings huge social and cost benefits.

Ordinary people who are now drug and alcohol free have for too long been below the waterline when it comes to publicity – unless they're a celebrity who can afford private rehabilitation. To refocus the investment in treatment to promote from the onset will be difficult for some but it will bring huge dividends in social, human and economic benefits.

The tensions between political parties centre on how much will be cut from public services, how much the machinery of the state will be dismantled and in whose interests those changes are likely to be. A policy that prioritises recovery orientation, offers real choices, eschews bureaucracy and simplifies access may not make it into the mainstream manifestos, but will bring enormous benefits to individuals, families, communities and ultimately to the public purse.

We must seize the day and inspire politicians with facts and projected figures on savings and effectiveness, and persuade them of the huge potential for social change that a new direction can bring. The onus is on all of us who recognise this to work together, make the case and publicise it so that our political representatives listen, understand the message and are prepared to act upon it.

Below is a summary of *Pathways to recovery*. (The full document can be found at www.eata.org.uk) The principles underpinning the manifesto include fostering independence and developing courageous leadership to change systems and objectives at all levels. The manifesto includes alcohol as an equal partner with drugs and promotes recovery-oriented treatment as the starting point from initial assessment onward. Harm reduction is a vital part of the process but not an end in itself.

An outcome-focused approach will benefit individuals by basing funding on health improvement, social wellbeing, abstinence, training for work and coming off benefits. The manifesto proposes the engagement of 'recovery mentors', as their experience and empathy are key to carrying an effective message of hope.

Self-help groups like AA, NA and



Recession

SMART are already well embedded in communities at no cost to the state and there are other effective abstinence models that are not 12-step. Self-help groups encourage lifestyle change, and users can become part of a support network with people who have made a commitment to leading lives free of drugs or alcohol – professionals need to better understand what these and other self-help groups have to offer.

A 'personalisation agenda' as part of the recovery approach gives power and resources to service users, and well-managed, flexible services with a single point of entry respond better to client needs. EATA has designed an outline of an evidence-based local treatment model, available on our website. We believe that rationalisation of complex bureaucracy will provide savings, and that mainstreaming recovery policy into welfare, child and family policy is crucial. Streamlining costly acute medical services will yield savings, and third sector organisations will be able to provide professional services, working with GPs to reduce numbers in long-term methadone treatment by helping people to abstain and move into recovery and independence.

Competitive community care funding for substance misuse treatment will need review if tier 4 rehabilitation is to be sustained, and commissioning needs reform – with PCTs joining with local authorities and strategic partnerships to plan and prioritise within the framework of a recovery approach. Methadone maintenance as the only option needs to be challenged if outcomes for service users are to improve, and workforce training and development needs to be prioritised as for some it is a barrier to success – it must be a priority for change.

Peter Martin is chief executive of EATA

Policy notes

BARGAIN BASEMENT?

The scramble for political point-scoring must not sweep away effective interventions, warns Sara McGrail



Politics and drugs have always been uneasy bedfellows. Politicians like simple solutions to complex problems. They do not believe the voter has much in terms of intellect and understanding, so tend to go for lowest common denominator policies – ones they believe will be accepted

as common sense by middle England. In 1998 the drugs field made a pact with New Labour. Give us the funding for treatment, we said, and we will cure your social ills – and save you money. We got the funding. And because we'd already offered them the solution, we were bound to spend the investment on deploying it. Treatment. Uber Alles.

But the problems we experience with drugs (and alcohol) are complex. And simple solutions will only ever address part of that complexity. We gained a lot in the past ten years – but nobody would pretend that the system is perfect.

Substance use weaves in and out of a whole range of issues in our lives – sometimes helping us cope and sometimes making matters worse. People often need to dig deep and look at pretty complex issues in their lives and because of this they may need many different kinds of support. This might change over time, with different services coming into play at different points. People also need other public services, and support with employment and housing. And we need to ensure these services are accessible to all, not something that 'wraps around' drug treatment.

That's why we've begun to recognise that enabling people to define their own recovery, and work towards a better life, is so important. We understand as workers and as commissioners that there are huge risks in putting all our

eggs in one basket. There is no more point developing a treatment system entirely oriented towards abstinence than there is in having one where substitute prescribing is pushed onto everyone without any choice. People need to make choices to realise their potential and to do that they need to have things to choose between.

And it's the same in national policy. Britain experiences a range of problems in relation to substance use. Lost working days, family breakdown, health problems, crime – the list goes on. We need interventions that deal with these problems – and we need to avoid dogmatism. When we start to propose – as some in the field currently are – that what we have been doing is wrong and that we need to radically change direction, we have to be careful that we are not simply swapping one set of political conveniences for another.

Do we need abstinence-oriented services? Without a doubt. Do we need services that will stabilise and support people with substitute medication? Absolutely. We need to look at how we can balance our treatment systems so people can access the services they need. Clearly for some that will be abstinence based but there will always be others not ready to stop using – and for them we need to provide interventions that keep them as safe as possible for as long as possible.

National policy should not be based on protectionism of any one part of the drugs field. Nor should it seek to dictate individual outcomes. Recovery is not something that can – or should – be defined by the state. Effectiveness of any set of interventions can only really be validated by the person who experiences them. Both main political parties are now talking in terms of Patient Reported Outcome Measures (PROMS) as the most critical arbiters of investment in healthcare.

Substance use is a public health problem – and we need interventions that minimise harm and health inequalities. It is a crime problem and we need policies that protect communities from out of control drug markets. Problematic substance use is often a symptom of other deeper problems, which we need to ensure we tackle. But essentially it is a deeply personal problem – and we need a sophisticated range of options that enable people to get the very best out of public services to make their lives better, and so give us better value for money. And that doesn't mean turning the whole field into a politicians' bargain basement – or throwing away the gains we have all worked so hard for over the past ten years.

Recovery