



Drug Strategy Consultation 2010

eATA summary

eATA is pleased to enclose our submission to the 2010 drug strategy consultation, highlighting a summary of the views and thoughts of our membership.

In summarising what improvements eATA believe could be made to the current drug treatment system both to prevent drug misuse and what improvement is needed and how we can promote recovery we have laid out points below, which we hope respond to the questions raised in the drug strategy consultation.

- **Commissioning:** support actual commissioning of services over purchasing; better relationships between commissioners and providers through regular meetings and contact; greater understanding of the treatment system especially the role of tier 4.
- **Rebalance** – eATA welcomes the proposed rebalancing of the treatment system, whilst recognising that there is a role for wide range of treatment interventions and stabilisation mechanisms such as substitute prescribing.
- **Holistic** approach to a client's recovery ensuring housing, employment and training become a key part of the client's journey.
- **Funding streams** - ensure a smooth funding stream from primary to third stage treatment, this includes training and education to prepare group for employment.
- **Access to Tier 4** - Improving the placement criteria for clients who are suitable or not suitable for Tier 4 residential rehabilitation.
- Removal of **treatment silos**- this has often led to clients not fitting into one aspect of the treatment system and in some cases falling through the cracks – need to have a **more integrated treatment system**. A good example of this is clients who have dual diagnosis issues who often fall between mental health and substance misuse.
- More government support for **sector-led, quality-based schemes** such as eATA Accreditation (details on request)– the NHS White Paper pledges to strengthen the Care Quality Commission (CQC) and we would propose that accreditation schemes such as eATA's help to build quality further within the sector.
- Investigate alternatives to preferred provider lists and consider **local accrediting schemes** such as the one in North Somerset (details on request).
- Current definition of **PDU is limiting** and focus should also include newer drugs on the market such as the legal highs and alcohol.



- The new **Public Health Service** will have a role to play in the bigger picture approaching public health issues such as smoking, alcohol and drug misuse in a wider context.
- Support and encourage **training and volunteering schemes** such as FOTO and Engage (more details available on request)
- In developing the **payment by results** mechanism for paying providers based on outcomes to be aware of the following:
 - Smaller providers with lower cash flow could potentially struggle under a system where upfront payments only cover basic running costs.
 - Welcome the move towards rewarding outcomes as this could, if introduced correctly, see massive improvements for the client.
 - Payment by results could see a welcome expansion of evidence-base for the sector as providers need to demonstrate outcomes more effectively to receive payment

In response to what has worked well under the previous system eATA is keen to discourage a radical overhaul which loses the benefits and gains that were made for the sake of change.

- Ensure that we **do not lose the investment; reduced waiting times and improved access to the treatment system** that has taken place over the last thirteen years.
- The current **ring-fencing** of the drug treatment budget would be advantageous.
- The **systems approach** to intervention has worked and helped develop and establish a structure to the treatment system that wasn't there previously. It has also helped professionalise the sector.
- **Extent of treatment provision** available to clients – important that we do not lose the innovation and variety smaller providers contribute to the treatment system.

In conclusion eATA believes that there are many improvements that can be made to the current system to improve the recovery of clients, which will lead to potential benefits for society, the client and the taxpayer. We do urge though restraint to ensure the things that have worked are not lost in the process of change and recognition that the sector has come a long way over the last decade or so in developing strong evidence and outcomes.

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eATA