Martin Barnes

Martin surprised us all by announcing that he was stepping down as DrugScope's Chief Executive. Here he reflects on a decade in the hot seat and the challenges to be faced both by DrugScope and the wider sector. Interview by **Harry Shapiro**

When I first interviewed you in December 2003, you said that a key challenge for second-tier organisations was how to determine whether or not they make an impact; you said, "sometimes you can be feeling, 'what's the purpose?'" Ten years on, how would you answer your own question?

What I was getting at, back in 2003, was this issue of 'distance travelled' between what might be the immediate concerns and priorities for somebody working on the frontline and how that translates to the work of a second-tier national membership and representative body. For a frontline worker, their priority is likely to be working through massive or challenging caseloads; for the local manager, juggling resources and preparing tender documents. DrugScope has shown how we are able to tap into that frontline experience and expertise to inform our lobbying and policy work at the centre. But equally important is that we can be the 'body on the barbed wire'. We can say and do things on behalf of our members and others in the sector that they themselves cannot; aspects of policy, practice, roles of statutory bodies, commissioning standards and so on. So DrugScope has an important role and the expectations of the organisation are likely to increase given the current uncertainties in the sector that are around.

The fact that the London Drug and Alcohol Network, the treatment representative body EATA and the Federation of Drug and Alcohol Professionals, are all now part of, or incorporated within DrugScope, underlines the organisation's achievements and reputation.

When you joined DrugScope from the Child Poverty Action Group, you were new to the sector. So how steep was the learning curve?

Well, a steep learning curve was exactly what I expected – and coming into a new policy area was one of the main attractions of the job. But to be really honest, the biggest unexpected challenge was the financial crisis that DrugScope was facing; the alarm bells once in post started ringing very quickly. But it was quite difficult initially – given the financial and other information then available – to pin down why those alarm bells were ringing and to get some of the Trustees to recognise that. And the issue for DrugScope at that time was that, as an organisation, we had not really adjusted to the external environment, not least the establishment of the NTA in 2001. The fact that the sector was in a period of growth was actually a double-edged sword for DrugScope. For example, local DATs were in a position to do more activities which previously DrugScope could have delivered and of course the NTA was supporting the sector with guidance and resources which previously DrugScope had been funded to provide. Another challenge for DrugScope was the perception of the organisation within the sector, which was often negative, and its legitimacy as a representative and membership body.

Maybe an over-arching issue was that the governance of the organisation was not sufficiently fit for purpose; ultimately organisations succeed or fail according to the effectiveness of the governance process, whether it's the Trustees or whoever the responsibilities are delegated to. The organisation was incredibly complex for its size – and split between two floors! – and that may have contributed to a lack of effective business planning. And the organisation was under pressure to be more financially independent, but what appeared to be happening was that income-generating activities, such as consultancy and training, effectively became the tail that was wagging the dog. Understandably, the sector was wondering about DrugScope's role as a membership body and representing the issues facing it.

It did seem that by the two-day conference in Cambridge in 2007, DrugScope had started to turn a corner, only for the sector to appear to tear itself in two following on from some analysis of the treatment statistics by the BBC. So was that a healthy debate that ensued, or just the drug treatment sector in self-destruct mode?

Certainly 2007 was an *annus horribilis* for the NTA and not an easy time for the sector. But by that time, there was already a head of steam building, because many people in the sector were starting to ask questions about treatment effectiveness and impact. Remember in 2005, the NTA attempted to launch what it called 'A treatment effectiveness strategy'. But as Paul Hayes claimed in the *Druglink* interview earlier this year[1] nobody took any notice. So there were the BBC reports critical of treatment and the *Breakthrough Britain* addiction report from the Centre for Social Justice in July that year, which led us to do a wide-ranging consultation with the sector including regional events culminating in the *Drug Treatment at the Crossroads* report in 2009. What the report captured was a lot more consensus and agreement in the sector than people were giving it credit for: that we should be more ambitious for the client, that methadone does have a role but there needs to be more choice, that we need to engage more with families and communities and so on. And while 'recovery' was not yet part of the formal policy narrative, the themes that are now very much embedded in the drug strategy were clearly around.

But it was also very important to defend what the treatment sector had achieved. Part of our report was the opinion poll and survey that was independently conducted and showed that the public was supportive of investment in drug treatment. The sector has been divided and polarised, but sometimes the loud voices don't always speak on behalf of a clear constituency – claims can be exaggerated or provide just enough ammunition for others with a particular agenda. It is right that we had and continue to have the debate and the discussion, but actually in recent years I think the sector has worked more collaboratively and I think DrugScope has played quite a significant role in facilitating that, given all the partnerships and collaborations that we have supported or instigated.

What leaves you feeling most gratified about what you achieved as CEO?

At times it was very difficult, trying to resolve the very serious financial problems we had. But while we are now much smaller than when I started, we are more focussed as an organisation and I think the charity's reputation and influence is stronger. People forget or don't even know that excluding our STRADA staff in Scotland, we have only nine full time equivalent posts and when people see what we do in terms of *Druglink*, DrugScope Daily or the policy and media work, they think we are a much bigger organisation and that ability to punch above our weight is really important. And I'm also pleased that we are involved in a range of partnerships, including The Skills Consortium, the Recovery Partnership, Making Every Adult Matter and STRADA. Those are the things that I feel particularly proud of, although it is the organisation as a whole that does that, not the Chief Executive alone. I am particularly proud of our Treatment Provider CEOs Forum, having over 30 CEOs and senior managers from the sector sitting around a table engaged in constructive debate and discussion – many, as recent as 3 or 4 years ago, would not have believed it could happen. A new Chief Executive will, of course, have their own vision, priorities and views on how DrugScope can best support, influence and add value, including partnership working and collaborations. We have a very good, experienced and committed staff team and now a strong, very supportive and robust Board of Trustees, which is why it feels OK to pass on the baton.

It has been put to us by officials that 'if DrugScope didn't exist we would have to invent it'. How much store do you put in statements like that?

Yes, that was put to me again recently by a very senior official. It is gratifying to hear! But there was a time when some people would have said, 'If DrugScope didn't exist, we wouldn't miss it', which is not the case today. And they say that because, for example, we are a membership organisation and we can capture a lot of views and intelligence about what is happening on the ground and that translates into the issues we highlight and lead on, the policy influence that we seek to achieve. But also we play a very important role in wider public debate about drugs and drug use through the media, the wider partnerships – and closer to home, the work we have done within the Recovery Partnership to engage with residential rehabilitation and help close that unhelpful divide between rehabs and other forms of treatment intervention (as reflected in the breadth of experience on our Board of Trustees). DrugScope demonstrates that there continues to be a very important role for us as a membership and independent second–tier organisation for the sector, but inevitably there will still be some critics, perhaps reflecting changing complexities and divergent interests; but we have demonstrated we are up for constructive dialogue and engagement.

And how do you feel we have performed that role as a 'critical friend' of government?

What has always been the bottom-line deal-breaker is any loss of DrugScope's independence. In performing that 'critical friend' role, there have been times when members and others in the sector might feel we haven't been sufficiently critical. Sometimes, that's because we haven't been able to share the full picture, in terms of why we are doing something at a certain time – the lobbying, the conversations that go on behind the scenes, whether during the time of the NTA, or more recently, in trying to ascertain exactly what Public Health England is doing to do to support the sector and to help resist any risk of disinvestment. Our approach is to be as constructive as possible, recognising that policy making can sometimes be a 'messy' process, but inevitably lobbying against proposals or actions which are not in the interests of service users or the sector will upset some. For example, the work we did opposing the previous Government's plan to require

1 http://www.drugscope.org.uk/Documents/PDF/Publications/PaulHayesInterview.pdf

people with drug or alcohol problems to engage with treatment as a condition of claiming benefits was in the teeth of what appeared to be cross-party support (although the Lib Dems were against). Overall, our value system can be quite subtle but powerful, like support for the evidence base and for rational debate, dignity and rights and occupying what you have termed 'the demilitarised zone' to good effect.

Consistent with our values, and particularly learning lessons from the past, in being determined to put DrugScope's beneficiaries first – including our members and the sector's long-term interests – we have at times, under my leadership, taken decisions which have not necessarily been in the best narrow, short-term or selfish interests of DrugScope as an organisation. You don't get plaudits for that (it being counter-productive to broadcast the reasoning or rationale) but it felt to be the right thing to do. This is an area of policy and practice that has been fraught with emotion, polarisation, politicians fearing to tread, evidence ignored or unduly sifted. DrugScope continues to play an important role in not just overseeing that process, but seeking to influence as and when we can. The impact of that cumulatively has been very significant.

What do you see as the challenges now for DrugScope and the sector?

That challenge of having a clear vision for the future while remaining flexible and tactical is still key for the organisation. We are still in a time of transition for the sector and given the concerns about disinvestment, I suspect the expectations on DrugScope will increase, especially if PHE's role as a support, and indeed challenge, for the sector is much less than the past with the NTA. I think there is a real opportunity for DrugScope in terms of what public health opens up – greater emphasis on alcohol, a wider view on substance misuse rather than drugs and alcohol silos. What the focus on recovery has revealed is that the policy issues are quite broad – not just what treatment delivers but also support from housing, employment and training services, and welfare reform. Other challenges and opportunities include responding to so-called legal highs and new psychoactive substances; making sure that young people's treatment, education and prevention are given more attention; looking at the breadth of our membership; how we can better support the voice (or those seeking to provide a voice) for service users and people in recovery; ensuring local commissioners and services are more responsive and appropriate for the needs of diverse and equalities groups.

While treatment and recovery continues to be a high priority within government, on the other hand, the government has enabled a situation where both are highly vulnerable and exposed to disinvestment and cuts. There are genuine opportunities with the new public health system, potentially providing better integration with housing, employment, support for families, tackling health inequalities and social exclusion and so on. But there are also challenges and risks with the new structures. DrugScope and the Recovery Partnership have been highlighting the risk of disinvestment since the publication of the Health and Social Care Bill in 2010. This has not been about narrow sector self-interest, but – although shroud waving it may appear to be – has been a reasoned assessment of risks, horizon scanning and future proofing.

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But has the Government listened?

Parts of Government, yes – and they continue to listen and take notice, but competing pressures, viewpoints and interests within government are not always helpful. Last year we were given assurance that a protection would be built into the new local public health budget to incentivise local authorities to continue to invest in treatment and recovery. You may recall Paul Hayes and the then head of drugs at the Department of Health say this at our CEO Treatment Forum last year. No such protection exists in practice, but it took months following the announcement of local budgets in January for DrugScope to get this formal confirmation from officials. A planned new health premium may incentivise local authorities to continue to invest – there is a race on to get it in place or at least announce it to pre-empt possible disinvestment. Those fighting for this issue and the sector within Government recognise the important influence and contribution DrugScope and our partners have made. But there are uncertainties and risks. And so DrugScope may more publicly, frequently and assertively have to be speaking truth to power, but not simply gesture politics either – because the risk then is that the door is slammed shut and once that door closes, influence is gone.

The external environment is much more complicated these days; localism means that while it is still important to try and influence policy at the centre, local authorities now have the lead responsibility. It is important that DrugScope continues to inform members as to what is going on out there, but ultimately we still have a national drug strategy, the money is coming down from the centre and we have to keep up that pressure – so the challenge is to keep that balance; what works best in the longer term, including beyond political cycles.

Then there will be an election in 2015, austerity will continue regardless of who is in power, so another challenge for DrugScope and the sector will simply be to hold its nerve.

What next for you?

I am looking forward to a bit of a sabbatical, but it is possible that I may return to the sector because I am passionate about what our members and the sector do – that's why the decision to pass the baton has not been an easy one.