

# Stand and Deliver



*peter mcdermott  
pure and uncut*

UNLIKE some progressive voices in the drugs field, I'm a big fan of the NTA.

Four or five years ago, I'd reached the conclusion that the British drugs field was a lost cause.

Intellectually bankrupt and irredeemably corrupt, it existed solely to provide employment to a cadre of under-skilled, overpaid public sector

workers whose primary goal was to emulate the worst excesses from the halcyon days of British trade unionism, taking the maximum possible time, to work with the smallest possible caseload, for whom they were providing a largely irrelevant service.

Our New Labour government didn't get it either. They sought to emulate the very worst aspects of US drug policy. The appointment of a policeman as drug czar, the embrace of primary prevention initiatives of the Just Say No variety, the pig-headed insistence to refuse to consider any reforms at all, regardless of the evidence – these were the hallmarks of New Labour drug policy Mark 1.

Then, last year, something changed. Following a cabinet reshuffle, we were graced with a new Home Secretary who announced a dramatic increase in support for drug treatment, along with the establishment of a Special Health Authority whose role would be to ensure that we weren't simply going to get more of the same.

The National Treatment Agency (NTA) is explicitly promising us something different. Not just more drug treatment, but better drug treatment – and based upon the best available research evidence, rather than the ignorance, the prejudices and the capricious whims of certain doctors and their clinical lackeys.

To show that they meant business, the first thing that the NTA did was to commission a report from a respected independent body – the Audit Commission – that highlighted the failings of British treatment services – so now it isn't just a bunch of whining 'patients' who are drawing attention to this state of affairs. Now there is credible independent evidence clearly demonstrating how impoverished the drugs field is and how badly improvements need to be made.

Yet, despite the dramatic increase in funding for the drugs field, there is still a question mark over the NTA's ability to deliver their stated agenda. The delivery of effective drug treatment is dependent, in large part, in having a workforce that is aware of

and understands the evidence base for the various treatment modalities.

Unfortunately, large parts of the UK drugs field are quite happy to continue to ignore that evidence where it applies to opiate dependence and methadone maintenance. It doesn't matter how conclusive the data, some of the most senior practitioners – consultant psychiatrists working at specialist Tier 3 services – refuse to accept it.

Perhaps the most important part of the NTA's agenda – with the greatest political backing – is the issue of waiting lists. The NTA has just embarked upon a new initiative in collaboration with the Modernisation Agency seeking to teach the drugs field techniques that have revolutionised mental health services.

But some areas appear to have decided that the best way to manage patient demand is to provide less responsive services that are less patient-friendly, offer a narrower range of treatment options, and coerce prospective patients into attend services they

neither want nor need, while they wait for a prescribing slot to become available. The goal of this 'triage' appears to be to sustain services that would otherwise see virtually nobody due to the irrelevance of their offerings, while enabling the DAT to claim they've resolved the waiting list issue.

While these sorts of initiatives may well make the figures appear better on paper in the short term, it's unlikely they'll address the real issues of weak treatment outcomes and escalating levels of drug-related crime.

**Commissioners  
continue their  
historical  
collusion over  
the provision  
of ineffectual  
services**

If the NTA is to have any significant impact on drug treatment ultimately someone is going to have to tackle the problem of poor commissioning and non-compliance with service level agreements. While this process is unquestionably beginning to happen, there is still immense resistance elsewhere, commissioners continue their historical collusion over the provision of ineffectual services.

If the NTA fails, there is every chance that eventually the politicians will decide that the investment that they've made in the field is simply wasted, reducing investment in drug treatment to something more commensurate with the amounts spent on alcohol treatment or smoking cessation. Indeed, if the NTA fails, I'd personally welcome such a contraction of the field.

Whatever happens, we've got an interesting few years ahead of us.