

**NATIONAL TREATMENT AGENCY FOR SUBSTANCE MISUSE
BOARD MEETING ON 11 MARCH 2008**

**Lancaster Suite, Bristol Marriott Hotel Royal, College Green
Bristol BS1 5TA**

DRUG STRATEGY REPORT

This Board Meeting presents us with an opportunity to share our perspective on the strategy to help inform your reading of it and your engagement with external stakeholders.

The strategy is an excellent vehicle to help us build on what has been achieved since 2001 and complement the enhanced role given to the NTA in the PSA Delivery Agreement.

Although there are significant new strands to the strategy, at its core remains the delivery of effective treatment. It is particularly helpful that the Government, from the Prime Minister down, continues to support and explicitly promote a balanced treatment system. One that's equally comfortable with abstinence and maintenance routes through treatment, but ultimately always focused on maximising the individual's potential to overcome dependency, leave treatment and live a fully independent life.

The potential for treatment to reduce crime remains the key driver (and funder) of the system and we are very pleased to see the significance given to the provision of treatment in prisons improving and expanding.

The implications of the new prioritisation to be given to parents, in order to reduce the harm to dependent children, will need to be fleshed out in each partnership. Our calculation is that in all but a handful of cases, the legitimate aspirations of parents to access treatment and children's services - that treatment providers will work with to protect vulnerable children - can be met from current resources. When this is not possible, the thrust of the strategy is clear; families and offenders are the new co-priorities. So if their needs cannot readily be met, other service user groups will have to be de-prioritised.

The commitment to focus on outcomes chimes with our own emphasis, since we launched the Treatment Effectiveness Strategy. Much of this will be spearheaded by our learning from the Treatment Outcomes Profile, which will become the key means through which performance is reported to the Board and other stakeholders.

Perhaps the most significant new element in the strategy is the impetus the Prime Minister's commitment has given to access to employment. Although the media has focused on 'required interviews' for those outside treatment, the real prize is the opportunity to integrate Job Centre Plus into local treatment planning and delivery. This will maximise the number of people we can get into work (or training) while they are in treatment or at discharge. This is the real pay off for service users and the taxpayer.

We anticipate resistance to this from some providers and some service user groups, but employment services integrated into treatment - with real jobs at the end and support to sustain people in those jobs - is what we have long said has been missing from the system. The Strategy has now put this in our grasp.

Focus on improving the employability of drug users is part of a wider thrust across Government to challenge the dependency culture. Similarly, the expectation that treatment will in future be better matched to individual needs is part of the Prime Minister's commitment to "Personalisation", which is at the centre of the Government's drive to modernise public services.

Personalised services demand a better understanding of each individual's needs and tailor making responses to meet them. Care planning, TOP and a balanced treatment system will equip us to meet this challenge. The ability to segment the treatment population which we will gain from TOP will also enable us to identify those individuals who are unlikely to ever complete treatment or those who would be incapable of holding down a job. Although we need to push to maximise the number of people successfully completing treatment and entering employment, we also need to be realistic that this will not be achievable for all and for many, will take years.

Finally, the biggest challenge to us all will probably not be in delivering the strategy, but in persuading service users and the public that the strategy provides the NTA with a coherent, well thought through and adequately resourced agenda that is worthy of their support. Increasingly, over the next three years, we will have to devote energy and resources to engaging stakeholders' and opinion formers' support for what we do, in order to satisfy the public that treatment is delivering value for money for them.

Paul Hayes
Chief Executive
National Treatment Agency
March 2008