



Sharon Carson became EATA's new chief executive in June last year. With her feet now firmly under the table, **DDN** finds her busy drawing up plans for the future

Carson drives in change

Ten months into the job I'm still passionate!' declares Sharon Carson, chief executive of the European Association for the Treatment of Addiction, better known as EATA.

As she starts to talk about her role – apart from grumbling that this is all a bit much for a Monday morning – you get the impression that it will take a lot to dent Carson's enthusiasm. She is lively and talkative, and has plenty of ideas on where she would like to take a membership organisation that represents treatment centres 'right across the board', from day centres to residential rehabs.

Leaving a commissioning post with a primary care trust to join EATA, Carson has a useful range of experience under her belt. Before commissioning sexual health and HIV services, she set up a tier 2 drug and alcohol service, and worked in a residential setting before that.

Her NHS job not only taught her how commissioning works; it helped her understand what working for a statutory sector organisation entails.

'It gave me more understanding about how decisions are made at central and regional level,' she says. 'I started to appreciate the rationale, rather than always being on the delivery side and blaming decisions that are made through statutory sector organisations... I could see why decisions are made, and why they might not always be popular.'

Combined with a good dose of diplomacy, her past experiences have prepared her well for the balancing act of representing the treatment sector to government departments, and vice versa. An important part of her remit now is to negotiate with the Department of Health, Home Office and National Treatment Agency to keep treatment services high on the agenda – and to bid for all-important funding to supplement income from membership fees.

'I suppose I'm in a unique position,' she reflects. 'I've got an understanding of each side, which could be to the advantage of both.' She's joined EATA at a

time of competing priorities for all treatment providers, against a backdrop of uncertainty for the entire field, and acknowledges that her organisation has a very practical role in helping members deal with the uncertainty of looming changes in drug strategy.

In the meantime, she is focusing on getting on with the job in hand – and that means growing EATA into a force to be reckoned with. Since taking up her post, the organisation has grown its membership by 20 per cent to 90 organisations, she says, which include many more regional services for the larger players such as Turning Point and Addaction.

While acutely aware that EATA has to keep a realistic workload for a staff of just two people, Carson explains that her business development manager, Ghada Osman, monitors and responds to the day-to-day concerns of individual services, a role that complements her own more strategic remit. To a great extent their agenda has to be shaped by the immediate concerns and crises of their members – which, most recently, has meant focusing on the capital allocation to tier 4 services.

Carson declares that she would rather be operating in a climate of full choice for every person with a drug or alcohol problem.

'I want to shift towards getting an even focus with tiers 2 and 3, as much as tier 4,' she says.

'We need to redress how individuals have access to the treatment system. We need to make sure people have access to treatment when they need it... And to do that we have to look at what's going on in every tier, including changes happening on the criminal justice side.'

Small organisation, big remit – so how will Carson begin to make the impact she wants? By advising on systems and practice; by consulting with members; and by contributing to national groups and panels representing the sector, she says.

Carson has more to say about what should happen in drug and alcohol treatment, based on her previous incarnations.

'There's a whole debate going on at the moment around whether services are fit for purpose... I think we have to turn it on its head and look at whether commissioning is fit for purpose.'

She warms to her subject. 'We need to really sort out what's going on in commissioning... commissioning isn't just about purchasing, it's about strategic development and whether we're convinced there's the right governance or the right structures in place.'

Then just as quickly she backs off the subject, as if to remind herself that she has enough on her plate.

'It's really difficult at central level to influence local commissioning behaviour... you can produce guidelines till they come out of your ears, but they're only as good as the local area where they need to implement them.'

Future horizons are wide, as far as Carson is concerned. She is bouncing along at the moment, buoyed by substantial section 64 funding, trust funding from Esme Fairburn and other bids in the pipeline.

She has ambitious plans to develop links with European services, to share best practice and encourage more research over here she says, in answer to a question about the European element of EATA.

But for the short term she is aware that she needs to make a strong impression at home.

Immediate plans include launching an accreditation scheme for treatment centres, which will link with FDAP's individual practitioners' accreditation to drive up competency throughout the field.

It's an important initiative that will examine the quality of what's being delivered 'as opposed to numbers', she says. It also follows her strategy of prioritising close to base at this early stage.

'What I need to do is really be very clear about what our direction is in the UK,' she says. 'I'm very clear on what we can deliver and where we can really add benefit. It's about now having the opportunity to do that.'

And with that, she gets up and ever-so-politely ushers me to the door, so she can get on with it. **DDN**